

Sanctuary Home Care Limited

Ellerbeck Court

Inspection report

Ellerbeck Way
Ormesby
Middlesbrough
Cleveland
TS7 9QX

Tel: 07976942479

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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

About the service

Ellerbeck Court is a domiciliary care agency providing support to people living in their own home. The service comprised of 12 individual flats. Not everyone who used the service received support with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care support. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection, the service provided personal care support to two people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Systems were in place to protect people from the risk of abuse. There were enough staff to meet the needs of people and safe recruitment procedures were in place. Some people were involved in the recruitment process of new staff.

Staff felt well supported by the registered manager, deputy manager and their colleagues. Training appropriate to the needs of people was delivered and staff received supervision and appraisals in line with the provider's policy. Staff told us they enjoyed their work and were focused on achieving the best possible outcomes for people.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were treated with dignity and respect. One visiting professional told us, "The care for the service users really shines through. Staff are really interested in people progressing, it's refreshing to see when you go, it's all really good."

Opportunities were available for people to be involved in a wide range of meaningful activities that were appropriate to them. People were encouraged to maintain contact and relationships with people who were important to them.

The service was well led. A range of systems were in place to monitor the quality and management of the service. Care plans contained relevant person-centred information which provided detail to guide staff in the actions to take when delivering care and support. Care plans did not consider any preferred preferences people may have for their end of life care. We have made a recommendation about this.

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

Rating at the last inspection

The last rating for this service was Good (published 2 June 2017)

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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.

Ellerbeck 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 36 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We checked all the information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with the registered manager and deputy manager.

We reviewed a range of records in relation to the safety and management of the service. This included a variety of care records for two people.

After the inspection

We sent emails to eight additional staff to request their feedback. Five staff responded to share their views of the quality of care provided. We contacted five health and social care professionals and one relative to seek their views of the service.

We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment procedures were in place. The registered manager described in detail the process including ensuring recruitment checks were made prior to any new employee starting work.
- There were enough staff on duty to meet the needs of people.
- People were supported by a consistent staff team who understood the needs of people well.

Assessing risk, safety monitoring and management

- Risk assessments were in place to address the risks people were exposed to. Records contained detailed information to guide staff in their actions. Measures were identified to mitigate known risks to enable people to be as independent as possible.
- Emergency plans were in place to ensure people were supported in certain events, such as fire.
- Premises management systems were in place. Staff supported people to manage the health and safety of their homes.

Using medicines safely

- Medicines were administered to people safely.
- Protocols were in place for 'as required' medicines. These provided guidance to staff to show when people should be offered medicines prescribed to be taken when required.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- The registered manager was the 'Sanctuary safeguarding champion'. They ensured staff were aware of their responsibilities in reporting any safeguarding concerns to ensure the safety of people. One staff member told us, "At the end of the day that's what we are here to do, to make sure people are safe and getting the support that is needed."

Preventing and controlling infection

- Personal protective equipment was available for use.
- Staff received infection control training and followed infection control practices. A plan was in place to engage people using the service in this training to maximise their understanding of infection control.

Learning lessons when things go wrong

- Accidents and incidents were reviewed.
- The registered manager told us staff would reflect on any accident or incident during team meetings to

consider alternative ways of working to improve outcomes for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments of people's needs had been completed. The outcomes people hoped to achieve were recorded on 'outcome stars'.
- Assessments were updated when there was a change in need or when people achieved their outcomes. Records were reviewed and updated at the frequency identified by the provider.
- Care plans contained all the relevant information to guide staff on how to deliver care and support.

Staff support: induction, training, skills and experience

- Training the provider deemed mandatory or essential to the role of staff was delivered.
- Staff feedback confirmed the training they received was relevant to the needs of the service and enabled them to carry out their job roles effectively. Staff received training specific to the needs of people and the care certificate training was provided. The care certificate sets out the skills, knowledge and expectations of staff in care based roles.
- Staff received supervision and appraisals. Staff told us they felt well supported by the registered manager, deputy manager and their colleagues. One staff member told us, "I have a supervision every 6 weeks with my manager or deputy manager. They have supported me with progressing my career with completing level two and three training in Health and Social care."

Ensuring consent to care and treatment in line with law and guidance

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of the Mental Capacity Act (2005). They told us no one using the service was subject to any restrictions placed on them by the Court of Protection.

- Staff had received MCA training. Specific best interests decisions had been taken for people who lacked capacity to make certain decisions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional and hydration needs.
- Staff supported people with meal planning and cooking. A breakfast club was available to encourage people to eat this meal. This was an opportunity for people to socialise with each other if they chose to. This registered manager told us this initiative had been successful and was well attended by people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals and were supported to attend appointments when required.
- People had a learning disability annual health check with their local GP surgery and had 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity, care and kindness. One staff member told us, "The whole team pulled together and went the extra mile to support a very unwell service user during a hospital stay. Every staff member knew the client's anxieties and needs and supported them with this."
- Staff promoted inclusion, equality and diversity. Staff understood people's differences or protected characteristics and the importance of people having a sense of belonging. Staff were non-judgemental and empowered people to express their own unique personalities and live their own life.
- People received care from staff who knew them well. Care and support was provided by a consistent staff team who understood people's needs.

Supporting people to express their views and be involved in making decisions about their care

- Records confirmed people were involved in and agreed decisions about their care and support. Staff knew people's life histories and supported people to have the opportunity to enjoy new experiences.
- Staff encouraged and empowered people to share their views and opinions about how they wanted their care to be delivered. Staff spoke with people on an individual basis to establish what the person's priorities were for their care.
- Accessible ways to help people express their views were in place. Staff knew people well and understood which communication strategies worked best to enable people to share their views.
- Advocacy services had been used to support some people. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways which maintained the dignity of people and was respectful. When asked what they had done recently to make a difference to people's lives one staff member told us, "It is not what I have done recently but what I do daily. I make the clients feel valued and listened to and treat them with dignity and respect."
- People were encouraged to independent and to be in control of planning their care. Some people had identified roles as 'champions'. For example, one person had the identified role of 'client involvement champion'. This role included speaking to other people living at the service who were less confident in sharing their views to ensure everyone's views were represented.
- Systems were in place to store confidential information securely at the providers office location. This meant people's confidentiality was maintained as only people authorised to view records could view them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care records were detailed and contained person-centred information relevant to the needs of the individual. Records reflected what was important to the person and the care and support which staff provided.
- People were involved in the planning of their care. Staff held monthly meetings with people. This gave them the opportunity to share ideas about what they wanted to achieve. Any targets identified on their 'outcome star' were reviewed to see what had been achieved. Progress was monitored to support people to achieve their desired wishes.
- Systems were in place to share information between staff. This ensured all staff were aware of important information relevant to the needs of people.
- Staff sought opportunities for people to engage in a range of meaningful activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Communication needs were recorded in care plans and staff communicated information to people in person-centred ways to enhance people's understanding of certain subjects. This included the use of visual boards to depict the steps a person needed to take to achieve their goal. The registered manager told us, "People are supported to build their own journey."
- The registered manager was the nominated 'easy read champion' for the provider. 'Communication toolkits' were available for staff to use to maximise their ability to support people.
- Easy read documents had been produced to support people. Easy read documents support people who are unable to understand written words.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which was followed by staff.
- Accessible ways were available for people to make complaints and people were encouraged to raise any concerns.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life care.
- Care plans did not reflect staff had discussed this sensitive issue with people to record any wishes for their

end of life care.

Although no-one at the service was receiving end of life care, we recommend the provider reviews their policies and procedures to ensure people's preferred preferences for this are considered and recorded where appropriate.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Effective systems to monitor the quality of the service were in place. Documented audits and checks were carried out at the frequency identified by the provider to monitor the quality of the service.
- The registered manager was effective and promoted a culture of delivering high-quality person-centred care which was inclusive for everyone. One visiting professional told us, "The service is really good, you get a really good vibe when you go in. They [staff] take on board suggested recommendations and take them forward."
- The registered manager understood their responsibilities in relation to the duty of candour regulation. They worked in an open and transparent way and described the actions they would take to meet this regulation.

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

- Accident and incidents were reviewed. Systems were in place to review any accidents or incident to consider different ways of working to deliver service improvements.
- Action plans were implemented for any changes required.
- The culture of the service was caring and focused on achieving the best possible outcomes for people. The values of the service were identified as, ambition, diversity, sustainability, integrity and quality. Staff at all levels promoted these values.
- Consistent care and support was provided to people. Care records were detailed and contained person-centred information of routines which were important to the individual. Visiting professionals were complimentary of the service and thought it was well led. One told us, "The service is really well-led, we've never raised any concerns and have a really good relationship with the manager. I would be happy for one of my relatives to receive support from Ellerbeck Court."

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

- Some people were involved in the recruitment process of new staff.
- The provider worked in partnership with a local university to offer student nurse placements. The service benefited from this and had the opportunity to share best practice and learn initiatives.
- Staff worked in partnership with health and social care professionals when required. Referrals were made

when a change in need was identified and staff followed any recommendations.

- People, relatives and staff were encouraged to share their opinions about the service. One relative provided feedback about the service which we shared with the registered manager for their information and review.