

Sanctuary Home Care Limited

# Sanctuary Home Care Ltd - Stoke

## 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

About the service:

Sanctuary Home Care Ltd – Stoke provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care. At the time of the inspection there were ten people being supported with personal care living in the scheme. People had a range of support needs such as people living with dementia, people with mental health needs, older and younger adults and people with a physical and/or sensory impairment.

The service was also registered for domiciliary care for people living in their own homes in the community; however, the service was not currently supporting anyone with this.

People's experience of using this service:

People felt safe and risks were mitigated. There were enough staff to ensure people received timely support. People received their medicines. Lessons were learned when things went wrong. People were protected from cross infection as appropriate measures were in place.

People had their needs assessed and had access to other healthcare professionals when needed. People were supported to have food and drinks appropriate for their needs. The principles of the Mental Capacity Act (2005) were being followed.

People were treated with dignity and respect by staff. People had a choice and were able to make decisions about their care whilst being supported to remain independent.

People received personalised care that met their needs. People knew they could make a complaint if they needed to and these were responded to. No one was nearing the end of their life at the time of the inspection, however the provider had considered the plans people may need and had developed templates in readiness.

People, relatives and staff found the registered manager and head of care approachable and supportive. The service worked in partnership with organisations and sought feedback from people who used the service to make improvements.

Systems were in place to monitor the care people received and improvements were made when necessary. People were asked for their opinion about their care. The service worked in partnership with other organisations. The previous inspection rating was displayed and notifications were submitted as necessary.

Rating at last inspection:

Requires Improvement (report published February 2017)

Why we inspected:

We planned the inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

## 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.

# Sanctuary Home Care Ltd - Stoke

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency providing support to people in their own flats in an 'extra care' scheme. It provided a service to older adults and younger disabled adults.

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

The inspection was announced and we gave them two days' notice. This is because the service is small and we needed to be sure someone would be there. The inspection site visit took place on 1 February 2019.

What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. Prior to the inspection the provider sends us a Provider Information Return (PIR). This is information we require providers to send to us when we request it to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service, a senior care staff member, three care assistants, the head of care, the registered manager and the provider's area service manager. We viewed three care files for people, including daily notes and medicines records. We viewed accidents and incidents records. We looked at two staff recruitment files. We also looked at documents relating the management and administration of the service such as audits, meeting records and surveys.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in January 2017 there were some breaches of regulation and improvements were needed about keeping people safe, having enough staff and risks were not always being planned for. At this inspection we found improvements had been made.

### Systems and processes

- At our last inspection there was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always protected from abuse. At this inspection we found there was no longer a breach of regulation and improvements had been made.
- All people we spoke with told us they felt safe.
- People were protected from potential abuse; when concerns had been identified these were reported to the local safeguarding authority, as required.
- Staff all understood their safeguarding responsibilities and knew how to report their concerns.

### Staffing and recruitment

- At our last inspection there was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff were not always effectively deployed to be able to support people's health and well-being. At this inspection we found there was no longer a breach of regulation and improvements had been made.
- People told us staff were generally on time for their calls. One person said, "I've pressed my buzzer and two staff came straight away."
- Staff felt their rotas were generally achievable unless an emergency occurred. This meant there were enough staff to support people at the times they needed it.
- Checks were completed to ensure staff were of suitable character to support people.

### Assessing risk, safety monitoring and management

- People told us they felt safe whilst being supported. One person said, "I feel safe with them [staff], I don't know why, I just do."
- Risks were assessed and planned for. For example, there were details about the equipment people might need for their mobility and assessments detailed the support people needed with their medicines or food preparation. Some people had health conditions that would mean there may be visual signs that they were becoming unwell. However, some plans did not detail what these signs would be, or the action staff should take if someone became unwell. Following our feedback the registered manager informed us this had been rectified and care plans had been reviewed.

### Using medicines safely

- People told us they received their medicines. One person told us, "Staff give me my medicines, four times a

day. I always get it on time."

- Medication Administration Records (MARs) were well signed by staff so there was a clear record detailing what medicines people had received and when. There were protocols in place to help staff know when to give PRN medicine, also known as 'as and when required' medicines.

#### Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE), such as gloves and aprons, when necessary. Staff also confirmed they wore this and were able to give us appropriate examples of when they should wear PPE and change it.
- Staff also received training about infection control and food hygiene. This meant people were protected from the risk of cross infection as appropriate measures were in place and being used by staff.

#### Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. Feedback from the previous inspection had been acted upon and improvements made. We also saw that accidents and incidents were reviewed to ensure appropriate action had been taken.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in January 2017 improvements were needed to ensure staff understood the Mental Capacity Act 2005 (MCA) and improvements in carrying out capacity assessments. Staff support was also intermittent. At this inspection we found improvements had been made.

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.
- We checked whether the service was working within the principles of the MCA, people told us that they were consenting to their own care and staff asked permission before supporting people. One person said, "They [staff] don't dictate to me."
- Staff were able to tell us about the MCA and what capacity meant. One staff member said, "People have choice to make decisions for themselves. We have no right to take their rights off them."
- Few people required support with their decision making, however further consideration was needed for those who may have fluctuating capacity. Following our feedback, the registered manager informed us that a review was planned to ensure this was considered.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- Prior to starting to support people, the service would assess whether they were able to support someone's needs. A care plan was then developed which covered the support the person needed.
- The scheme also supported people with their housing needs which the care service worked in partnership with.

Staff skills, knowledge and experience

- People told us they felt staff were well trained. One person said, "Staff are very professional, I think they know what they are doing."
- Staff told us they received training to ensure they were effective in their job. Staff also told us they had an induction when they first started. One staff member said, "The induction was very informative. I had a good mentor and time to shadow. Training was really good, I enjoyed it."
- Staff also told us they felt supported in their role. One staff member said, "I feel very supported. I know if I have a problem I could go to a team leader or [head of care] it'd be dealt with."□
- Training was monitored through a training matrix so it could be checked when staff were due an update

with their training and staff were up to date with their training.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they were supported appropriately to have food and drinks of their choice. One person told us, "They [staff] do my meals for me, but sometimes I do my own. I get a choice of food."
- Many people were independent with their meal and drink preparation however people received support when necessary.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health professionals. One person told us, "I've fallen down a couple of times. Staff called the paramedics."
- We were told of involvement from other health and social care professionals. One person told us staff helped them to follow advice from district nurses and the encouragement they had to get medical advice.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in January 2017, improvements were required because some people felt isolated as there was anti-social behaviour in the scheme. At this inspection we found improvements had been made.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated well. One person said, "I love it here. There are nice staff with good manners and the staff don't talk down to you." Another person told us, "I can't fault the staff. They're very nice. I look forward to seeing them." Another person said, "They're [staff] brilliant. They're caring. If I'm down. They talk me through what's worrying me."
- People had their protected characteristics, such as gender and religion considered. We asked the area service manager whether they discussed people's sexuality with people, if people chose to. They said, "There's a question on the housing application form [about sexuality] and there is also a care plan about emotional well-being. People may disclose it if wish to and if needed we can support with that."

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

- People were supported to make decisions about their care. One staff member said, "Even if we think someone can't make decisions, we still ask and see if they can choose. For example, we show [person's name] the food options."
- We saw people's plans contained personalised details and people told us they were involved in developing their plans of care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and were helped to remain independent. One person said, "Yes the staff treat me with dignity and respect – staff ask if you want any help and let me do as much as I can for myself." Another person commented, "[Staff are] absolutely perfect with dignity" and they went on to say, "They [staff] don't insist on anything." Another person told us, "I try to do things myself. They [staff] help me." Another person said, "Staff say they don't want to take my independence away. Some days I need more support than others."
- All staff we spoke with could give us examples how they would support people to maintain their dignity. One staff member said, "I don't tell people to do things, I'm lead by them. I only go in when they say it's ok." Staff were able to give examples about how they support people during personal care; the door would be kept closed and people kept covered as much as possible.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People told us they felt able to complain. One person said, "If I had any concerns I'd go to the carers, or if it was very important I'd go to the head of care or the registered manager. They are approachable but I've never had any concerns."
- There had been no recent formal complaints from people who received a regulated activity, however there was oversight of complaints as a log was in place to monitor this. An appropriate policy and procedure was in place.

Personalised care

- People told us they were supported in a way they liked. One person said, "They [staff] look after me, they do their best." Another person commented, "The carers, they do care. They always ask me if everything is alright."
- Staff knew people's needs and what they liked to be supported with. Staff could tell us about preferences.
- Care plans contained a lot of personal details about people's life history to enable staff to get to know people. People told us they had their care plans reviewed and checks about whether they were happy with their care. One person said, "They [staff] keep my file up to date. They ask me if things are ok." Another person said, "Every so often they check my care is OK."
- If people had needs in relation to accessing information this had been taken into consideration.

Documents were available for people in different formats. For example, there were easy-read versions of documents and things could be printed on different coloured paper, for ease. If someone was partially sighted, the area service manager explained that staff would read out documents if needed.

End of life care and support

- No one was receiving end of life care during our inspection however consideration had been given to having things in place in readiness in case a person needed this. A template care plan had been developed which took people's end of life wishes into account.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in January 2017 there was a breach of regulation and improvements were required as risks were not always mitigated and people did not always feel safe in the scheme. At this inspection we found improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems in place did not always adequately monitor and ensure risks to people were mitigated. At this inspection we found there was no longer a breach of regulation and improvements had been made.
- Systems were in place to monitor people's experience of their care. There were regular audits of medicine records which identified areas for improvement and issues were raised with staff when necessary. Spot checks on care plans were also carried out and areas for improvement identified. The area service manager checked that the audits being completed by the registered manager had enough detail and that actions were being followed up on.
- Notifications were submitted as required. Notifications contain information about incidents the CQC are required to be informed about by law. These could include allegations of abuse, for example.
- The previous inspection rating was being clearly displayed, both in the service and on the website, as required by law.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff felt able to go to the registered manager and head of care if they needed to raise anything.
- There was a structure in place with clearly defined roles of responsibility and checks to ensure things were being done. One staff member said, "[Registered manager] goes through the files to check them. There are audits with [area service manager] too and head office visit so they know we're on top of it." Care staff were monitored and checked directly by senior care staff. The head of care ensured this was being done and they conducted audits on documentation. The registered manager then had oversight of these checks. The area service manager, from the provider, then also had oversight and the provider carried out periodic inspections to ensure the systems in place were effective.

Engaging and involving people using the service, the public and staff

- We saw people were asked about their care. One person said, "We have had surveys, they want to know if

everything is 'A OK', and if not I tell them." We saw survey had been sent which covered both the care people received and the housing scheme. There was also a 'You said, we did' board in the communal area so people could see what action had been taken based on feedback.

- People were encouraged to be part of the recruitment of staff in the service and they would be part of a panel to recruit new staff.
- There were also meetings available for people to attend, however these were for all residents and not just for those who had a regulated activity. Following our inspection, the registered manager told us they would introduce meetings for those who received a regulated activity.
- Staff also told us they had staff meetings and the opportunity to discuss their work and if they needed to discuss any people's needs.

#### Continuous learning and improving care

- There was an action plan in place to ensure that identified areas for improvement would be rectified. These actions came from the monthly and quarterly quality audits which were carried out. We saw that these actions were completed and improvements made. For example, medicine documentation and been identified as needing improvement, this had been on the action plan, extra sessions with staff had been implemented to support them with documentation and this had been noted as improved on the next check. We also found medicines documentation to be well completed.
- Staff had competency checks were carried out to ensure staff were supporting people appropriately. One staff member said, "They [senior staff] can come at any time and check we're doing what we should be. It's very good here." Staff were observed administering medicines and doing their job, and those who carried out the observations were also checked to ensure they were competent.
- Staff also had regular 'knowledge checks' where a manager would ask questions about topics such as safeguarding to ensure staff had retained their training.

#### Working in partnership with others

- The provider worked in partnership with other organisations, the care service worked in partnership with the housing services, which were based in the same scheme. The service also worked with other health professionals to ensure people received the care they needed.