

Sanctuary Home Care Limited

# Sanctuary Home Care Ltd - Bromley

## Inspection report

Sutherland Court  
Thesiger Road  
Penge  
SE20 7NN

Date of inspection visit:  
29 March 2017  
30 March 2017

Date of publication:  
05 May 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This unannounced focused inspection took place on 29 and 30 March 2017. At the last inspection on 12, 13 and 14 December 2016 we had found serious breaches of regulations in respect of people's safe care and treatment, the management of medicines and the management of the service. Risks to people were not always identified or assessed; medicines were not safely administered or managed. There were concerns about the management of the service and poor systems of communication between organisations which did not assure us of people's safety.

We served two warning notices on both the provider and registered manager in respect of the more serious concerns found. We also found breaches of regulation for staff training and because people were not always treated with dignity and respect. The provider sent us an action plan to tell us how they were going to meet these regulations. We will follow up the action taken to address these breaches at our next comprehensive inspection.

This focused inspection took place on 29 and 30 March 2017 and was carried out to check that action had been taken to address the serious concerns regarding medicines, risks to people and the management of the service and ensure the regulations were being met.

Sanctuary Home Care Limited (Bromley) provides personal care at two extra care housing sites, in the Bromley area, in which people live independently in their own tenancies. The personal care service is managed from the registered office at one site. Not everyone at these sites received personal care from Sanctuary Home Care (Bromley). During the inspection we were told there were approximately 110 people who used the personal care service.

The registered manager was no longer working at this location. 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. The service was being run by an acting manager.

At this inspection we found a breach of regulation in respect of staffing. People told us there were frequently not enough staff. We found this to be the case as there were not always the assessed levels of staff required to meet people's care needs. We also found that while improvements had been made to the way the service was managed and monitored there remained concerns about the way systems to manage emergencies and some risks were managed. You can see the action we have asked the provider to take at the back of the full version of this report.

We also wrote formally to the provider following the inspection to discuss our findings. They have agreed to send us weekly updates about staffing levels and action they take to address any problems and monthly updates on action to address the other areas identified in this report. We will be monitoring these reports closely.

Improvements had been made to the way medicines were managed and we found these were now managed and administered safely. There were some areas that still needed improvement to ensure this was consistent across the service. Risks to people were identified and assessed although some improvement was needed to ensure this was consistent across the service. Staff had received fire training since the last inspection. The kitchen had people's up to date dietary needs. The acting manager met regularly with the housing association to try and improve communication.

The rating for the key question Safe remains Requires Improvement and we have changed the rating for Well led from Inadequate to Requires Improvement in line with our characteristics for rating each key question. This has not changed the overall rating which will be reviewed at the next comprehensive inspection.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe. Action had been taken to improve safety in relation to medicines management and the assessment of risk although some improvement was still required. We found a breach of regulation in regard to staffing.

The provider has agreed to send us weekly updates about action taken to ensure there are sufficient levels of staff to meet people's needs in line with their contractual expectations.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led. While there had been improvements made arrangements for the monitoring of systems to manage emergencies were not effective. Some improvements to the identification and assessment of some risks such as fire risk were still required.

**Requires Improvement** ●

# Sanctuary Home Care Ltd - Bromley

## **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.

We undertook a focused inspection of Sanctuary Home Care Limited Bromley on 29 and 30 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 12, 13 and 14 December 2016 had been made. We inspected the service against part of two of the five questions we ask about services: is the service safe, is the service responsive and is the service well led. This is because the service was not meeting legal requirements in relation to parts of those questions at the last inspection.

This inspection was unannounced and was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements. During the inspection we spoke with 22 people and four relatives. We also spoke with the acting manager, the head of care at one location, three team leaders and three care workers across both sites. We talked with a visiting health professional, the catering staff and housing association manager who are not employed by Sanctuary Home Care Limited Bromley.

We looked at 11 people's care records. We also looked at records held by the service including audits and checks on the quality of the service.

# Is the service safe?

## Our findings

At this inspection on 29 and 30 March 2017 we found there were not enough staff to meet people's needs at either Regency Court or Sutherland Court. Most people and their relatives told us there were not always enough staff which meant staff could frequently be late or rushing to get things done. One person told us, "The [staff] are alright but they are often short of staff which means they are always rushing." Another person commented, "At the weekend there is only two carers for the whole place sometimes." A relative told us, "I would say two out of seven days there are not enough staff." We found one complaint had been raised by one person because staff were rushing while they supported someone to eat. The investigation into the complaint showed that staff had commented that there was not enough time allowed in their planned work to support this person at their pace. Only two people out of the twenty two people and four relatives told us they thought there were enough staff.

On 29 March 2017 when we arrived at Regency Court there was no team leader on duty. A bank team leader who was already working the afternoon shift arrived later that morning to replace an absent team leader. There were eight care workers rather than the nine care workers planned on the rota. There were unfilled gaps in the rota for the following two days. The acting manager and team leader spent much of the day trying to find staff to cover these gaps. Care workers told us that they had managed to cover people's planned care because there were some people in hospital. However, it meant they had no capacity to respond to any unplanned requests for support. One person told us they had waited 45 minutes since calling for help to go to the toilet that morning. A care worker told us they had run late for some calls because they were short of staff.

At Sutherland Court on 30 March 2017 we found there was one care workers less than planned on the rota. Staff showed us how they had managed to cover the planned support calls but this meant that there was no capacity to respond to any unplanned or emergency needs for support. We looked at the rotas over two weeks and found there were eight occasions when there were identified gaps that had not been filled on the rota and therefore the assessed levels of staffing needs had not been met.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We wrote formally to the provider about the staffing issues and they agreed to send us weekly updates to show what action they were taking to ensure there were enough staff at all times to meet people's needs.

At our last inspection on 12, 13 and 14 December we had found serious breaches of regulations as medicines were not always safely administered or managed. Risks to people's health and safety were not always identified, assessed or action taken to reduce the likelihood of them occurring. We had served a warning notice to tell the provider to take action to meet the regulations by 10 February 2017.

At this inspection on 29 and 30 March 2017 we found improvements had been made to the management of medicines. Most people told us they received their medicines as prescribed. One person said, "They [staff]

are better with my medicines now." Another person told us, "Oh yes I have no problems with it at all."

We looked at medicines and records relating to medicines for 15 people across both Regency Court and Sutherland Court and observed medicines being administered. Medicines were stored safely in people's own flats and any surplus medicines were disposed of appropriately by staff. Medicines requiring people to have regular blood tests were managed appropriately. We were told medicines were delivered to the office at both locations so that staff could then distribute the medicines and update the medicines records. People's care plans contained information about the level of medicines support they required and included a list of their prescribed medicines, as well as details of any known allergies. Staff told us, and records confirmed that they had received training in medicines administration which included an assessment of their competency to ensure they were able to safely support people with their medicines.

However there was some room for improvement. Medicines administration records (MAR) were mostly accurately completed but we found one MAR had two gaps where staff had forgotten to record that they had administered the medicines. Another MAR showed that an anti-sickness medicine had not always been administered when prescribed; although the course was now completed. A recommendation from a visiting health professional in relation to one person's medicines had not been acted on. Two people who were prescribed warfarin said they had asked for their evening medicines to be administered earlier but not had a response. We raised these issues with the acting manager who told us they would look into these issues and take any necessary action. They updated us about the action taken following the inspection.

At the last inspection in December 2016 risks to people's health had not always been identified and assessed and health risks had not always been recorded on people's transfer to hospital records. At this inspection we found improvements had been made in these areas. People's health risks such as epilepsy had been identified and assessed and details placed on their hospital transfer records to alert hospital staff. There was guidance for staff on how to reduce risks and what possible signs of risk to look for. However some improvement was still required as one person's manual handling risk assessment was not accurate and did not detail the equipment needed to safely transfer them. For another person the risks in relation to fire had not been acted on through a referral to fire safety for advice on how to minimise risk of fire. These issues were discussed with the acting manager and acted on during the inspection.

Although improvements were made we have also identified another breach of regulation. We have therefore not changed our rating for this key question from Requires Improvement in line with the characteristics for each rating.

## Is the service well-led?

### Our findings

At the last inspection in December 2017 we had found considerable concerns about aspects of the management of the service. Systems to monitor risks in relation to emergencies were not always maintained. We found no records at either location to show that night care workers had been involved in a fire drill or fire training; which posed a possible risk in the event of fire. Health and safety checks were not always completed. There was no clear system for communication of people's dietary needs with the kitchen and there had not been regular meetings with the housing association to ensure smooth communication about people's needs. Audits of care plans failed to identify that some people's care plans were not always accurate and up to date. This meant staff did not have information about people's current needs. We had served a warning notice to tell the provider to take action to address these concerns and meet the fundamental standards by 24 February 2017.

At this inspection we received mixed feedback about improvements at the service. The majority of people told us they did not think the service was well run. One person commented, "The management here is poor." Five people told us improvements had been made. One person said, "Things have improved a little here. It's a bit better organised than it was."

We found some improvements had been made, training on fire safety had been delivered, care plans had been updated and the kitchen staff had information about people's current dietary needs. There were regular meetings between Sanctuary Care (Bromley) manager and the housing association to develop better communication. Fire drills were being carried out to ensure staff knew how to respond if there was a fire. Medicine audits identified issues and acted on them. Spot checks were being completed and feedback from these was acted on to try to improve the quality of the service.

However we found while improvements had been made there were still some concerns about the systems in place to manage emergencies. There was no working mobile for staff to contact emergency services at Sutherland Court despite this being identified by the health and safety checks carried out since January 2017. Staff told us they used their own mobile phone, however, this was not in line with company policy. There were insufficient handsets at one location so that not all staff could respond if there was an emergency. Not all staff knew how to locate a spare emergency pendant alarm when the housing office was closed. This meant if a pendant was mislaid then people may have no means to call for help if they fell.

Systems to respond to the emergency call bell did not always operate effectively to ensure people were safe. We pressed the emergency call bell twice in one flat and although the phone was answered the call was not responded to. The manager was unable to identify which handset or staff member had answered the phone but not responded as the system in use did not allow this to happen. Two people had yet to receive fire training and participate in a fire drill. Two staff members told us they were not sure about their responsibilities when asked if there was a fire.

These issues were a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



We spoke with the regional manger and acting manager about our immediate concerns about the emergency systems. These issues were addressed at the inspection. The manager told us they would address the lack of response to the call bell with all staff following the inspection.

There were other areas that required improvement. Risk assessments had been updated but the provider's risk assessment form did not include an assessed level of risk for staff to consider in terms of deciding how frequently the risk should be reviewed. Risk assessments we viewed were all set to be reviewed at six monthly intervals which meant some high risk issues such as fire risk may not be reviewed or monitored sufficiently frequently to identify changes or concerns.

On 29 March 2017 when we arrived at Regency Court we found the head of care was on annual leave at one service and there was no team leader at the start of the shift. The acting manager was not at either site. At the other service the head of care at another service was away at a meeting with the acting manager. The acting manager told us they were available by phone but there was no senior staff presence to provide immediate assistance to manage any emergencies that could arise.

We wrote formally to the provider about these findings. They told us there would always be management cover at the service following our findings. They have agreed to send us monthly updates on their progress in this key question to address these issues. We shall be monitoring these closely and will check progress at our next comprehensive inspection or sooner if required.

Because of the improvements made found we have changed our rating for this key question from Inadequate to Requires Improvement in line with the characteristics for each rating.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others were not always effectively operated. Regulation 17 (1)(2)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not always deployed in order to meet the people's needs Regulation 18 (1)