

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Exning

Inspection report

Exning Court
Cotton End Road
Exning
Suffolk
CB8 7PF

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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 inspection took place on 15 March 2018 and was announced. We gave the service 48 hours' notice of the inspection as the service is community based and we needed to ensure the registered manager would be available

Sanctuary Homecare Ltd provides care and support to people living in an 'extra care' housing scheme. The scheme is referred to as Exning Court by people, relatives, staff and the provider. We have also referred to the scheme as Exning Court in our report. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. 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 service. Not everyone living at Exning Court received the regulated activity. On the day of our inspection 28 people were receiving a personal care service.

Exning Court consists of 34 self-contained flats. There are eight two bedroom apartments and 26 one bedroom apartments built around a central courtyard. The service is situated in a quiet rural area on the edge of the village of Exning near Newmarket. The service provides support to people to live in their accommodation, with their own tenancy agreements. The aim of the service is to provide people with support they need to live as independently as possible. The people who used the service received individual bespoke support hours depending on their assessed needs.

At the last inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were concerned because there was poor recording of peoples changing needs in their care plans and the provider was failing to keep an accurate up to date contemporaneous record of the care given. We asked the provider to take steps to improve and complete an action plan to show what they would do and by when to improve the key question of responsive. At this inspection we found improvements had been made.

There was a registered manager in post at the time of the inspection. 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.'

There were sufficient staff to meet people's needs and spend time with them. People received their care when they wanted it and consistently, there were no missed care calls. Risk assessments were carried out and promoted positive risk taking which enabled people to live their lives as they chose. People received their medicines safely.

People were cared for by staff who received appropriate training and support from their line managers. Staff skills were regularly assessed through spot checks to ensure they knew how to support people in a safe, respectful and effective way.

The service worked within the principles of the Mental Capacity Assessment 2005 (MCA) and staff sought people's consent before entering their home and supporting them.

The staff were caring and kind and had developed good relationships with people using the service. They engaged with people and welcomed their relatives and friends when they visited. Where needed, people were offered support to eat and drink and to prepare meals and snacks.

People's needs and preferences were assessed prior to them moving into the service. There was an assessment process in place, which involved people and ensured that people received support that met and was based on their needs and personal preferences.

The service was well-led and people were satisfied with the care and support provided. Staff said they liked working at the service because they were able to provide a high standard of care. There was a quality assurance system in place to ensure the service was routinely audited and checked.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of care staff who had been recruited safely to meet people's needs.

Risks to people's safety were identified and assessments carried out and followed by staff to minimise risk of harm.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received training and support relevant to their roles which helped them meet people's needs effectively.

People were supported to maintain good health and had access to appropriate services.

Is the service caring?

Good ●

The service was caring.

People received care and support in the way they wished.

People were involved with planning and reviewing their care.

People were supported by staff that were caring and that treated them with respect.

Is the service responsive?

Good ●

The service was responsive

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

There was an established complaints procedure and feedback from people was acted upon to improve the service.

Is the service well-led?

Good ●

The service was well led

The registered manager provided clear leadership and direction.

The management team were approachable and had a visible presence in the service.

Systems were in place to monitor, assess and improve the quality of the service.

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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.

This announced took place on 15 March 2018 and was carried out by one inspector. The provider was given up to 48 hours' notice because it is a small service and we wanted to be certain the registered manager and staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We spoke with the registered manager, the area manager and three care staff. With their permission we met with eight people and three relatives. In addition we received comments about the service provided from community professionals.

We reviewed the care records of two people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for

monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection in July 2016 we rated this key question Good. At this inspection we found that the service had sustained this rating.

We asked people who received support if they felt safe in the care of staff. One person told us, "Oh yes I feel safe living here, I know the staff are right here if I need them, they are always popping in." People's relatives also told us they felt their family member was safe. One relative said, "[Family member] is safe here, that's not in question. I know the [care staff], there are no missed calls and staff are approachable. I can pop in anytime and it's all okay." Another relative said, "During the night, I know that the night staff just pop in and check that [family member] is okay and asleep. They go over and above."

Care staff had received training in safeguarding adults as part of their induction, and understood their responsibilities to report suspected abuse or harm. Where concerns had been received or raised the service had raised safeguarding referrals and carried out investigations appropriately.

Systems were in place to identify risks and minimise the risk to people from potential hazards. Each person's care plan had a number of risk assessments completed which were specific to their needs. Risk assessments we saw provided instructions for staff members when delivering people's support. These included moving and handling assessments, medical conditions, mobility, fire and environmental safety. Whilst the specific assessments had not been kept under frequent written review the care plans were reviewed regularly. The registered manager had recognised the risk assessments would benefit from review and had plans in place to do so. This meant the support provided was appropriate and people's safety was monitored and managed appropriately.

Staff supported people to be safe in their own properties. People had personal emergency evacuation plans which were personalised to their support needs and used to support evacuation in the event of an emergency.

Staffing levels were adequate to meet people's needs. We were told by the registered manager and by people that there had been periods of time where there was a need to use agency staff due to care staff vacancies. During these times consistent agency staff were used wherever possible and the management team also stepped in and delivered care to ensure consistency. The registered manager told us, and people we spoke with confirmed, that there had been no missed care calls. This meant that people received their support hours as planned. People told us they did not feel rushed during their care. One person told us, "Even when we were short of staff, we had agency staff and they were mostly very good, one was exceptional." Another person said, "I have never had a missed care call. Very occasionally they [support workers] might be a little late but that's only if someone else has needed them in an emergency."

We checked how staff were recruited and the processes followed to ensure they were suitable to work with people. We reviewed two personnel files of staff who worked at the service and saw that there were safe recruitment processes in place including; photo identification, references from previous employment and a

Disclosure and Barring Service (DBS) check. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services. Some people using the service had volunteered to take part in the prospective staff interviews as part of the recruitment panel which enabled them to have a say and be involved in deciding on the recruitment of staff who would work to support them. During our visit the registered manager was in the process of arranging pre-employment checks for staff recently recruited. We saw that the process was carefully managed and the correct information requested.

People told us they got their medicines when they needed them, one person said, "I get my medicines when I need them. There are no problems with that." There were measures in place to ensure medicines were managed safely, but we found some instances, that the registered manager had also identified, where this could be improved. Medicines administration recording (MAR) charts were in place and care workers used this to sign in medicines and to record that medicines were given appropriately. We looked at and audited a sample of MAR charts and found that there were gaps in the staff recording on the chart in some instances. The registered manager told us that they had also picked this up and had already begun to address it. We saw that a 'gap monitoring form' had been introduced to audit the MAR charts and highlight where the gaps were. We saw that a memo had been sent to staff to remind them of the importance of accurate record keeping to address this. Where people had medicines 'as required' protocols were in place to guide care staff on when to offer these.

There were systems in place to reduce the risks of cross infection including providing support workers with personal protection equipment, such as disposable gloves and aprons.

We saw there were few accidents and incidents, but when any happened, they were recorded and managed appropriately we detailed investigations undertaken and learning to prevent reoccurrence.

Is the service effective?

Our findings

At our last inspection in July 2016 we were concerned that the provider was not fully assessing, monitoring or mitigating risks relating to the health, welfare and safety of people using the service. We found that they were failing to keep an accurate, up to date contemporaneous record of the care given. As a result we rated this key question Requires Improvement. We found at this inspection that improvements had been made. People had up to date care plans and detailed records in place. As a result we have rated this key question Good.

People's needs had been assessed holistically and care plans were based upon assessments of their needs and wishes. People and their relatives told us that they had been involved in developing care plans. Records showed that care plans were regularly reviewed and most had been updated to reflect care delivery.

People and their families told us they felt staff were well trained and had the right skills and experience. Staff were familiar with the requirements of their role and sufficiently trained to meet the needs of people using the service. One person told us, "Yes, staff are trained. I know they all go off regularly for training. They all do their jobs well and some do that little bit extra too."

When new staff commenced employment they undertook an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff we spoke with told us they felt their induction process was suitably paced and gave them the knowledge and skills to support people effectively.

We saw the registered manager had a structured framework for staff training. Staff we spoke with and records we viewed showed staff received regular training to ensure they were able to provide effective support to people. Training undertaken was in areas such as safeguarding adults, nutrition awareness and first aid. The registered manager had identified staff who needed to refresh training and when this was due and we saw evidence of staff being scheduled to attend future training dates.

Staff told us they felt supported and had received supervisions (one to one meeting) with their line manager. We were told that the frequency of supervisions had increased and improved with the current registered manager in post.

People told us they received the support they wanted with their nutritional needs. As people lived in their own flat their food was generally purchased by themselves or their relatives, however some people received support from care staff to prepare light meals and snacks. The service had a restaurant accessible to people which provided meals at lunchtime. One person told us, "Staff help with meals if we need that, they help me with beans on toast or cheese on toast, and whatever I would like." Daily log records demonstrated that staff recorded nutritional information relating to people's specific needs and followed up on these with healthcare professionals if needed.

We saw there was good teamwork and communication between staff was good. A member of staff told us, "We have such a good care team here, there is great team work and I could tell that as soon as I started

working here. It makes all the difference because it helps us to deliver very good care."

People told us they were supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. Where needed they liaised with health and social care professionals involved in people's care or if their health or support needs changed. We saw evidence that people were supported with local authority reviews of their support where this was something they requested.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA.

The registered manager and staff told us that there was no one in receipt of personal care currently who lacked the capacity to make their own decisions. Where people had appointed someone to make decisions on their behalf this was recorded within their care plan as well as the persons' ability to make their own decisions. People had signed care plan documents to show their consent to care and treatment. We saw throughout our visit that staff regularly sought people's consent such as whether they wanted staff in their flat, what they wanted to do and where they wanted to spend their time.

Is the service caring?

Our findings

At our last inspection in July 2016 we rated this key question Good. At this inspection we found that the service had sustained this rating.

We asked people about staff that visited their flats and if they had time and treated people with compassion, dignity and respect. Responses were positive. One person told us, "The care is absolutely wonderful. I can't fault it at all; they really do a thorough job."

We heard from people of several examples where staff had supported them 'over and above' with the support they needed with their personal care and lifestyle. One person told us, "They [care staff] give a little extra. They always ask me before they go if there is anything else I need doing. I notice they do more than they need to." Another person's relative told us, "Staff always go the extra mile. My [family member] has [a pet] that is very important to them. Staff will pop in and out of [family members] flat, which is over and above what they are supposed to do, to check they are okay and also that the pet is okay too."

The service promoted people's independence and autonomy. This was evident in the way care plans were written. Staff explained how they promoted independence, by enabling people to do things for themselves.

There were systems in place to support people to express their views. For example, people had personal profiles which included their life histories. This included personalised information about the person, what they liked and disliked and what was important to them as well as their preferences regarding their support. People told us that they were consulted about the support they received and felt listened to. One person said, "Yes, I am involved in my care plan. We [person and care staff] review it together."

We saw that staff respected the fact they were visiting people in their own home and were respectful of their right to privacy. One person told us, "Staff never walk into my flat without ringing the doorbell. They always call out first as well to let me know who it is coming in." During our visit we observed that staff always rang the doorbell on people's doors and waited to be invited in. If the person was unable to respond staff knocked, let themselves in and called from the hallway to let the person know they had arrived and who it was.

Care records were locked away in the registered manager's office so that they remained confidential. People held their own copy in their flats. Information was available within care files to inform people of who had the right to access their file and people had signed consent to state they were in agreement. This showed us that the provider was being open and transparent with people regarding confidentiality of their information.

Is the service responsive?

Our findings

At our last inspection in July 2016 we were concerned that people's care plans were not always up to date and as a result people may not have received the care they needed. As a result we rated this key question Requires Improvement. We found at this inspection that improvements had been made. People had up to date care plans in place. As a result we have rated this key question Good.

Care plans we looked at had been reviewed, and were up to date. The information within them was highly person centred and detailed.

An assessment was completed for any people wanting to start using the service. This identified the care and support people needed to ensure their safety and that their needs could be met by care staff. As a result of the initial assessment care plans were developed which clearly involved people. Care plans we viewed contained detailed information about the person and the support they required. This included specific information about how the person liked to be supported and their individual preferences. One person receiving personal care had specific care needs and a very exact preference for how they wanted their care delivered. Their care plan was exceptionally detailed and personalised. Information guided staff on how to support the person with their personal care and any equipment they needed.

People told us care staff were responsive to their needs and delivered the care they wanted and needed. One person told us, "I dropped a pint of milk and I couldn't pick it up. Even though it wasn't one of my scheduled calls, I called for staff and they came within three or four minutes." Another person told us they sometimes called staff outside of their allocated care call and staff were always happy to help them. We viewed people's daily care logs and found that the recordings of staff support was not only detailed it also demonstrated that additional care was provided when requested and in response to people's individual circumstances. This meant people's care was planned and delivered in a way which met their needs.

'Tenant' meetings were widely advertised within the service and held at regular intervals. This enabled people to find out what was going on and share any ideas. We saw evidence of meeting minutes detailing what had been discussed such as staffing changes and medication ordering.

The registered provider had processes in place to receive and act on complaints. There was a complaints procedure and people spoken with were aware of it. One person told us, "There are leaflets in the front hall where you can make complaints or comments if you needed to." Another person's relative told us, "It runs so smoothly here. If I had a problem, I'd talk to [registered manager] however I can't actually tell you how happy I am with the care here." Records showed any comments or complaints received about the service had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence.

Minimal information was included within people's care plans about their end of life wishes. The registered manager told us that some people held a 'do not resuscitate order' within their own flats and that this was something the individual had made a choice to have in place, however the service did not often support

people at the end of their lives due to the nature of the service. The area manager told us that the provider was also about to introduce a new strategy for end of life care and had recognised that more work was needed to support people with their advanced care planning around their end of life wishes. They told us the provider was in the process of developing a recording document and end of life guidance. Advance care planning' (ACP) is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

At our last inspection in July 2016 we rated this key question Good. At this inspection we found that the service had sustained this rating.

Since our last inspection the previous registered manager had left. A new manager was in post who had successfully registered with CQC two weeks prior to our visit. This manager had worked in the service as the housing manager prior to transferring to being the registered manager for the care (delivery of the regulated activity of personal care) side of the service.

We found the registered manager passionate about the service and about the care people were receiving. It was clear that people knew her very well and were comfortable in her presence. People using the service told us they felt comfortable approaching the registered manager with one person saying, "[Registered manager] is brilliant. She does care as well as manage. I could approach her with anything." Another person said, "[Registered manager] is great. It's a very nice place to be, it's excellent definitely."

People's relatives were equally complimentary, one told us, "[Registered manager] is absolutely fantastic, I can talk to her about anything, she's brilliant." Another relative told us, "Overall the care is excellent. I have a good relationship with [registered manager]."

Staff spoke positively about working at the service and said the management team were approachable. They also told us that they felt supported by the registered manager. One member of staff said, "I never feel like I can't ask a question of [registered manager]. Yes, I feel supported."

We observed throughout our visit that people felt comfortable approaching the registered manager and that she always took time to listen to them and help them with any questions or concerns that they had.

A range of governance and quality assurance systems were in place to ensure that care being delivered was safe, effective and compassionate. The area manager completed monthly visits to the service and reviewed a number of areas including the completion of an audit. The area manager told us that a new quality audit system had just been launched by the provider organisation which were more comprehensive. They told us that the audit was used to develop an improvement plan which was now electronic based and gave the provider organisation greater oversight of the service. These audits showed evidence of regular monitoring of the quality of care and support being provided.

'Spot checks' were carried out as a means of monitoring staff practice at the service. We reviewed the 'spot check' records and saw that senior staff completed ad hoc visits to observe staff interaction, the respect they showed and the well-being of people using the service when receiving support.

Survey forms had been sent to people using the service and their representatives. We looked at responses from people about their experience using the service and these were complimentary. Comments were included such as, 'keep doing what you are doing' and, 'all [staff] are very caring'. We saw from the analysis

of the feedback that the service had received 95% positive overall.

The registered manager worked closely with other agencies and professionals, including people's social workers and healthcare professionals. As a result of this partnership working, people's care preferences were reviewed and their packages of care reflective of their current needs.

The provider was displaying their registration certificates and ratings from their previous inspection at the service, and we saw that these were also displayed on their website. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We found that the provider had notified us of serious incidents and allegations of abuse and had kept us informed of ongoing concerns.