

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Lawley

Inspection report

Martingale Way
Lawley Bank
Lawley
Telford
TF4 2LL

Tel: 01952502420

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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

Our inspection took place on 8 August 2016 and was announced. This was the locations first inspection since they were registered.

Sanctuary Home Care is an extra care scheme providing personal care for up to sixty people living in self-contained flats within the service. At the time of our inspection the service was providing the regulated activity of personal care to twenty five people.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run. The registered manager had been appointed in November 2015.

People told us they felt safe. Staff knew how to recognise the signs of potential abuse and how to report it. People were supported by sufficient numbers of staff who had been recruited safely. Risks to people's health, safety and well-being were identified and managed. Staff had a good understanding of how care and support should be provided in order to keep people safe. People told us they mostly received their support calls on time. The provider had systems in place to ensure medicines were managed safely.

People were supported by staff who had the skills, knowledge and support to provide effective care. People consented to their care and support and people were supported by staff who had a knowledge of the Mental Capacity Act and how to respond to a person's decline in their ability to make decisions. People were happy with the support they received with eating and drinking and were provided with choices. People had access to healthcare professionals when required and were supported to maintain good health.

People were supported by staff who were caring and treated people with kindness and respect. People's individual needs and preferences were understood and met by staff and people were involved in making decisions about how their care and support was provided. Staff supported people in a way that maintained their privacy and dignity and promoted their independence. People were supported to maintain relationships that were important to them.

People knew how to raise a concern or complaint and expressed confidence that concerns would be dealt with efficiently by the registered manager.

The registered manager had effective systems in place to monitor the quality and consistency of the care provided. People and staff were encouraged to give feedback on the service and information from audits, surveys and quality checks was being used to drive improvement. The manager had identified the next steps required in order to continue to improve the service and had already started making progress. The registered manager was keen to continue to develop service.

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 received support from staff that understood how to keep people safe. Risks to people were assessed and appropriately managed.

The registered manager used safe recruitment practices and there were sufficient staff to meet people's needs and ensure their safety.

People received their medicines where required by staff who were appropriately trained and had their competency assessed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and support required to carry out effective care.

People's consent to care and support was sought and staff had a good understanding of the principles of the Mental Capacity Act. People were happy with the support they got with eating and drinking and were offered choices.

People were supported to maintain good health and staff were able to identify and respond appropriately and promptly to any changes in people's health or wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support from staff who treated them with kindness and respect.

People were involved in making decisions about their care and support.

People were supported by a staff team who had a good understanding of people's needs and preferences.

People's privacy was promoted and they were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

People had access to a wide range of activities within the service and the local community.

People knew how to raise a concern or complaint and complaints were acted on.	
<p>Is the service well-led?</p> <p>The service was well led.</p> <p>People and staff were provided with opportunities to give feedback on the development of the service.</p> <p>Staff understood the expectations of their role and felt supported and valued.</p> <p>The registered manager had effective systems in place to monitor the quality and consistency of the service and was committed to the continued development of the service.</p>	<p>Good ●</p>

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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 8 August 2016 and was announced. We gave the provider 48 hours' notice of the inspection because it was a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

As part of the inspection, we reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority for information they held about the service. We considered this information when we planned our inspection.

During the inspection we spoke with seven people who used the service, four relatives, and two members of staff and the housing manager. We also spoke with the registered manager who was supported by the head of care, who we also spoke with.

We reviewed a range of records about how people received their care and how the service was managed. We looked at four people's care records, records relating to medicines and three staff files. We also looked at records relating to the management of the service which included accident and incident records, compliments and complaints and quality checks. We carried observations within the services communal areas.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe, this place is very secure and there are people here to help you". Another person said, "The staff help me to feel safe, they are always on call if you want them". People received support from staff who had received training on keeping people safe and were knowledgeable about recognising and reporting the signs of potential abuse. We saw that staff had appropriately reported concerns relating to people's safety and the registered manager had made referrals, as appropriate to the local authority.

People were involved in the assessment and management of risk. One person told us, "The staff know me well, they understand how to support me and help me to manage risks". We looked at people's care records and found risks had been identified, assessed and managed. We saw one person had been involved in a multi-agency meeting to discuss how to manage risks that may be posed when out in the community. We saw risk assessments were regularly reviewed to reflect any changes in risk. For example one person who was mobilising independently had begun to have a number of falls. The provider had carried out a review of risk and had referred the person to an occupational therapist. We spoke with the person concerned who told us that they were now supported to mobilise at times with the use of a hoist. Staff we spoke with were aware of people's individual risks and how to manage them. We saw the care records had been updated to reflect this change in risk. This showed that the provider had systems in place to ensure people's risks were effectively managed to ensure their safety.

People and staff we spoke with confirmed there were enough staff to care for people living at the service. One person told us, "You can call staff in between calls if you need them, which is good and re-assuring". Another person said, "There is always someone about to help you if you need it". One staff member we spoke with told us, "There are enough staff to meet the needs of the people and keep people safe. People told us their care visits were usually on time. One person said, "The staff help me throughout the day, I have specific visit times and they are generally on time". Another person told us, "Occasionally staff are late if something goes wrong". People we spoke with told us they never had any missed calls. One person told us that they had in the past had a missed call, however they had raised this with the manager and they had not experienced any problems since. Some people we spoke with told us they were not always visited by consistent staff, which meant they did not always know who was going to carry out their care and support. We spoke to the registered manager about this and they advised us that they had used bank staff to cover staff shortages. They told us they recently recruited new staff to provide more consistency and new staff were working alongside more experienced staff to develop their knowledge and understanding of people's care needs. This showed us there were enough staff to meet people's needs.

We looked at staff files and found that staff had been recruited safely. References and checks with the Disclosure and Barring Service (DBS) were completed before staff began working at the service. DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. This demonstrated the registered manager was ensuring that staff were safe to work with people.

People were happy with the support they received with their medicines. One person told us, "I have help

with my medicines; I have never had any problems". Staff we spoke with told us they had received training and had their competency checked by management to ensure they were competent to administer medicines. Records we looked at confirmed this. The registered manager completed checks on the administration of medicines in order to ensure they were given safely and as prescribed.

Is the service effective?

Our findings

People spoke positively about the care they received. One person told us, "The staff here have all been well trained, like when they use the hoist or my oxygen, they all know what they are doing". Another person said, "The staff use a hoist to help me when I need to move, there are always two staff and I feel like they know what they are doing". Staff we spoke with told us they received appropriate training to give them the skills and knowledge to be able to provide care and support to people. For example safeguarding training to ensure that people were kept safe. Records we looked at confirmed this. One staff member told us, "I can't fault the training it is very good". We saw staff had received an induction to their role which consisted of training, competency checks and shadowing more experienced staff. New staff who did not hold an occupational qualification, such as an National Vocational Qualification (NVQ), were expected to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. We spoke with the registered manager who told us they were looking into sourcing some more specialist training in order to support people with more complex needs. For example they told us how they had booked some basic sign language training for staff to support people who were registered as deaf. Staff told us they were well supported to carry out their role and received regular one to one sessions with their manager. One staff member said, "I get supervision every six to eight weeks, it's brilliant you can talk about problems or worries, your performance and any training needs". This demonstrated that staff had the knowledge, skills and support to carry out effective care.

People were supported by staff who sought their consent to care and support. One person told us, "I sometimes have to use a hoist to move, the carers always ask me if I am happy to be hoisted and tell me what is happening while they are moving me". Another person said, "The staff always ask my permission before doing things". We saw where people needed equipment to manage risk people's consent had been sought. For example a person had consented to bed rails to prevent them from falling out of bed. We also saw a person had consented to a tracker system to manage risks whilst in the community whilst supporting them to maintain their independence. People were supported to make decisions about their care and staff demonstrated an awareness of the importance of respecting people's decisions.

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 looked to see if the provider was working within the principles of the MCA and found that they were. We found that staff had received training and had an understanding of the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Staff and management demonstrated knowledge about people's rights and knew what steps to take if there was a decline in someone's ability to make decisions.

People we spoke with told us they did not require support from staff with their diet. This was because they

maintained it themselves or support was provided by their family. People told us they used their own equipment in their homes and were able prepare meals of their choice. Where people were supported by staff with preparing food, people told us they were happy with the support they had to eat and drink and were offered choices. One person said, "The staff help me to do my breakfast in the mornings, they will make me whatever I fancy". We looked at peoples care records and saw where people had specialist diets this was recorded and the appropriate guidance was in place to ensure people were appropriately supported. People were able to choose to eat in their own flats or access the restaurant or cafe facilities in the communal area. One staff member we spoke with told us, "We give people choices of food and drink they also have the option of the café and the restaurant". One person told us, "The food in the restaurant is very good". The registered manager told us the restaurant catered for specialist diets such as vegetarian and diabetics. They also told us that people could choose from the menu or request something different if they wished.

People were supported to maintain their health. One relative we spoke with told us, "My family member does have problems with fragile skin, the staff are very good at identifying when there are potential problems with [person's] skin and they refer them to the district nurse". Staff told us any changes in a person's health or well-being was reported to a senior member of staff and dealt with promptly. One staff member told us how they would encourage a person to contact a doctor themselves in the first instance and would call a doctor on the person's behalf with their consent. They also told us they would contact emergency services if required. They told us how they had been concerned about a person's skin condition. The staff member had encouraged the person to make contact with their GP. The person was treated and has since fully recovered. People had access to healthcare when they needed it and any changes in health or well-being were acted on promptly.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "There are a lot of good carers". Another said, "The staff are very caring". A relative we spoke with said, "Staff are so keen to provide the right care, some are absolutely amazing". They went on to say, "The staff think the world of [person]". Another relative told us, "I was really well supported by staff when my relative was ill". One staff member told us, "The care we provide is person centred, it's their care, their home and they always come first". People were supported by staff who treated them with kindness and respect.

People were supported to make choices and decisions about their care. One person told us, "I have a choice about everything, for example I decided what times I wanted my visits". Another person told us how they had been offered a choice of male or female carer. Staff demonstrated an awareness of the importance of respecting people's choices. For example, one staff member told us, "We deliver care and support in the way that people want, it's their choice". Another staff member told us, "People have a say and a choice in everything and we are guided by what people want". They told us how they asked people how they wanted to be cared for and how they supported people to make decisions. For example staff told us how they would use alternative forms of communication when they were may be struggling to communicate with people. One staff member spoke of how they used picture cards or interpreters to help people who had English as a second language make choices about their care. They also told us how they had put food options out for a person who was deaf to make choices about what they ate. We looked in peoples care plans and found that people's communication requirements were clearly detailed in respect of supporting people to make choices about their care and support. People received information in a way they understood to enable them to have choice and control over the support they received.

People were supported and cared for by a staff team that treated each person with dignity and respect. One person told us, "Staff are respectful of the fact that the flat is my own home and they respect my privacy". One staff member told us, "I think about what I would want if it were me being cared for, respect, dignity and compassion". They went on to tell us, "I respect people's wishes". Another staff member said, "We always maintain people's privacy and dignity, it's something we talk about with people when we assess them, we find out about how they would like their privacy and dignity promoting". Staff were able to tell us ways in which they would ensure people's dignity and privacy was respected. For example, staff told us they closed doors and curtains before delivering personal care. This demonstrated people's dignity and privacy was protected and promoted by staff and people were treated with respect.

People told us the service helped them to maintain their independence along with providing support to ensure people remained safe. One person told us, "Living here helps me to stay independent, it's my own choice what I do here in a safe environment". Another person said, "The nice thing is having my independence but having people to talk to and help me when I need it". Staff we spoke with understood the importance of promoting peoples independence. We saw people's care plans contained information on the tasks they could do for themselves and the tasks they required support with. We saw the service was supporting people to maintain their independence. For example people were supported to access equipment such as electric wheelchairs, where required, to enable them to go out into the community.

People's independence was promoted and maintained.

People told us they were able to have family and friends visit when they liked and there were no restrictions on visits. One relative we spoke with said, "We visit regularly". During the inspection we saw relatives and friends visiting people at different times of the day. People were encouraged to maintain relationships that were important to them.

Is the service responsive?

Our findings

People were involved in the assessment and planning of their care. One person told us, "I am involved in planning my care and I am in control of how things are done". Staff told us people were involved in regular care reviews and records we looked at confirmed this. This showed that people were involved in planning and reviewing their care. Staff told us that people's changing care needs was communicated to them to ensure they were providing appropriate care and support at all times. This demonstrated that changes to people's care and support were made in response to people's changing care needs.

People were supported by staff who had a good knowledge about their needs and preferences. One person told us, "The staff know me well they understand what my support needs are". People told us they had been offered a preference of a male or female carer and that they were provided with either a male or female carer as requested. Staff we spoke with were knowledgeable about the people they supported. They were able to tell us about people's likes, dislikes and preferences as well as their care and support needs. We saw these were reflected in people's care records. People's needs were responded to promptly. One person told us how they had been unhappy about a member of staff who had supported them with preparing food and drink. They told us they made a request to the manager not to have that particular care worker again and this request was responded to immediately. One relative told us, "If my relative's pad needs changing you just press the buzzer and staff are there". People received person centred care from staff who took account of their needs and preferences.

People told us they were able to go out into the community when they wanted and we saw people coming and going throughout the day. The registered manager told us, "People can come and go as they please there are no restrictions". People had access to a range of activities both within the service and in the community and were given the opportunity to provide feedback about what activities they would like to see delivered. People were supported to follow personal hobbies and interests.

People knew how they would raise a concern and were confident that their concerns would be listened to and dealt with quickly and efficiently. One person told us, "I have had to raise a complaint, the managers were good and have resolved the issues". A relative we spoke with told us about a complaint they had made in relation to the care that was provided to their family member. They told us they had seen improvements in the care since the complaint. The registered manager told us, "We deal with complaints as quickly as we can". Staff we spoke with understood how to handle a complaint and were confident that complaints would be addressed. One staff member said, "If care is not good, people can complain and it is acted on". They told us how a person had complained about the standard of hygiene following a visit and the registered manager had ensured that this was dealt with immediately. This showed that people's complaints were listened to and addressed by the provider.

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the service and the management team. One person said, "I would recommend this place to anyone, it was a good move". Another person told us, "The manager will sit and talk to you, offer advice and will always come back to you when you ask them things". A relative we spoke with said, "The manager is so good they went the extra mile when my relative was ill". A staff member we spoke with told us how they had confidence in the registered manager to continue to develop the service. They said, "The registered manager is very good, they really are driving forward improvements". People and staff knew who the registered manager was and told us they were a visible presence and would support practically if needed. For example one staff member told us, "The registered manager is very hands on, they will get involved and will ask if there is anything they can do to support staff on the floor". This demonstrated that people were happy with the service and the way it was managed. Staff felt supported by the registered manager.

People were given the opportunity to provide feedback on the service. For example one person we spoke with told us, "We have residents meetings, they are there for people to talk about what matters to them". They went on to tell us, "We can influence things like what activities we have or what people feel about the service or their care". We saw that concerns and suggestions had been appropriately responded to. For example, residents had raised concern over some people from the community tailgating into the building after staff and visitors when the front entrance door had been locked for entrance in the evenings. This had raised some concerns for people over their safety. We saw that the registered manager had addressed this issue by advising staff to ensure that people were not following them into the building and ensuring they were properly signed in as a visitor. People using the service had also been advised of this measure as a safety issue. The registered manager told us how they were keen to ensure people could have their say on the services they received. They told us, "I am a big advocate for service user involvement, we listen to people and make changes to the service and peoples care as a result of our interactions with people". This showed us that people could influence and shape the service and feedback was actively responded to.

Staff told us they felt well supported by the management team and communication within the team and with the provider was good. One staff member told us, "Quite a lot of information comes through from the provider, its good communication". Staff told us they had regular team meetings to discuss the care needs of people, raise and concerns and make suggestions for improvement. Staff we spoke with told us they felt confident to raise concerns and were involved in the development of the service. One staff member told us, "I'm confident in saying what I need to say, if we don't like something we will say it". Another staff member said, "We have a lot of staff meetings, you can raise concerns, issues or make suggestions". They told us how they had raised concerns about a person's hoist sling, which had frayed and how a new one had been ordered immediately. This demonstrated that staff were involved in improving the quality of the service and care for people and their concerns were responded to.

The registered manager and staff understood their responsibilities and what was expected of them and staff told us they felt appreciated and valued by the management team. Staff told us the culture of the service was one of openness and transparency. One staff member told us, "We are very open and transparent. What

you see is what you get, we are always honest with people, for example if we are late to a call we will apologise and explain to them what has happened". This showed the service was open, honest and transparent.

The registered manager had systems in place to monitor the quality of the service. Regular checks on the quality and consistency of the service and spot checks on staff were carried out. Information from these checks was analysed and used to drive improvement. For example we found a staff file audit had identified that some staff who had been recruited when the service began had not had pre-employment checks completed before they began working with people. We saw the registered manager had identified this issue and had ensured that DBS checks were completed for all staff. We also saw where suitable references had not been sought the registered manager had completed risk assessments for staff. We also saw the registered manager was using information from external audits to drive improvements. For example we looked at a recent audit completed by the local authority and saw that an action to complete care plan audits and analyse safeguarding incidents was now being done. We also saw the introduction of medicine audits had reduced the number of errors occurring. Staff told us they received feedback on audit findings and were advised on any actions that needed to be taken through team meetings. The registered manager had sufficient systems in place to monitor the quality of the service and information from audits was used to drive improvements.

The registered manager was able to tell us the areas of the service which they felt required further improvement. They told us they had a service development plan which clearly identified the actions required and timeframes to complete actions by. We saw the registered manager had already taken steps to address some of these issues. This demonstrated that the registered manager was taking action to improve services.