

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Bushey Heath

Inspection report

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Tel: 02037613394

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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 was carried out on 12 April 2017 and was announced. This was the service's first inspection since registering with the Care Quality Commission.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. On this occasion the registered manager was also the provider.

Sanctuary Home Care Ltd - Bushey Heath provides personal care for the Dominican sisters who live at the convent. At the time of the inspection ten people were receiving personal care. The prioress who also lives at the convent, works closely with Sanctuary Home Care to help ensure that people's needs are met. People have given their permission for the prioress to act as their advocate when required.

People told us they felt safe and their individual risks were assessed and managed. There were sufficient staff to meet people's needs. Staff had undergone employment checks prior to working in the service. People where required were supported to administer their medicines.

There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff were aware of people's rights and choices, and provided people with person centred care. Medicines were administered safely by staff who had received training.

The provider had a safe recruitment process in place which helped to ensure that staff were qualified and suitable to work in the convent. Staff had undertaken appropriate training and had received regular supervision and an annual appraisal, which enabled them to meet people's needs. Staff were supported to deliver a good service and felt supported by their registered manager. The provider had effective systems in place to monitor the quality of the service they provided.

People were supported to make decisions for themselves and encouraged to be as independent as possible. People, and /or other professionals were involved in planning the support people required.

People were supported to eat and drink and to access healthcare services when required. Staff were quick to act on peoples' changing needs and were responsive to people who required support.

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 were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Is the service effective?

Good 

The service was effective.

People had their capacity assessed and best interest decisions completed to promote their choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been

maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences, personal circumstances and spiritual needs.

Guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were positive about the registered manager and how the convent operated.

Staff understood their roles and responsibilities and felt supported by the registered manager.

Sanctuary Home Care Ltd - Bushey Heath

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 inspection took place on 12 April 2017 and was announced. The inspection was announced and carried out by one inspector. We gave the provider 48 hours' notice to ensure that they would be available to support us with our inspection.

Before the inspection we reviewed the information we held about the service, notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people and observed other people who lived at the convent, we spoke with the registered manager, the prioress, three staff, the activity co-ordinator and the area manager. We reviewed the care and support records of the three people that used the service, three staff records and records relating to the management of the service including employment records, auditing tools and training and development records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People who lived at Rosary Priory Convent told us they felt safe. One person said, "I feel safe, I have no worries." One staff member said, "Safe! Absolutely we have things in place to keep people safe."

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was made available for the people that used appropriate words to support them with their understanding. One staff member told us, "If I had any concerns I would go to [name of registered manager] and voice my concerns." They also told us they kept people safe by ensuring the environment was free from trip hazards and people were supported with the right equipment when required. Staff were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

We found that safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references were verified by the registered manager.

There were enough suitably experienced, skilled and qualified staff available at all times to meet peoples' needs safely and effectively. The registered manager told us they had increased the staffing levels and had two applicants going through the recruitment process at the present time. The registered manager confirmed that the staffing levels were good and where required they had used agency staff. Staff told us there were enough staff to meet people's needs. One staff member said, "There is definitely enough staff here." We observed throughout the inspection that staff met peoples' needs.

Where potential risks to peoples' health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of their changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person who had lost their mobility had the correct equipment in place including an appropriate bed with airflow mattress and a hoist with good guidance for staff on how to support the person when moving. Staff were aware of what was required to keep the person safe. We saw in the person's daily care plan that staff monitored the person's skin daily to ensure this was kept healthy.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that peoples changing needs were addressed and that reoccurring patterns were identified. For example we saw where one person who had started to have falls had been assessed by the physiotherapist and had their support plan updated to help ensure they were supported to be safe.

There were suitable arrangements for the safe storage and management of medicines. People were supported to take their medicines. We found that medicines were kept in peoples own rooms in locked

cabinets. People were supported to take their medicines by staff that were properly trained and had their competency assessed. Staff had access to guidance about how to support people with their medicines in a safe and person centred way. One staff member told us, "Medicine practices are safe here; I have had my competency checked." There were protocols in place for medicines taken when required. For example if pain relief was needed.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. One staff member commented, "I have had my fire safety training."

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us, "I am perfectly happy here, this is the life I freely chose. It's a good life we have everything we need, we couldn't have any more."

Staff confirmed they had completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and dementia training. The registered manager confirmed that all new staff were inducted on the care certificate training. One staff member said, "I had an induction, I did a week of shadowing. (Shadowing is when a new staff member works alongside another trained member of staff until they are competent to work independently). I have completed my training and also have online training. I am doing my care certificate." This is a recognised induction process that covers all aspects of care provision.

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. A staff member commented, "I have had supervisions and feel supported by my [registered] manager." The staff member confirmed they had recently been promoted to a senior carer and felt supported to develop.

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people with dementia. The manager told us they were seeking further training for staff in this area to ensure the person's needs were met. Staff felt confident in their skills and confirmed they had received training they needed to do their jobs. One staff member commented, "I have had my dementia aware training."

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. We checked whether the service was working within the principles of the MCA and found that they were.

All the people who lived at the convent had made vows that were an integral part of their belief, one of these was of obedience. People had signed documentation that gave the prioress their consent to make decisions on their behalf. One person said, "I am happy for the prioress to make decisions." The Prioress explained that since the changes in the MCA most people had completed a living will. (A living will is where you express

your wishes about how you want to be treated and cared for in certain situations, in case there comes a time when you lack capacity to make or communicate your decisions.)

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "Always assume the person still has a voice. Just because they may not have full capacity doesn't mean they shouldn't have a choice about what they want or what they want to do." Another staff member commented, "I have spoken to all people and asked them what they want to do." One person told us, "They [staff] listen to me, anything I need they see I get it. They are understanding and patient."

People had plenty of choice and there were choices on the menu to cater for people's needs. One person said, "The food is good here." Another commented, "The food is excellent we have lots of choice around food. We have cereals of every kind and at lunch there are always hot and cold options." We saw where required people had been seen by the dieticians and one person was on a soft food diet. There were drinks available with cake, biscuits and sandwiches throughout the day. Where required specialist equipment such as double handed beakers were used to promote independence and support people's needs.

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "Staff are very good they look after us."

Staff helped and supported people with dignity and respected their privacy at all times. We observed staff always knocked on people's doors. The registered manager was clear that people had their own rooms and that this was their private space that needed to be respected. One person said, "Staff respect my privacy and space, they are thoughtful, kind and caring."

Staff took appropriate action to relieve people's distress or discomfort. For example, we observed one staff member who was on their way to be interviewed by CQC; they stopped whilst on their way and assisted with supporting a person to access the toilet. They had seen that the person who had a walking frame was trying to access a communal toilet; their first thought was about their support and care.

People were treated with warmth, kindness and compassion and staff had time to sit with people and chat to them. For example we saw that staff sat down and had tea with people and socialised and gave their time. One staff member commented, "I really love it here, it's not just a care home, it's a convent. I love their way of life." The people were supported to maintain the life that was clearly important to them in a way that promoted their independence, dignity and cultural beliefs. One person said, "They [staff] support my independence. If I want anything, I have only to ask."

People were supported to maintain positive relationships with their family. One person said, "I have contact with my family, I write to my family and they have visited me several times." There was a twin room with en-suite facilities for visiting families to stay if required. People had been involved in the planning and reviews of the care and support provided. One person said, "I am involved in my care, staff ask me what I want." One staff member told us, "The [sisters] people are involved with their care."

The prioress at the convent acts as an advocate for members of the religious order. People who commit to their vows complete documentation for this to be in place. We found where required that the prioress had been involved with decisions to support people's care.

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

Is the service responsive?

Our findings

People were involved with their care. We saw that care plans were reviewed regularly to help ensure they continued to meet people's needs. One person said, "They [staff] support us to feel cared for. They consult and talk to me about my care."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example one care plan we looked at noted the person's morning routine which included attending mass, this was an important part of their life. The staff we spoke with were able to tell us about the person's individual needs. For example staff were knowledgeable about the person's medical history and their support needs. People told us that they felt their needs were being met. One person said, "I am happy here, I am looked after." Another told us, "I am very happy living here I have everything I need. I feel safe and looked after. I belong here it's my home." The registered manager confirmed and we saw that care plans were being updated to ensure they were more person centred with guidance for staff on how to provide the care and support required.

Staff were knowledgeable about preferred routines, background and personal circumstances. We saw that people had been supported in accordance with their needs. This involved support with communication, mobility and personal care. For example one person who had a walking frame had placed a tennis ball that had been cut in two so that they could walk and slide the walking frame. The registered manager looked into this further and purchased two skis' designed for this purpose and this insured that it was safe for the person to use.

People told us that they enjoyed the activities on offer. One person said, "I have been given knitting to do and I am glad to do it. I like reading." There was an activity co-ordinator who ensured people were supported with activities. They told us that they had set up a weekly activity plan which was flexible. They said, "The activities are open to any person in the convent; including those who we do not provide care to. This is because I respect the strong community values at the convent." The activity co-ordinator had set up a discussion group that supported people to bring anything they wanted to talk about. They told us that the conversations often resulted in debates and reminiscing. Many people found this a good way to access the news. They also liked to use current affairs as their intentions for prayers. We also noted there were meetings held for residents to discuss issues they had or to share ideas.

There was a group named 'Knit and Natter'. The activity person told us this was an informal, inclusive, social group where people were working on a charity project. They were currently working on Twiddle Muffs for local people with Dementia. Engaging the people in 'production line' style groups which focus on ability rather than disability had proved effective. They even had a dedicated pom-pom making team. The activity co-ordinator told us they planned to work on different causes selected by the people every couple of months. We were told that one person had given up knitting years ago due to her health and believed it was impossible for them to be able to knit although they loved it. They had surprised themselves with their progress. Another activity for people was 'Brain Training' held on Fridays, where people tried to crack some puzzles working together. These were adapted for people who were living with dementia to suit their

strengths.

The activity coordinator told us that they worked on a one-to-one basis with every person to different extents doing things they personally enjoyed. Most people enjoyed going for a walk in the grounds, one person enjoyed singing hymns and reminiscing about Ireland. They also worked to engage people to take part in daily living activities such as folding laundry, dusting or watering plants. Other activities included tea parties to commemorate events throughout the year such as Wimbledon Tennis and St. Patrick's Day. They also confirmed they had worked with Hertfordshire support me in life engagement (SMILE) to arrange funded Christmas themed horticulture classes which were a great success. People planted various festive pots around the convent. The activity co-ordinator obtained feedback from people after each activity which they recorded and used to improve the activities.

The activity co-ordinator compiled a weekly newsletter which celebrated any achievements and informed people of events in the community and was a way for them to keep in touch with their friends and family around the world as the news letters were sent to them. People were very much involved in their newsletter. One person for example who was an English teacher was now the proof reader for the newsletter, the activity co-ordinator was currently working on a column written by people who lived at the convent.

At the centre of people's routine was their religion, this was very important to them and they attended mass daily and had chapels where they could attend and reflect when they needed. One person said, "I share my life with the [sisters] people and we pray together, I am part of the community. Prayer is important to me."

We found that when any complaints were raised they were investigated appropriately and the registered manager looked at all aspects, including checking daily notes, rotas and taking staff statements. They then responded to the complainant in accordance with the provider's policy and procedures.

Is the service well-led?

Our findings

People, who lived at the convent, were all positive about how the convent was run. They were complimentary about the registered manager and staff who were approachable and supportive. One staff member said, "The [registered] manager is very approachable and has the time to listen."

The registered manager told us they completed regular walks about the home where they talked to both people and staff. They asked people on a daily basis if everything was alright to ensure they were happy with their care and support. The registered manager observed staff practice and ensured the environment was clean and safe. Staff we spoke with confirmed the registered manager was visible around the home. The prioress also worked closely with all the people to ensure their needs were met.

The registered manager was knowledgeable about people who used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member told us that there was a system we use that ensures all staff knew their responsibilities for their shifts and this was decided at handovers.

Audits were carried out in areas such as medicines, care planning and health and safety. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. We spoke with the area manager who told us that they were responsible for completing monthly audits and spot checks of the staff and environment to help ensure good practice. They also confirmed that they had a quality inspection team that would be used to support the manager if required. We saw that where issues were identified, action plans had been developed to improve the service. This had resulted in improved systems for medicine administration and management and improved recordings of daily notes. All actions had a time frame for completion and these were reviewed by the registered manager and area manager to ensure actions were completed. This meant there were systems in place to monitor the quality of the service.

The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us that since becoming the manager in July 2016 that they had increased the staffing levels and promoted two staff to the senior role. They had also employed since December a full time activity person to support people with better activities. The registered manager told us they had improved the working relationships with other professionals. They told us they were always looking to improve the service they provided to people. The registered manager confirmed these changes had taken place due to feedback from staff and people who used the service.

The registered manager received support from their area manager and they had access to monthly meetings with other managers to support learning. The registered manager said, "I do feel supported I know if I need something I can find it." They also confirmed that they received updates from the provider to ensure they were abreast of best practice.

Services that provide health and social care to people are required to inform the CQC of important events

that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.