Sanctuary Home Care Limited

Sanctuary Supported Living - Suffolk Domiciliary Care

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

Sanctuary Supported Living – Suffolk Domiciliary Care provides personal care and support to people living in their own flats in Avalon Court. On the day of our announced comprehensive inspection on 22 September 2017 there were 18 people using the personal care service. We gave the service notice of this inspection, because they provide a domiciliary care service and we needed to know that someone would be available. This service was registered in January 2016. This was their first inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Care workers were trained in how to keep people safe from abuse and the service's policies and procedures designed to reduce the risks of people being abused, provided care workers with guidance on how to keep people safe.

People's care records guided care workers how to minimise the risks on people's daily living.

There were systems in place to ensure that there were care workers available to fulfil people's planned care visits. The service had taken action to address care worker vacancies. Robust systems were in place for the recruitment of all staff working in the service.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

People were cared for and supported by care workers who were trained and supported to meet their needs.

The service was working within the principles of the Mental Capacity Act 2015. People's consent was sought before any care was provided and care workers acted in accordance with their wishes.

Where people required assistance with their dietary needs, there were systems in place to provide this support.

People were supported to access health care professionals, where required, to maintain good health. The service worked with other professionals involved in people's care.

People told us that care workers treated them with respect. People's care records guided care workers in how their privacy, dignity and independence was promoted and respected.

People were involved in making decisions about their care and support. They were provided with care which

was assessed, planned and delivered to meet their specific needs.

There was a complaints procedure was in place. People's concerns and complaints were listened to and addressed.

There was an open and empowering culture in the service. People and care workers were asked for their views of the service and these were valued and acted on.

There was a quality assurance system in place and shortfalls were addressed. As a result the quality of the service continued to improve.

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.

There were systems in place to reduce the risks to people and keep them safe from harm.

Care workers were available to undertake planned care visits to people. Action was taken to address vacancies. Robust recruitment systems were in place to employ suitable staff and reduce the risks to people.

Where people needed support to take their medicines they were provided with this support safely.

Is the service effective?

Good

The service was effective.

Care workers were trained and supported to meet the needs of the people using the service.

The service worked within the principles of the Mental Capacity Act 2015.

Where people required support with their dietary needs, this was provided. People had access to health professionals, where required.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness and their rights to privacy, dignity and independence was promoted and respected.

People were involved in making decisions about their care and these were valued and listened to.

Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There was a complaints procedure in place and people's comments and concerns were addressed.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People and care workers were asked for their views about the service.

There was a quality assurance system in place. Where shortfalls were identified plans were in place to address them. As a result the quality of the service continued to improve.

Sanctuary Supported Living - Suffolk Domiciliary Care

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 announced inspection took place on 22 September 2017 and was undertaken by one inspector. We gave the service notice of this inspection, because they provide a domiciliary care service and we needed to know that someone would be available.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection we visited four people in their flats and spoke with three of these people about their experiences of the service. We also spoke with the service's area manager, the registered manager, and two care workers. We looked at records in relation to five people's care. We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service and with their care workers. One person said, "I feel very safe. I am safe living here and I know if I need any help the staff will help me."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Lessons learnt from safeguarding issues had been used to improve the service, for example, appropriate disciplinary action and increased security of people's financial transactions, where support was required.

People's care records included risk assessments and guidance for care workers on how the risks were minimised. These included risk assessments associated with moving and handling, eating and drinking, accessing the community, finances and risks that may arise in people's own flats. Where risks to people had been identified by care workers actions had been taken to assess these risks and take action to reduce them. For example, when a risk to a person when showering had been identified a referral had been made to an occupational therapist, with the person's consent, and seeking ways to minimise these risks.

People we spoke with told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. One person said, "I know when they [care workers] are coming to help me and if we are going out. They always come at that time."

The registered manager told us that there were care worker vacancies and they were actively recruiting to the vacant posts. These vacancies had arisen because of the increase in visits to people and one to one support. There were planned interviews for care workers in October 2017. The vacancies were currently being covered by existing care workers or regular agency staff. The registered manager told us how they ensured that all planned visits to people were covered and records confirmed what we had been told. One care worker said, "There are always enough staff to do the visits [to people]. Agency staff help if we are short, use the same ones [agency care workers]. The [people's] needs and preferences are looked at, management and seniors work on the schedules to get the visits and social time staffed." Another care worker told us, "There are enough staff, we can work overtime if we want to." The registered manager told us that they had a system in place to monitor the hours of care workers to ensure that they were safe and fit to work and not working excessive hours. This showed that the systems in place provided people with care from care workers who were known to them.

Records showed that the service's recruitment procedures were robust and systems were in place to check that care workers were of good character and were suitable to care for the people who used the service.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "They [care workers] just have to get them [medicines] out of the pots [monitored dosage system], they have to remind me as well or I would forget, it all works well." Another

person told us, "I look after my own [medicines], they [care workers] order them for me though."

Systems were in place to provide people with their medicines safely, where required. Care workers were provided with training and had medicines competency checks. People's records provided guidance to care workers on the support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Where people were prescribed with medicines to be administered 'as required' (PRN) there were protocols in place to guide care workers when these should be given.

The service had taken action to ensure people were safe relating to their medicines. For example, we saw correspondence with a person's doctor relating to a person's PRN medicines and when the person was requesting it. The service had sought guidance about safe times in between these medicines and the maximum doses in 24 hours. There were also records which showed that the service had contacted the pharmacy to check the safety of medicines after a safety alert had been received and the monitored dosage system did not hold the batch numbers.

Regular medicines audits were completed which showed that there were systems in place to identify any discrepancies quickly and take appropriate action to reduce any risks to people. This included a change in the monitored dosage system used, which the registered manager told us had reduced errors in medicines. The two care workers we spoke with told us that they preferred this new system which they felt was easier to use and safer than the previous system.

Good

Is the service effective?

Our findings

People told us that they felt the care workers had the skills and knowledge to meet their needs. One person said, "I think they all are trained, they know how to help me."

There were systems in place to ensure that staff were trained and supported to meet the needs of people using the service. They were also provided with the opportunity to achieve qualifications relevant to their role. One care worker told us, "I have just finished [qualification in care], I am just waiting for it to be signed off." Training included moving and handling, health and safety, safeguarding, first aid, food hygiene and medicines. Care workers were also provided with training in diversity and people's specific needs, including equality and diversity, diabetes, epilepsy, supporting people with behaviours that may challenge and breakaway techniques. One care worker told us how they felt that they were provided with good quality training to care for people effectively, "We do behaviours training face to face and on the job, people's behaviours are individual to them so we talk about what works. I know they [management] are looking into doing sign language, one [care worker] has done it."

Records showed that new care workers completed training and shadow shifts where they worked with more experienced colleagues as part of their induction. In addition care workers had completed or were working on the care certificate. This is a set of standards that care workers should be working to in order to have the understanding and knowledge to deliver support in line with the person's assessed needs.

Care workers told us that they were supported in their role and were provided with one to one supervision meetings. Records showed that in these meetings, care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively and to identify any further training needs.

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 if the service was working within the MCA principles.

One person told us, "They [care workers] always ask me if it is okay to do something." People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. Care records included information about how they made decisions about their care and if they needed any assistance, such as if they had variable capacity or the type of decisions they needed assistance with. Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service. Care workers were provided with training in MCA.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not

eating or drinking enough. Where concerns were identified, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, with people's permission health professionals were contacted for treatment and guidance. This included referrals to the speech and language team. Where guidance had been provided relating to people's dietary needs, this was clearly recorded in people's care records to guide staff in how risks were reduced.

People were supported to maintain good health and have access to healthcare services. One person told us, "If I don't feel right, they [care workers] will help me to make an appointment with my doctor." Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. Records showed that the service worked with other professionals involved in people's care. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner. The registered manager told us how they shared positive relationships with people's health care professionals and where required support was provided. This included people's doctors and the support provided to people from community nurses.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "They [care workers] all care. They are always nice to me." Another person commented, "They [care workers] are lovely, we get on great."

Care workers spoke about people in a caring and compassionate manner and they clearly shared positive relationships and knew about the people they cared for. They understood why it was important to respect people's rights including their dignity, privacy and independence.

People told us that they felt that their privacy was respected. One person said, "They [care workers] always knock on my flat door before they come in and ask me if it is alright for them to be here." This was confirmed in our own observations, the registered manager knocked on people's flat doors before entering and asked for their permission for us to go into their flats. We saw that people's personal records were securely stored in the office, as well as in their flats. This meant that they could not be accessed by others.

Records guided staff to make sure that they always respected people's privacy and dignity. One person told us that they felt that their dignity was respected, "They [care workers] listen to how I want to be supported, I definitely think they make sure my dignity is respected."

People's independence was promoted and respected. People's records identified the areas of their care that they could attend to independently and where they needed assistance. One person said, "They [care workers] never take over. I would not like that. They ask me first what I can do on the day." Another person told us that as part of their care plan they were supported to mobilise, "I don't always want to do it, but they [care workers] encourage me. It will help me be more independent."

People told us that they felt that their views and comments were listened to and acted on. One person said, "They [care workers] listen to me, whatever I say, they listen and do what I want." Another person told us, "If I want to do anything, I just talk to my keyworker and we work out how I can do it."

People's care records identified people's preferences, including what was important to them, their likes and dislikes, usual routines, how they wanted to be addressed and how they preferred to be cared for, such as how their preferences of the gender of care workers that supported them. We saw that people's choices were respected, such as if they refused to receive any care. The risks of this were explained to people, however, their choices and preferences were respected.

Records showed that people had been involved in their care planning. Reviews were undertaken regularly and where people's needs or preferences had changed these were reflected in their records. People's choices were sought about their end of life wishes. Where people had preferred not to speak about this, it was recorded in their records and the care workers checked with them at reviews if they wanted to discuss it yet. This told us that people's comments were valued and listened to.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support and that their needs were met. One person said, "I have got my care plan and we talked about what I needed help with. I am happy with all they [care workers] do. I do think that my needs are met."

We saw compliments received by the service, in for example cards, letters and e-mails. These included positive comments about the care provided to people. For example, one from a person's relative stated, "[Care worker] was exceptional in [their] care and support to [person]. I felt [they] were very dedicated and professional with [person's] needs. It gives me comfort to know [person] is in such good hands."

The care plans were in the process of being reviewed and updated onto new care planning documentation as part of the service's ongoing improvements. The care plans we reviewed included both updated and older ones. We found that the both types provided care workers with guidance about the care and support that people required and preferred to meet their needs, including taking into account their assessments of care which had been completed before they used the service. These included people's diverse needs, such as how they communicated, mobilised and their specific conditions.

Where people needed support with behaviours that may be challenging to others, their care records guided care workers in triggers to these behaviours and how the support they required to minimise the risk of their distress to themselves and others.

Records showed that care reviews were undertaken to ensure that people's changing needs and preferences were identified and addressed. These reviews were completed with the person, other professionals involved in their care to ensure they were provided with a consistent service. This provided the person with a service which was tailor made to their needs and taking into account their condition and the changes that may arise.

The registered manager shared examples with us about how the service provided a responsive service which was individual to people's needs. This included with people's planned social visits. People met with their named care worker [key worker] and planned what they wanted to do and when they wanted to do it. Records and discussions confirmed what we had been told.

Records of support visits included information about the care provided to people and their wellbeing. This allowed care workers to monitor if there were any changes in people's wellbeing and behaviours that they may need support with.

People knew how to make a complaint and felt that they were listened to. One person told us, "I did not like two [care workers]. They [management] listened to me and changed things immediately, they [care workers] were never sent to see me again. It makes me feel better to know if I am unhappy they will do something."

There was a complaints procedure in place which advised people and others about how their concerns and complaints would be addressed. Records of complaints and concerns showed that they were being addressed and responded to. Records of concerns, which had not progressed to formal complaints showed that actions were taken to improve people's experiences of the service they received. For example, the service had contacted an occupational therapist for support when a person had raised concerns about their mobility equipment.

Good

Is the service well-led?

Our findings

This service had been registered with the Care Quality Commission (CQC) in January 2016. This was their first inspection.

People were complimentary about the service provided and the registered manager. Care workers told us that the service was well led and they could speak with the registered manager if they needed to. One care worker said, "If I have any problems I can talk to [registered manager] in private. I love my job, I enjoy working here. The staff and [people] are the best." Another care worker said, "I enjoy working here, [people using the service] tell us they are happy."

The service provided an open and empowering culture where the views of people and care workers were valued and acted on to improve the service. People were asked for their views of the service in satisfaction questionnaires and meetings. Meeting minutes showed that they were kept updated on any changes in the service provision and the policies and procedures in place to keep them safe, including professional boundaries and social media.

There was a suggestion box in the service where people, staff and relatives could put suggestions to improve the service, anonymously if they chose. We saw records which showed that the comments and suggestions received were valued and used to improve the service. This included a suggestion to colour code mobility equipment, which was addressed to further improve people's safety.

Staff were provided the opportunity to contribute to the running of the service in care worker meetings. The minutes of these showed that they were kept updated with any changes and their comments and views were listened to, for example if they identified improvements to how they cared for people. For example, care workers sharing examples of how they supported people which resulted in positive outcomes.

Records showed that care workers were observed by management in their usual work practice to check that they were working to the required standard and providing people with a good quality service. One care worker told us, "I am observed and we get feedback." Records showed that new care workers were supported during their probationary period, including progress logs and probationary meetings.

The management of the service worked well to deliver high quality care to people. There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. These included audits and checks on medicines management, people's care records and incidents.

The area manager told us they completed monthly audits and checks on the service provision and the registered manager's audits. Where improvements were identified these were included on the service improvement action plan in place with timescales for when they were planned to complete. Records confirmed what we had been told.

There were also quality assurance audits undertaken on how the service were meeting the fundamental

standards, which are the standards and Regulation about how people's needs are to be met. Records showed that where improvements had been identified in the audit in December 2016, these had been addressed by the audit in July 2017. These improvements made included adding information of people's long term conditions in their care records and keeping records of concerns which had not escalated to formal complaints.