

Sanctuary Home Care Limited

# Sanctuary Supported Living - Epworth House

## Inspection report

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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

This announced inspection took place on 5 December 2017. Sanctuary Supported Living - Epworth House provides supported living for up to thirteen people in their own home. There were communal areas and a shared garden. Only one person was receiving a service under their registration presently. This was the provider's first inspection under this registration.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in planning their own care and reviewing it regularly. Staff communicated with people in a way which enabled them to express their choices and maintain their independence. Their privacy and dignity was respected and upheld by the staff who supported them.

Risk was assessed and plans were in place to monitor people's health and to assist them in a safe manner. There were systems in place to monitor and drive improvement, including lessons learnt when things go wrong.

Staff had caring relationships with the people they supported and encouraged them to raise any concerns that they had; and there was a complaints procedure in place but people said that they had not needed to use it.

There were enough staff to meet people's needs and they were supported and trained to ensure that they had the skills to support people effectively. There were safe recruitment procedures in place to ensure that they were safe to work with people. They were trained in safeguarding and understood how to protect people from harm. They also assisted people to understand how to keep themselves safe. People were also encouraged to contribute to the development of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe from harm and how to report any concerns that they had. Risks were assessed and plans to manage them were followed. Equipment was provided to reduce the risk of infection. There were sufficient staff to ensure that people were supported safely and safe recruitment procedures had been followed.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to be able to assist people effectively. They ensured that their health needs were met and sought people's consent when providing support. The environment was adapted to meet people's needs.

### Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with the people they supported. They respected their privacy and dignity and encouraged their independence.

### Is the service responsive?

Good ●

The service was responsive.

People planned their care and were supported to review it regularly. They had active lives doing things that they chose. They knew how to complain and were supported to report any concerns.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager was approachable and encouraged people and staff to develop the service. There were systems in place to ensure that the service was safe and provided good quality.

# Sanctuary Supported Living - Epworth House

## **Detailed findings**

### Background to this inspection

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

Sanctuary Supported Living - Epworth House provides care and support to people living in a 'supported living' setting, 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. Not everyone using Sanctuary Supported Living - Epworth House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection only one person was receiving this support.

Some of the people who live at Epworth House have learning disabilities and the care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The inspection was informed by feedback from questionnaires completed by five staff members and two community professionals. The feedback was 100% positive to each question asked; for example one read, the provider co-operates with other services and shares relevant information when needed.

We used information we held about the service and the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We

produced an inspection plan to assist us to conduct the inspection visit with all the information we held about this service.

One inspector completed this inspection on 5 December 2017. We announced it and gave the provider two days' notice. This was to ensure that we could visit people in their home at a convenient time and to make sure staff were available to speak with us.

We spoke with one person who used the service and their friend to receive feedback on the care and support they received. We also spoke with the registered manager and two project workers and reviewed the care plan for the person to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. For example, we looked at monthly audits and two staff recruitment files.

## Is the service safe?

### Our findings

People were kept safe in their home and protected from abuse. Staff we spoke with understood their responsibility to keep people safe. They could describe what the signs of abuse could be and what they would look for. They told us that they would report any concerns to their manager and to the local authority safeguarding team. They also told us how they worked with people to help them to understand how to keep themselves safe. One member of staff we spoke with said, "We talk about safeguarding at the monthly meetings we have with people. We try to make it fun so that people understand. We have done this through role play and creating quizzes". We saw that there was information about safeguarding on the communal notice board, including in an accessible format with pictures. We reviewed safeguarding records and saw that there were no safeguarding concerns that related to people under our registration. We saw that there were systems in place to report and review concerns if any did occur in the future.

Risks to people's safety and wellbeing were assessed and managed. One person told us how they managed risk within their home. They said, "Staff are in the flat when I have a bath; but they usually iron my clothes. They are there to keep me safe". We saw that there were written risk assessments in place which were regularly reviewed. Staff understood the risk assessments and could describe how they supported the person in line with them.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. When we visited one person we saw that their alarm system was checked to ensure that it was working by a contract member of staff. The person said, "They come regularly to check it all works in case of an emergency". The registered manager told us, "We test fire systems weekly and do a full evacuation every three months. We have a cardboard picture of a fire which we leave in different places so that people have to think about how to get out of the building if the fire was in that place". This demonstrated to us that environmental risks were considered and managed and information was available for people in an accessible format.

There were systems in place to review when things go wrong, to ensure that lessons were learnt and action was taken to minimise the re-occurrence. Although there had been no concerns or safeguarding for the person under our regulation, we did see that when other things occurred the registered manager maintained a learning log. This included actions taken and support given to people. In the PIR the provider told us how they reviewed safeguarding. They said, 'There is a safeguarding lead and allocated safeguarding champion. Each safeguarding incident that is reported is sent to the lead and they retain a register of all incidents/reports including our internal safeguarding database. The lead prepares a report for the senior management team to review all new cases on a quarterly basis'. This demonstrated to us that the provider had systems to analyse when things go wrong.

Infection control was considered and there was equipment in place to protect people. Staff we spoke with told us that there were gloves and aprons available to them when supporting people with any personal care. People retained responsibility to maintain the cleanliness of their own homes. The registered manager explained, "Some people have support with their tenancy and through that we would make sure that they were able to keep a safe environment".

There were enough staff to meet people's needs safely. One member of staff we spoke with said, "People have an assessed number of hours support a week and we plan that in with them. There is also flexibility when we organise outings or meetings which people may choose to attend". We saw that records were maintained of staff support given in line with assessments. There were also rotas in communal spaces so that people would know which staff were available to them during the day.

The provider had systems in place to check staff's suitability to work with people before they started work. One member of staff told us, "I completed an application form and then had to wait for my references to be returned before I started work. I also had police checks". Records we looked at had all the required documentation in place.

At the time of our inspection no-one who was receiving care under the provider's registration had support with managing their medicines; therefore, we did not inspect this.

## Is the service effective?

### Our findings

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 or 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. The application procedures for this in supported living is under an Order from the Court of Protection.

We checked whether the service was working within the principles of the MCA. When we spoke with one person they said, "I make all my own decisions and staff understand that. They always check with me that I agree". When we spoke with staff they told us that they had received training in MCA; and they could describe how people consented to support and care. They told us that the person had capacity to make their own decisions. We looked at records which described that using simple language and ensuring that the settings were non formal assisted the person to understand the subject and make decisions. One member of staff said, "It is better if you have a relaxed conversation over a cup of coffee rather than making the person feel as though they are in a meeting". This demonstrated to us that staff understood the MCA and adapted their communication to suit people's style so that they were comfortable and confident to make their own decisions. At the time of our inspection there were no restrictions which should have been raised at the Court of Protection.

In the PIR the provider told us, 'Sanctuary works in partnership with people to implement a Person Centred Care and Support Plan, which details the preferences of each person including their likes, what they are good at, things they need, things they want and goals or outcomes for the future'. We saw that people had personalised plans in place which took account of their disability in line with the provider's equality policy and following best practise guidance; for example, from valuing People Now 2009.

The design and decoration of people's homes was their choice. One person said, "I am going to redecorate in the summer. I will choose and my partner will do the work". Communal areas were easy to access and contained information about the building to support people; for example, information about building checks by the landlord. There was a meeting room if people required it, a room for socialising which had games in it and a community garden.

Staff had the skills and training to meet people's needs and promote their wellbeing and independence. One member of staff said, "We have lots of training opportunities and we also look at things locally. For example, I missed the internal first aid training and so I attended one by another training provider locally". Another member of staff said, "Some of the really interesting things we have learnt have been organised by the manager. For example, we have arranged for someone to come and talk to us about a condition that one person has so that we can have a better understanding when supporting them". Staff also told us how they were encouraged to develop their skills and experience. One member of staff said, "I have been supporting new staff through their induction and to complete their care certificate. I have developed a



folder to assist this with the manager's encouragement. It includes observations to assess staff competence to do their job well". The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager told us, "Two new staff have just completed their care certificate. We have training from the provider and then we also consider what is helpful to the people who live here. I am organising some on how to support people to be safe on social media soon".

People were encouraged to maintain their health through regular health appointments and check-ups. One person told us, "The staff take me to the doctors and things like that. I have been given some exercises and I make sure that I do them regularly". One member of staff we spoke with said, "Some of the one to one time is spent reading correspondence and planning appointments in the future. We would also respond if [name] became unwell and call the doctor". Records that we reviewed demonstrated that people saw health professionals regularly, including to manage conditions. There was also a health passport in place to assist medical professionals to understand the person and what was important to them.

At the time of our inspection no-one who was receiving care under the provider's registration had support with managing their diet.

## Is the service caring?

### Our findings

People had caring relationships with the staff who supported them. One person told us, "The staff are kind and make me laugh. I like them all". We saw that people had friendly, informal and supportive relationships with people. Staff we spoke with understood how to assist people to make choices. One said, "[Name] is assertive and independent and clearly tells us how they want to be supported. They have an advocate involved at the moment to help them consider all of the implications of a decision they have made about their life". An advocate is an independent professional who will support people to articulate their decisions.

People were encouraged to retain their independence. One member of staff said, "[Name] manages their own life with support from us, from a care agency, with their partner and they have an emergency alarm. They have their own home and we ask to be invited in. They put a 'Do not disturb' sign up at some points of the day and we all respect that". We saw that staff knocked on the person's door to ask to enter. This showed that their privacy and dignity was respected.

People were supported to develop and maintain important relationships. The person we spoke with told us how they split their time between doing things independently and spending time with their partner. The registered manager told us, "Although everyone has their own private flat they do share the building and communal space. They have all agreed to some 'House rules' and this includes how to take responsibility for guests to ensure that other people's privacy is not invaded". This showed us that people were supported with their relationships and privacy.

## Is the service responsive?

### Our findings

Care was planned around people's needs and preferences. One person said, "I do not want a man to provide my care; I only have women". Staff we spoke with confirmed that only female staff provided the care. The person told us how the care was provided and how they planned their week around it. There were care plans in place which reflected the person's choices and these were regularly reviewed with them. Staff we spoke with told us, "We organise reviews with people and other professionals involved in their lives. It is their opportunity to make sure everything is happening as planned, and consider any changes".

People were supported to pursue their interests and take part in social activities. One person told us, "I have done some exercise today. I also enjoy drama and singing and will soon be in a play. I love to go for a drink and a cake as well". One member of staff said, "[Name] seems to have a good balance of doing things independently like the drama and then planning time to spend with their partner at home". We saw that there were plans to celebrate the festive season; these included shopping trips and a meal out. The registered manager said, "We do organise group activities which people can choose to get involved in. We encourage people to assist in the organising; collecting money, doing the shopping etc."

There was a complaints procedure in place; including an accessible version with pictures on the wall to help people to understand it. The person we spoke to understood how to complain but told us that they had not had any reason to. We spoke with the registered manager about the procedure they had in place. They had not received any complaints but told us that they also encouraged people to consider 'grumbles'. They said, "People sometimes discuss things at house meetings and that can help to clear the air. We may review the house rules with people if we think something needs reconsidering".

At the time of this inspection the provider was not supporting people with end of life care; therefore, we have not reported on this.

## Is the service well-led?

### Our findings

There was a registered manager in post who knew people well and was approachable. One member of staff we spoke with said, "The reason I chose to work here is because of the manager. They are passionate about the people we support and that creates a great atmosphere. They value the staff team and encourage us to follow our own ideas". Another member of staff said, "The manager is hands on and values team work. We all support each other". The registered manager said, "The provider encourages all managers to be visible and to speak with people who use the service regularly. This is really the only way to know what is going on in people's lives". We saw that the registered manager knew people well and spoke with them about their lives with ease.

Staff received support to do their job well and had the opportunity to contribute to the improvement of the service. One member of staff said, "We have regular personal reviews and team meetings. We come together as a team and share ideas. I think we all feel that our opinion is valued".

Staff told us how they engaged people in developing the service. One member of staff said, "We have a theme to the house meetings to make it sociable and to encourage people to come. For example, we may choose a country and eat food from there and learn something about it. People cook together and eat and it makes it a relaxed event. We can then talk to them about the home and information from the provider. We have recently introduced 'You said, We did' at the monthly meeting to evidence that we listened. This month we organised the Christmas party that was requested". Another member of staff said, "We put the agenda in the communal area and ask people to add things they want to discuss". We saw that meetings took place each month and that records were kept. In the PIR the provider told us, 'We conduct regular service users surveys (Independent from the local service) which ask key questions regarding the integrity of our care. This feedback then gives us information to feedback to our workforce on the areas we may lack or excel'. We saw that this information was shared with people on the communal notice board. This demonstrated to us that people were included in reviewing and improving the service.

The registered manager told us how they were supported by the provider. They said that they completed management reports against key subjects and also had annual reviews. The provider had recently completed a 'Supported Living Quality and Compliance Audit' which rated the service as 'Outstanding' against their internal standards. We saw that the overview stated, 'The service is operating to a high standard with minor recommendations needed with care plan training and medication training'. The report stated that although no one living at the scheme currently required support to manage or take their medicines it was advisable that all staff keep their medication training up to date in case it changes. We spoke with the manager about this and they said, "I have organised for the trainers' to come again in the new year to update all of the staff in medicines administration. We did do it last year but we recognise that if you are not using it you may not remember or be out of date. We want to be prepared in case somebody new moves in who does require that support". This demonstrated to us that the provider's oversight of quality enabled them to make improvements to the service.