

Sanctuary Home Care Limited

Clover Court

Inspection report

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09 August 2022
23 August 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Clover Court provides care and support to people living in 20 'supported living' flats, so that they can live 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 who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was supporting 19 people at the time of the inspection.

People's experience of using this service and what we found

There were systems in place to keep people safe. Risks were identified and managed to reduce the risk to people's wellbeing.

The service was affected by staffing issues being experienced across the care sector. Shortfalls were covered by agency staff and staff working additional hours however staff morale was low. We have made a recommendation about staffing and team building.

There were systems in place to support people with their medicines and people told us that staff followed the recommended guidance in relation to infection control practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People were actively involved in their care and received personalised support which met their needs and preferences.

The service had a quality assurance system to monitor the quality and safety of the service. Where it was identified that improvements could be made a plan was put into place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was outstanding (published 9 April 2019). For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from outstanding to good. This is based on the findings at this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Clover Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was conducted by an 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.

Service and service type

This service provides care and support to people living in flats within one 'supported living' setting, so that they can live 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 09 August 2022 and ended on 23 August 2022. We visited the service on 09 August 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the last provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people and two relatives during the inspection. We spoke with seven care staff, the area manager, deputy head of service and registered manager.

We viewed three people's care records, medication records, two staff personal files and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place and staff were clear as to the action they needed to take to ensure people were adequately protected.
- Staff had received training on safeguarding and those we spoke with told us that they would report any concerns to the service's management team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had individualised risk assessments on areas such as moving and handling and skin integrity which provided clear instructions to staff as to how risks should be managed. There was a focus on managing risk but also promoting people's independence.
- There were clear systems in place to assess equipment and staff worked with other professionals to promote people's health and wellbeing.
- Incidents and accidents such as falls were logged and reviewed by the provider to identify patterns and learning.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.

Staffing and recruitment

- Staffing levels were determined according to people's assessed needs and commissioned hours. The service had a number of staffing vacancies and were dependent on bank and agency staff.
- Staff told us that the shortfalls in staffing impacted on them. One member of staff told us, "I feel I am doing two people's jobs and I am worried about making mistakes. I don't feel that I have the time to do things properly." Another said, "People ring the bell, but we can't get to them as we are so busy."
- Feedback from people using the service was mixed, most told us that staff came on time for their planned visits and provided the support they needed but one person raised some concerns with staff being late

which meant delays with their medicines.

- The registered manager told us senior staff and the deputy managers were able to support when there were unexpected staffing shortfalls. Recruitment was underway to the vacant posts.
- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included conducting interviews, completing a criminal record check and obtaining references.

Using medicines safely

- There were systems in place for the ordering, administration and monitoring of people's medicines.
- Staff received training in medicine administration and their competency and understanding of the training was regularly assessed.
- People told us that they received their medicines as prescribed. Guidance was provided for medicines prescribed to take as needed on when they should be administered.
- Staff completed regular stock checks to check that people were receiving their medicines as prescribed.

Preventing and controlling infection

- The provider had systems in place to reduce the risk to people and visitors from catching and spreading infections.
- The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their responsibilities regarding infection prevention and control and told us that they had received training and had access to testing.
- People told us that staff wore appropriate personal protective equipment (PPE) when they visited them to provide care and support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was tailored to their needs and preferences. There were some concerns raised with us about the impact of staffing shortfalls on the service's ability to meet people's preferences, but we were assured that the management of the service were working to reduce the impact.
- People were positive about the service and told us that they would not hesitate to recommend it. People told us that they felt in control, had good relationships with staff and their choices promoted. One person said, "I'm more than happy with the service I get. My care plan was last gone over a few months ago and I said to allow myself to do more cooking and not to rely on the staff to do this where possible."
- Care plans were written in a person-centred way and reflected people's wishes. They were highly individualised and celebrated people's strengths and characteristics.
- Staff maintained daily records which outlined the support that they provided to enable ongoing monitoring of people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans outlined how to support people with their communication needs. Staff knew people well and how assist people make their views known.
- The service had recently changed how information was presented on noticeboards to improve accessibility. The provider had access to translation services to assist people with language barriers, such as British sign language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans documented what people enjoyed and people were supported to take part in activities of their choosing in the local community. People were supported to have goals such as go on holiday and efforts were made to facilitate this.
- Staff supported people to keep in touch with friends and their loved ones.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and expressed confidence that any concerns would be addressed.

End of life care and support

- End of life plans were in place and people had opportunities to talk about what was important to them. There was no one receiving end of life support at the time of the inspection, but we were assured by the registered manager that they would work with health professionals to support people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had clear values and ethos aimed at improving the lives of people using the service. Staff were clear about their role in supporting people to be as independent as possible and spoke passionately about empowering people.
- Staff were knowledgeable and had a good understanding of people's care and support needs. Staff were encouraged to develop their skills and a number had recently attended the autism reality experience to expand their understanding of this area.
- The service was however affected by staffing issues being experienced across the care sector. Staff morale was low, and many told us that they did not feel valued or listened to. One member of staff told us, "Sometimes we can only do personal care and food and we have to bank the social hours. It is stressful and the tenants get frustrated and take it out on us...but it is not our fault."
- Team meetings were poorly attended and while some work had been undertaken by the management team on staff culture this had not yet been embedded or had significant impact.

We recommend that the provider undertakes team building with the staff team and works with them to consider creative solutions to the current staffing challenges.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had quality assurance and auditing systems in place to drive improvements in performance and to maintain effective oversight. Audits were undertaken on areas such as medicines and care plans. People's views were sought as part of the process and observation of staff practice was completed regularly to monitor the quality of care provided to people.
- Where areas of development were identified an improvement plan was in place.
- The registered manager and other senior managers had updated their policies in line with government guidance in areas such as COVID 19.
- The provider was aware of their legal responsibilities and knew when notifications were required to be sent to the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with others and maintained good links with professionals and services within the local community. The provider worked with the local authority and other health and social care services to benefit the lives of people living at the service.
- People told us that they were able to voice their views and the registered manager was accessible and helpful.
- The key worker system was being developed and we saw that regular meetings were held to enable people to review their care and plan for the future.
- Regular newsletters were produced to keep people updated on changes and developments at the service.