Care Quality Commission

Sanctuary Home Care Limited

Sarnes Court

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 7 October 2015. We told the service about this two days before the inspection to ensure that management were available.

Sarnes Court is registered to provide personal care services to people living at a supported living project. Services are provided to people with learning disabilities, physical disabilities, and mental health needs. At the time of our inspection 18 people were living at the project, and five of them were receiving a personal care service from the provider. There were three regular staff members employed through an external agency. At our last inspection in November 2013 the service was meeting the regulations inspected.

The service did not have a registered manager, however a manager was in place since April 2015, who was applying to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that people lived in a safe and clean environment. Although people felt well supported by the staff at the service, they told us that they had found it

Summary of findings

difficult having so many staffing changes in recent months. Staffing numbers did not always meet people's expectations, but we were told that these were in line with the service commissioned.

Staff received appropriate training, supervision and support for their roles. Most staff had received training in the Mental Capacity Act 2005, and there were systems in place to ensure that this was followed.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People spoke highly of the support staff provided including support to meet their cultural needs.

People were supported to eat and drink, and to attend health care appointments. Safe systems were in place for staff to support people to take their prescribed medicines.

People told us that the manager was accessible and approachable, and that they felt able to speak up about any areas for improvement. There were regular checks in place to review the quality of the service provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. Improvements were needed to recruitment procedures to ensure that there were enough staff who knew the people using the service to meet their needs on a regular basis.

There were arrangements to protect people from the risk of abuse.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents and changes in people's needs.

Systems were in place to ensure that people were provided with their prescribed medicines safely.

Is the service effective?

Good

The service was effective. Staff were trained in the requirements of the Mental Capacity Act 2005 and consent was obtained from people for the care provided.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. People were supported to eat and drink according to their plan of care. Staff supported people to attend healthcare appointments and liaised with healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring. People who used the service spoke highly of the staff and the way that they supported them.

Staff were respectful of people's privacy and dignity, and involved people in making decisions about the care they received. They promoted people's independence and lifestyle choices.

Is the service responsive?

Good

The service was responsive to people. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

People were supported to undertake a range of activities of their choice, and to attend social events with other people at the project.

People who used the service and their relatives felt that the staff and manager were approachable and took action to address their changing needs, or any concerns they had.

Summary of findings

Is the service well-led?

Good

The service was well-led. People said that the manager was approachable and was bringing about improvements to the service. Staff felt supported and comfortable discussing any concerns with the manager.

There were effective systems in place to check the quality of the service provided and made sure people were happy with the service they received.

Sarnes Court

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.

Before the inspection visit we reviewed the information we held about the service, such as any notifications received, and information from the local authority.

The inspection of Sarnes Court took place on 7 October 2015 and was announced two days before the visit to ensure that the management were available to provide information needed. The inspection was carried out by one inspector, this included an inspection of the office and visits to all five people who received personal care from the service in their own flats. We also spoke with another two people who received support at the service, and a relative visiting one person, a support worker from another agency, and three care staff, the manager and locality manager.

We reviewed the care records of all five people receiving personal care, three staff records and records relating to the management of the service.

Following the inspection visit we spoke with a relative of a person using the service, and a health and social care professional for people using the service.

Requires improvement

Is the service safe?

Our findings

People told us that that they felt safe with the staff support they received. They told us, "I get the support I need," "They are there for you in an emergency," "I have my tablets on time," and "They clean my flat."

Staffing levels were determined by the number of people using the service and their needs, with one staff member on duty at all times (sleeping in at night) and an extra staff member scheduled to work a five hour morning and afternoon shift. The team was made up of three project workers supported by the manager. However people using the service expressed concerns over the frequent changes to the staff team. One person said, "They change the staff every three months, just as you get used to a person." One person said that they sometimes had to wait for support, or for assistance to go out in the local community because staff were busy with another person using the service. Another person told us, "Sometimes you can't find the staff." We passed this feedback on to the manager and locality manager, and saw evidence that they were attempting to recruit more staff to work at the service.

Inspection of the staffing rotas, and discussion with the manager showed that there had been a significant number of changes to the staff team within the last year. The manager noted that there had been recent recruitment difficulties. On the day of the inspection, an agency worker was working their first shift in the home, to cover short notice staff leave. A number of different agency staff had provided cover recently. The three staff who made up the regular staff team of project workers were provided by this agency, but had been trained to work at the home regularly with a view to becoming permanent. The manager had changed the pattern of shifts within the home, and reduced staffing hours overall, because the service had previously been overstaffed for the funding received. She explained that staffing numbers did not always meet people's expectations, however they were in line with the service commissioned . They were collating further information about the service needed to discuss with commissioners.

Recruitment information was not available for the project workers as they were all employed by an external agency. However interview records, CVs, and identity records were available, in addition to a record of induction training for each staff member. Staff told us that they had been through appropriate recruitment checks. The manager told us that she had requested copies of disclosure and barring checks and references from the external agency but was told that these would not be provided until the staff members became permanent employees. We raised with the manager who said this would be reviewed. The staffing records we looked at showed that staff had previous experience of working in health and social care settings.

Staff completed an induction programme relevant to the work they undertook. Staff also confirmed that they had the opportunity to shadow more experienced staff for two weeks prior to working alone to ensure that they were confident in their role. The manager advised that prior to staff being employed on a permanent basis, they went through the provider's own recruitment procedures. People using the service were encouraged to be involved in staff interviews, and training workshops in interviewing skills were being arranged for people using the service.

Staff told us they had safeguarding training. A safeguarding policy was available and staff were able to describe signs of potential abuse and were clear about the relevant reporting procedures. They were also aware of the service's whistleblowing policy, and told us that they would be confident to report any concerns to the manager. There were clear guidelines on professional boundaries that staff were expected to follow.

Discussion with staff and review of records indicated that safeguarding incidents were addressed appropriately. All safeguarding records had been reviewed and signed off by the locality manager to ensure appropriate procedures were followed. Safeguarding awareness training was also available to people using the service, with workshops being provided. Evaluation forms from these sessions indicated that people had found them useful.

A health and social care professional told us that the service had been quick to respond to a recent safeguarding issue, providing all necessary details and cooperating entirely with the protection plan put in place.

Assessments were undertaken to assess any risks to people using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Staff were not involved in supporting people with financial transactions. Care plans contained risk assessments for each person using the service, and staff we spoke with were aware of the contents of these. They contained information about

Requires improvement

Is the service safe?

action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home including the use of mobility equipment such as hoists. There were also plans in place to support a person with epilepsy at risk of seizures and for people's online safety when using the internet. Personal emergency evacuation plans were in place for each person.

An on call rota was available to ensure that management cover was available at all times. People also had an emergency pull cord available in their flats which would be picked up by a service run by the provider (Sanctuary 365) if not responded to swiftly by staff on duty.

Most people who used the service informed us that they managed their own medicines. The service had a policy and procedure for the administration of medicines. Staff providing support in this area had received training on the administration of medicines and evidence of this was found in the staff records. Staff administering medicines were aware of their responsibilities to ensure that they completed the medicines administration charts after they had administered the medicines. One person receiving support with medicines told us that they received these on time as appropriate.

Good

Is the service effective?

Our findings

People told us that they were satisfied with the staff supporting them, and felt the staff were appropriately skilled and knowledgeable. They told us that when they had experienced difficulties, the management had taken appropriate action for example not to use a particular agency staff member again, or through supervision and training. People confirmed that they were free to make choices about their lifestyles, one person told us, "I don't like being told what to do, I'm very happy living here."

Staff told us they had regular supervision sessions. They told us that they received effective support from the manager, and felt confident about their role. Inspection of records confirmed that they received regular one to one supervision every two months including observations of the support they provided. These sessions gave staff an opportunity to discuss their performance and identify any further training they required. Topics discussed included the changing needs of people using the service, managing challenging situations, incidents, health and safety, training, and activities support. Sessions were also used to assess staff members' knowledge in particular areas such as safeguarding people. The manager told us that appraisals were due in December 2015. None had yet been conducted as the staff had not been employed for long enough.

Staff told us that they were consulted about how the service was run, for example they felt that recent changes to the rota system had been an improvement. They attended regular staff meetings to discuss the running of the service. Staff were knowledgeable regarding their roles and responsibilities and the particular needs of people who used the service. They confirmed that they had been provided with a period of induction and shadowing of more experienced staff.

Records were available of induction training including emergency procedures, a tour of the service, health and safety and emergency procedures, call bell systems, people's care plans and support needs, and use of relevant equipment. Other topics covered included safeguarding awareness, people's rights and choices, medicines management, and the service's recording protocols.

We saw records of mandatory training including first aid, food safety, moving and handling, health and safety, medicines management, fire safety, mental health awareness, and pressure area care. Most of this had been completed prior to staff commencing work at the service. However they confirmed that their knowledge about these areas was tested and reinforced in supervision with the manager. The manager was undertaking training in assessing for the Care Certificate and was an approved moving and handling trainer. Opportunities were also available for staff to completing training equivalent to the Qualification and Credit Framework (QCF) in health and social care, to further increase their skills and knowledge in how to support people with their care needs.

Two of the three project workers had completed training in the Mental Capacity Act 2005 (MCA), and the other staff member had been identified as needing this training. Staff understood the importance of gaining people's consent to the care and support provided to them, and giving people's choices where possible.

Where people had variable capacity in making decisions, staff advised that the views of their care managers, and people within their 'circle of support' were sought when making significant decisions. No people living at the service were subject to a deprivation of liberty safeguard (due to needing supervision to go out). The manager advised that there were no restrictions being placed on people under the MCA, as all were able to consent to their care and support at the time of the inspection visit. Care records reflected the need to obtain consent from people. However we did find one person was using bed rails for their safety without having signed to indicate that they agreed to this measure. The manager undertook to address this issue promptly.

People were supported to access food and drink of their choice and were satisfied with the support they received in this area. Staff were aware of safe food handling practices, and assisted people to ensure that they had access to enough food and drink. They were aware of people's cultural food preferences, and supported people to prepare cultural meals of their choice including provision of halal foods. One person had a number of recipes recorded for how to prepare particular cultural dishes. Where people had swallowing difficulties they provided them with foods at an appropriate consistency according to their needs.

Good

Is the service effective?

People told us and records confirmed that staff were available to support them to access health care appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People's care records included the contact details of their GP and other health care professionals so staff could contact them if they had concerns about a person's health. We received positive feedback about the service from a health and social care professional who provided support to some of the people using the service.

Good

Is the service caring?

Our findings

People who used the service were happy with the staff supporting them. They told us, “They are wonderful staff,” “I like it here,” “X [a project worker] is a nice lady,” and “staff are brilliant.” All the people we spoke with said they were able to communicate effectively with the care staff. However they also noted that the recent changes in the staff team made it difficult particularly for people with the highest care and support needs.

People told us that their privacy and dignity were respected by care staff, with curtains and doors closed prior to personal care provision. We observed staff knocking on the door of people’s flats and waiting for permission before entering. A support worker from another agency told us, “Staff are always very welcoming, it makes a huge difference, this is the best supported living service that I visit.”

The communal areas within the building included notice boards with information for people living within the service. Notices included a cultural diversity calendar, an invitation to join in a gardening activity, health and safety, safeguarding and a range of policies relevant to the service, and dates of tenants meetings. Details of advocacy services were also on display, and people using the service were invited to participate in a review of the provider’s policies and procedures.

People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. The staff we spoke with told us they tried to help people who used the service to remain as independent as possible, for example escorting people to railway stations for them to take a train independently, and supporting them to carry out their own weekly shop.

People who used the service said that care staff understood their needs and their preferences. The service had a policy on ensuring equality and valuing diversity. The routines, preferences and choices of people were recorded in their care records. Four people chose to attend a place of worship of their choice, and one person told us that staff had supported them to observe Ramadan. Staff had supported one person to apply a henna design on their hands in accordance with their cultural preferences.

Good

Is the service responsive?

Our findings

People told us that staff responded to their care and support needs appropriately, enabling them to maintain their independence. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, this enabled them to provide a personalised service. Staff supported people to access the community and minimise the risk of them becoming socially isolated. However one person told us, “Sometimes I have to wait if another person wants something, and I can’t always go out when want to.” We passed this feedback on to the manager to address.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. Staff told us that they were kept informed about any required changes to people’s support.

Assessments included information regarding past and present medical history, the cultural and religious background of people, risk assessments including those associated with medical conditions and people's disabilities. Care plans had been signed by people using the service to confirm that they had been consulted about the contents. People told us that the manager reviewed their care in consultation with them to ensure that their changing needs were noted. Care reviews took place at least every year, but more often when changes had occurred, or if the person was unhappy with the support provided. For example a positive behaviour management plan had been put in place for one person whose behaviour could be challenging to people at the service.

Appropriate risk assessments were in place for people, including pressure sore, falls and choking prevention, with detailed guidelines in place to minimise risks. Body charts were completed to record and monitor any marks such as cuts or bruises, found on people using the service. One person had their blood sugar levels monitored by staff, and we found appropriate guidelines in place for staff as to when they should seek medical advice depending on the reading.

Daily care records were being completed by staff including medicines given, food choices and people’s general wellbeing. There were also key working records of sessions between people and key staff allocated to support them to work on their preferred goals such as daily living skills, housing issues, employment and leisure pursuits. Records included people’s skills and needs assessments, likes and dislikes, routines, and achievement of long and short term goals. Due to the comprehensive recording in people’s care records, it was sometimes difficult to find important information quickly. We suggested that a short summary might be helpful for new agency staff working at the service. The manager undertook to look into this.

Although this was not directly within its remit, the service had undertaken to provide social activities to people using the service, some of which incurred an extra cost. A gardening project had been set up, and a barbeque and movie night had been arranged. Tenancy workshops were also provided, to ensure that people were aware of their rights and learned to manage their tenancy independently. People living at the service told us that they enjoyed these activities and would like more of them. Staff said that they could work flexibly for example coming in early on shift to provide extra support when people wanted to carry out activities.

Tenants meetings had been held in June, August and September 2015 and a meeting to discuss social activities was held in May 2015. Minutes showed that topics discussed included providing a ladies night, Halloween celebrations, rent issues, the gardening project, management changes, news and activities. The minutes were now being completed in a pictorial format, which people found easier to read. People’s relatives were also invited to attend tenants meetings if they had issues they wished to discuss.

A compliment, comment or suggestions policy was available for the service, and details were provided about how to make a complaint. People who used the service and their relatives had contact details for the office if they had any concerns. They told us they would contact the manager if they had a complaint. One official complaint had been received and this was being addressed by the provider organisation.

There was no easy read format available for complaints, and we noted that whilst informal concerns were being addressed they were not always recorded. For example concerns about an agency worker resulted in them not being used again by the service, however this was not

Good

Is the service responsive?

recorded. The manager advised that she would look into providing an easy read complaints format and recording of informal concerns to demonstrate the service's responsiveness.

Good

Is the service well-led?

Our findings

A new manager had commenced work at the home at the end of April 2015, following a brief handover with the previous manager, and was applying for registration with the Care Quality Commission. People were positive about the manager's impact on the service. One person said, "You can speak to her," "She's around more in the flats," "I can talk to her," and "It's more organised now." People expressed concerns over the use of non-permanent staff at the service, and some previous communication difficulties. However they thought that the manager was trying to make changes to improve the situation, and responded to their concerns.

The manager confirmed that recruitment and retention of permanent staff was a key priority. She received regular supervision and support from the locality manager. Other priorities recorded in her supervision records included health and safety, expenditure, archiving, consent and risk assessments. She was due to undertake training in 'fit persons' (to be employed), capability and disciplinary processes, and had undertaken training relevant to her role. The locality manager advised that she would also be enrolled on the provider's management development programme.

The staff we spoke with all said they were able to contact the manager or locality manager if they had any concerns. They felt well supported by the management, and attended regular staff meetings and supervision sessions. Staff meetings had been held in April, June, July, August and October 2015. Minutes indicated that these covered topics including health and safety, safeguarding, incidents, good practice, delegation, nutritional risk assessments, and consent to care.

A health and social care professional told us that the management had been very quick to respond to changes in the care needs of people using the service, putting into place the care provision needed. The only issue of concern they raised was recent problems with water provision to people using the service. The manager told us that these issues had been addressed.

The management monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. New internal systems had been implemented since April 2015 including new recruitment procedures, and record keeping documents.

Records were maintained of incidents or accidents at the service, including calls made to emergency services by mistake. It was clear that these had been monitored, with actions put in place to reduce the risk of these issues reoccurring such as increased staff monitoring of particular people when needed.

An environmental audit was completed quarterly in addition to monthly environmental checklists to ensure that the service was safe. A recent fire risk assessment was available for the service.

There had been a recent satisfaction questionnaire circulated to people using the service. People also had the opportunity to give their views about the service at tenants meetings, to which people using the service, and their family members or representatives were also invited.

Quality audits had been undertaken by the provider organisation in May and September 2015. At the May audit, improvements were found to be needed in care planning and support provided. An action plan was put in place to make improvements on areas including recruitment, induction, key working, monthly internal audits on care plans and medicines, supervision, promoting human rights and independence. The plan was reviewed in September and improvements noted included provision of advocacy information, regular tenants meetings, election of a house representative, client input into recruitment, and monthly review of support plans.