Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Basildon

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

The inspection took place on 18th April 2016. Sanctuary Home Care is a domiciliary care agency that provides personal care and domestic support to people as part of extra care housing services and provides support to people in their own homes. There are currently 34 people who use the service.

The service has 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 protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place. There was sufficient staff employed to meet peoples care and support needs and keep them safe. People were administered medication safely and written records accurately reflected medicines administered.

The service understood how to manage risk in a way that kept people safe whilst respecting people's rights and freedom to exercise choice and control.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to carry out their role effectively through the provision of appropriate training and supervision and competency checks to ensure they had the skills and experience to meet people's needs.

People were supported to have enough to eat and drink and access to health care services to maintain their health and wellbeing. When people became unwell staff responded quickly and sought the appropriate support.

Care workers had positive relationships with people who used the services. Care was personalised and met people's individual needs and preferences. People, or their representatives, where appropriate, were involved in making decisions about their care and support and felt listened to and included. Care workers treated people with dignity and respect and promoted peoples independence.

Staff told us that were well supported by the management team. The provider had a complaints procedure and people knew how to use it. People's concerns and complaints were listened to and addressed in a timely manner.

The provider had systems in place to monitor the quality of the service and this was used constructively to drive improvements.

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.

People's medicines were managed safely.

There were sufficient numbers of suitably recruited staff to meet people's needs and keep them safe.

People were safeguarded from abuse as staff and management were aware of the signs to look for and how to report suspected abuse.

Actions were taken to reduce people's risk whilst encouraging their independence.

Is the service effective?

Good

The service was effective.

The provider and staff worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives.

Staff were supported and trained to be effective in their role.

People's nutrition and hydration needs were met.

When people required support with their health care needs they received it in a timely manner.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved in their care, treatment and support & felt listened to.

People's privacy was respected.

People's independence was protected and promoted.

Is the service responsive?

Good

The service was responsive.

Care was personalised and delivered in accordance with people's preferences.

People were supported with opportunities to engage in community activities of their choice.

The complaints procedure was accessible to people and their relatives.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

Staff felt supported by the management team.

Systems were in place to monitor the quality of the service and action was taken to make any required improvements.

Sanctuary Home Care Ltd - Basildon

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.

The inspection took place on 18th April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager would be available.

The inspection team was made up of one inspector. As part of the inspection we reviewed various information including the 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 also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of inspection we met with the registered manager at the site where the extra care housing care and support was provided. We observed two members of staff providing care and support on site. We spoke with 3 people who used the service and 2 members of staff. We reviewed 4 care records, 4 staff files, training records, audits and minutes of staff meetings.

Prior to the inspection we undertook phone calls and spoke with 4 relatives of people who used the service and 2 members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe. One relative said, "[Person] is as safe as they can be." Another relative said, "My [relative] is definitely safe here." People had call bells in their flats so could call for assistance. We were told that the staff responded quickly to call bells and we saw evidence of this during our inspection.

One person told us and we observed on the day of inspection that not all staff wore name badges to identify them to people who used the service. We spoke about this with the registered manager who advised us that new badges were in the process of being ordered. Staff and people told us that when new workers started they were taken around by existing workers and introduced to everyone who used the service so that people felt safe. A staff member said, "People see us around all the time and they get to know us, we see them in the restaurant, at bingo, race nights and coffee mornings."

Risk assessments were completed to help staff support people who used the service to minimise risks to their health and wellbeing. These assessments were reviewed regularly and amended as necessary to ensure that workers had the most up to date information to help them to keep people safe. The staff we spoke with were able to demonstrate a good awareness of any potential risks with regard to the people they supported.

Information about risk was communicated between staff via a daily hand-over book as well as verbally on a daily basis. Managing and communicating risk was also discussed during staff supervision sessions. For example, we saw supervision notes which highlighted the importance of staff checking and reporting any faults with equipment such as hoists and slings and sharing information where people had tripped or fallen which may trigger a review of their care plan.

We saw that people were included in the risk assessment process which ensured they had the freedom to exercise choice and control over their lives. For example where the service had identified a risk to a person's health caused by their lifestyle choices they had requested the assistance of the medical team. The GP came and spoke with the person to explain the health consequences of their actions so that the person was aware of the risks and able to make an informed choice.

The service had a designated safeguarding champion and policies and procedures were in place explaining how to safeguard vulnerable people from abuse and how to 'whistle blow' if necessary. Staff told us they were familiar with the policies and procedures and had received training in safeguarding and we saw confirmation of this in the training records we looked at. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe.

Staff knew and understood what was expected of their role and safeguarding responsibilities and said they had confidence that any concerns they raised would be listened to and action taken. We saw that the registered manager recorded and dealt with safeguarding issues appropriately, including notifying us of concerns in a timely fashion.

Staff received annual training in medicine administration and regular competency checks were completed by senior staff members to monitor and promote safe practice. One person told us, "They [staff] don't miss visits, they always turn up and I get my medication on time." Medication audits were completed and where errors were found these were addressed with the relevant staff member to ensure safe medicine administration practices were adhered to.

Staffing levels were identified by the manager and by staff as an ongoing challenge and a recruitment drive had been implemented to address the shortfall. Nonetheless there were sufficient numbers of staff to keep people safe. An electronic system was in place to manage staff rotas and senior and bank staff were used to provide cover when required. Staff said, "We are understaffed but the staff we have are really good, they all chip in and we are covering."

We found that the recruitment of staff was thorough to ensure only suitable people with the right skills were employed by the service. Checks on the recruitment files for four members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff were aware of the process for reporting accidents and incidents. These were logged with the registered manager who used the information to monitor that the correct action had been taken and to put any necessary plans in place to mitigate future risk.

Good

Is the service effective?

Our findings

People who used the service told us they were happy with the care and support they received. A relative said, "We've been really happy, they have done everything we needed them to do."

Staff told us that the training was good and they felt competent in their role. One staff member said, "It's up there with the best training I have ever had." The service provided a classroom based induction followed by time spent shadowing experienced team members and were observed in practice to ensure they had acquired not only the theoretical knowledge but also the practical skills required to support people effectively. Training was also provided through E-Learning which was based on the Care Certificate standards covering subjects such as infection control, equality and diversity, moving and handling, dementia awareness and the Mental Capacity Act. Staff were required to take written tests as part of the E-learning and the results were sent electronically to the registered manager so that they could monitor their progress.

People said that the staff had the skills and experience to support them effectively. On the day of inspection we observed two staff using manual handling equipment to hoist a person. They completed the task competently and sensitively providing verbal reassurance and clear instructions to the person to keep them safe.

Records showed that staff received ongoing support and assessment through bi- monthly supervision sessions and regular unannounced competency checks which were used to identify areas where further learning and development was required. In addition daily spot checks were carried out by the team leader which looked at how staff were dressed, whether they were keeping accurate records, following infection control procedures and filling in MAR sheets correctly.

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.

Staff told us they had received training in the MCA and training records confirmed this. They were able to demonstrate how they applied the principles of the Act in their daily practice to support people who had difficulty making decisions by giving them choices and communicating in ways that helped people to understand what was being asked of them. One staff member said, "I give people a choice of two or three things, not too many to overwhelm them." "I check to make sure they understand me and repeat information using short sentences and simple language to help people make their own decisions." "I also use pictures and will show people things to help them choose."

The people we spoke with said that staff always asked permission before providing any care or support and we observed this in practice. The care and support plans and risk assessments we reviewed were signed by

people or their representatives evidencing that consent had been sought.

We were informed that there were suitable arrangements in place to ensure people had sufficient food and drink to meet their needs. People said they were given the choice about what they would like to eat and the level of support they wanted to prepare meals and drinks. We observed that people had plenty to drink which was left within reach after staff had visited them. Where people required support with eating and drinking this was provided. There was a restaurant on site and the service supported people to access this facility providing assistance and encouragement where required.

Relatives we spoke with said that the service was very good at supporting their family members to access health care services. We were provided with several examples where staff had responded to the fact that someone seemed unwell and had called for medical assistance to ensure the person got the treatment they needed in a timely fashion. We were also told how the service had helped people by making referrals to appropriate health professionals such as the incontinence nurse and occupational therapist.

Good

Is the service caring?

Our findings

We found the service was caring and people were respected by staff, treated with kindness and were listened to. Staff knew the people they cared for well and spoke about them in a kind and sensitive manner. Care was seen being delivered at a relaxed pace and was not rushed. A relative told us, "They [staff] sit with [Person] and help her to eat; they always have time to sit and have a chat with her." Another relative said, "They [staff] seem very kind, chirpy, bright and cheerful."

People told us they were treated with dignity and respect and spoken to with courtesy. Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values such as knocking on doors before entering, ensuring curtains were drawn, covering people up to protect their modesty when providing personal care and providing any personal support in private

Staff promoted people's independence as far as possible by enabling people to do things for themselves when they were able. For example, helping people to hold their own cutlery so they were able to eat independently. A person told us, "I'm an independent person and they let me be independent."

Staff had received training in equality and diversity. We asked them what this meant in their practice. One worker said, "It's all about letting people have their own opinions and not judging them."

We looked at daily communication records which were written sensitively. Peoples care plans contained information about their preferences and staff were familiar with people's likes and dislikes and knew them well.

People and relatives told us they felt included in the planning of care and support and felt that they were listened to. One relative said, "We did a review and changed a few things around." "They listened to what we said and made the changes we wanted." Another relative told us, "[Person] and me were involved in the care plan. They spoke to [Person] and even though I was helping her she still felt like she was the one being asked."

Good

Is the service responsive?

Our findings

On the day of inspection we looked at four care plans which clearly explained how people would like to receive their care, treatment and support. The plans were personalised and informative. People and their relatives told us that they were included in the development of the care & support plans. We saw that the plans were signed evidencing peoples involvement in the process.

The service reviewed peoples care plans every six months or sooner if there was a change in a person's circumstances for example if a person's abilities improved or deteriorated. Staff were able to tell us that they understood the process to follow when someone's needs changed to ensure the care and support provided accurately reflected people's needs. During our observations on the day we saw that the care and support people received was an accurate reflection of what was written in their care plans.

The care plans that we looked at were written in the first person and detailed daily routines specific to each person. They were written in a person centred way which means they were all about the person and put them first. The records we looked at gave an insight into the individual's preferences and choices. They took account of people's needs and wishes, abilities and likes and dislikes. We spoke with a member of staff who told us they had responsibility for completing life story work with people. Life stories can provide valuable information about a person's life history, including their relationships, work experience, hobbies and interests, routines and aspirations. This information can be used by staff to build a rapport with people and can be particularly useful when supporting people living with dementia to talk and reminisce with them to promote their wellbeing.

A relative spoke to us about the care her family member who was living with dementia had received. They said, "Because [Person] has dementia, I was hoping they would recognise things and they do." "They pick up on [Person's] moods, they supervise them, they are my eyes and ears."

Speaking with staff we found they were familiar with people's life histories and preferences. One staff member told us how they supported a person to go shopping once a week. They said, "I have learnt about [person] just by talking to him, we have a laugh together."

When people joined the service they were given a service user guide which included information on how to make a complaint. People and relatives we spoke with said they knew who to complain to and felt confident that if they needed to do that their concerns would be listened to and addressed. A relative said, "I've met the registered manager, she is very visible and approachable, if I had a problem I would go straight to her."

We saw written records which showed that complaints and concerns were taken seriously and used as an opportunity to improve the service. The registered manager analysed the complaints records looking for any patterns and emerging themes. All complaints were acknowledged and dealt with via letter. The tone of letters sent to people who had complained was both professional and conciliatory with clear action plans in place to try to resolve any issues. A person we spoke with on the day said, "I had to complain once, I went

to the office and spoke with them, it was dealt with straight away and I was happy."

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The service promoted a positive culture that was person-centred, open, inclusive and empowering which was reflected in our discussions with staff and people who used the service.

The manager informed us that the service had an 'open door' policy and this was confirmed through feedback we received from people and staff who told us the care team were approachable, contactable and supportive.

Staff told us that the registered manager was easy to talk to and would encourage reflective practice and learning from experiences. For example one staff member said, "If you need help with a situation they [registered manager] will ask you questions to help you come up with the answer yourself."

Staff meetings were held monthly and alternated between day and evening time so that all employees would get an opportunity to attend. Staff were invited to contribute to the agenda so that they were involved in the running of the service. We looked at the minutes of staff meetings and saw that they were used constructively to share information and where action points were raised a designated person was identified to take responsibility for completing any tasks.

People who used the service or their representatives were asked for their views via an annual quality survey and feedback obtained generated actions plans. For example we saw that a person had asked that when their clothing was returned from the laundry that it could be hung up in the wardrobe by the care staff. We saw that the person's care plan had been amended to reflect the changes requested. However on the day of inspection we noticed that this request had not been put into practice. We discussed this with the registered manager who later informed us that all staff had been made aware of what was required of them and that spot checks had been undertaken by the head of care to ensure that this task was completed as requested.

We found that day to day issues raised by people or their family members were addressed and followed up using service-user spot checks. These were completed either face to face or by telephone and were used as a mechanism to ensure that people were satisfied with how their concerns had been dealt with.

Residents meetings were also held regularly and feedback from these meetings was used to drive improvements. For example an issue was raised at a residents meeting with regard to staff awareness of professional boundaries. This information triggered an action plan whereby all staff received training in managing professional boundaries. We spoke with a person on the day who reported that things had improved as a consequence of the training.

Quality assurance systems were in place to monitor the quality of service being delivered as 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. In addition 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.