

Sanctuary Home Care Limited

Maryfield

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

Maryfield, the registered location, provides the regulated activity of personal care to young adults who live within this supported housing complex. The care provider works in partnership with an educational trust to help young people with learning disabilities to develop life skills and live as independently as possible. The two services combine living with learning to create the people they support with experiences and opportunities.

The inspection was announced. We gave the registered manager 48 hours notice of the inspection. We did this to ensure key staff and people who were supported with personal care, were available for the inspection. At the time of the inspection the service was providing personal care to two young people – the other eight 'tenants' received housing and social support only.

The last inspection of the service was in September 2016. At that time the service was rated as Requires Improvement. There was one breach of the regulations : Regulation 18 Care Quality Commission (Registration) Regulation 2009 – Notification of other incidents.

Following the inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of that regulation. At this inspection we saw the provider had taken action as identified in their action plan and improvements had been made. In addition they had sustained previous good practice. As a result of this inspection the service has an overall rating of Good.

Why the service is rated Good.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 is also responsible for registered services run from two other nearby care services.

The service people received was safe. There were effective safeguarding systems in place and all staff had received safeguarding training. Staff knew what to do if safeguarding concerns were suspected or witnessed. Safe recruitment procedures ensured unsuitable workers were not employed. Any risks to people's health and welfare were assessed and management plans put in place to reduce or eliminate that risk. There were sufficient numbers of care and support workers employed to meet people's needs.

Where people were supported with their medicines this was done safely. Staff received safe administration of medicines training and their competency to support people properly was reviewed. The staff took appropriate measures to prevent and control any spread of infections.

The service was effective. People's care and support needs were assessed prior to taking up tenancy at Maryfield. This was to ensure the supported living environment and care services were appropriate to meet care and support needs. The care and support workers were well trained and had regular supervision sessions with the registered manager.

People were supported with meal preparation where this had been identified as one of their care and support needs. In order to assist people to gain life skills, the care and support workers helped them undertake these tasks independently. People were supported to access any health care services they required.

People's capacity to make decisions for themselves regarding their care and support was assessed and kept under review. The staff were aware of the principles of the Mental Capacity Act 2005 and understood their roles and responsibilities in supporting people to make their own choices and decisions.

People received a caring service. The care and support workers were passionate about supporting the people they worked with. People were treated with kindness, respect and dignity. People were including in making decision about their care and in planning the care and support they received.

The service was responsive and provided each person with a person centred service. Each person had a person centred plan of care and support and the staff team were able to provide this support flexibly. There was continuity of care as the staff team was small. Feedback was gathered from people regarding their views and experience of the service they received. Action was taken if people had complaints or concerns. The service used feedback to improve care delivery in response to people's views and opinions and drive forward improvements.

The service provided was well led because of the good leadership and management in place. The quality and safety of the service people received was assessed and monitored and any areas needing improvement were identified and addressed.

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 remains safe.

Is the service effective?

Good ●

The service had improved and was now effective.

People's care and support needs were assessed and person centred support plans were developed to ensure they received an effective service.

Care and support workers received the training and support they needed to do their jobs well.

People were supported to have sufficient food and drink and to access healthcare services as needed.

Staff worked within the principles of the Mental Capacity Act 2005 and safeguarded people's rights.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed. The service responded appropriately when people's care needs changed and staff were able to be flexible.

Any concerns or complaints people had were handled correctly and the issues raised were used as an opportunity to improve the quality of care.

Is the service well-led?

Good ●

The service was well-led.

There was good leadership and management in place. There was a programme of checks and audits in place to ensure that the quality of the service was measured.

People's views and experiences were gathered and were seen as an important means of assessing quality and safety. Feedback was used to make any improvements to the service. Staff were well supported.

Maryfield

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. The inspection was announced and was undertaken by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We also looked at the Provider Information Return (PIR) that had been submitted on 29 September 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our inspection we spoke with one of the people who was assisted by the service and observed the other person with a support worker. We spoke with the relative of one person who was supported by the service. We also spoke with four care and support workers and the registered manager.

We looked at the care records for the two people who were supported, three staff employment records and training records, policies and procedures, audits, quality assurance reports and minutes of meetings. We received feedback from two social care professionals after our inspection. Their comments have been included in the main body of the report and have supported our findings.

Is the service safe?

Our findings

Maryfield provides a safe service for the people they support. We observed the way one person interacted with care and support workers and it was obvious they were comfortable with them. The other person who was supported expressed no concerns regarding their safety and said they would tell someone if anything was wrong. The one relative we spoke with had no concerns regarding the care and support of their family member.

The service had effective safeguarding systems, policies and procedures in place. The registered manager had completed safeguarding training with Swindon Borough Council. All other staff had face to face training provided by the registered provider on a yearly basis. The registered manager had raised a number of safeguarding concerns throughout 2017 in respect of other tenants at Maryfield appropriately (not in receipt of a personal care service) and followed local safeguarding reporting protocols. The registered manager took all safeguarding concerns seriously.

The service had a safeguarding policy that covered both adults and children, plus a whistle blowing policy. The policies provided staff with information about the different types of abuse and the reporting procedures. Care and support workers we spoke with were knowledgeable about safeguarding issues. They would report any concerns to the registered manager or directly to Swindon Borough Council, the Police or the Care Quality Commission.

Risk assessment and management plans were in place to safeguard people against risks to their health and welfare. For one person we saw there were management plans in place regarding maintaining their skin integrity and also moving and handling tasks. The moving and handling plan detailed the level of support the person needed and stated the equipment to be used and the number of staff required. A personal emergency evacuation plan (a PEEPs) was in place for each person and these detailed the level of support the person would need if they there was a fire and the building had to be evacuated. We had a discussion with the registered manager about risk assessments of the person's home environment and also staff workplace, as these were not currently completed. The registered manager said these would be completed.

Where accidents and incidents had occurred these were reported via the providers electronic recording system. The registered manager looked for common causes in any events so that preventative action could be taken. The registered manager demonstrated an open culture of learning from any events. The registered manager talked about a situation where the behaviours of another tenant (not in receipt of a personal care service) was at risk of harming staff and other tenants and there were appropriate measures in place to mitigate the risks and reduce the likelihood of any incidents.

At the time of our inspection the service employed sufficient numbers of care and support workers to cover the needs of the two people supported and the other tenants who lived at Maryfield. Both people attended college during the day and term times and the majority of their support times were in the evenings. Neither person required assistance overnight however there were sleep in staff available in the building and a

concierge. The staff team consisted of a deputy manager and eight care and support workers.

Staff recruitment procedures were safe. Appropriate pre-employment checks were completed and these included written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. These measures minimised the risks of unsuitable staff being employed.

People were safeguarded against the risks associated with medicines. The service had a safe administration of medicines policy and only supported those people where assessment had determined the need. Care and support workers received training in safe medicine administration and their competency was re-checked on an annual basis. Staff training records and records of competency checks were seen and care and support staff confirmed these arrangements. Where people needed support with their medicines a plan of care was written and detailed the exact level of assistance they needed. Medicines were stored in locked cupboards along with the records of administration.

The service had measures in place to manage the control and prevention of infections well. Staff had access to policies and procedures on infection control and received training as part of the mandatory training programme. Care and support workers were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included gloves, aprons and hand sanitising gel.

Is the service effective?

Our findings

The service had improved to good. At the inspection in September 2016 we had found that four care and support workers were not up to date with some aspects of the mandatory training programme (safe medicines administration). The registered manager rectified this by booking the four staff on the appropriate training course in October 2016. Following that inspection the provider sent us an action plan detailing how they had resolved the issue and what measures would be put in place to prevent the same happening again. The training matrix we looked showed that all care and support were up to date with their medication 'face to face training'.

People did not express their views to us about whether the service was effective but one person said, "I would tell someone if anything was wrong". Social care professionals and the relative told us, "(named person) gets very good support" and "There were teething problems at the time but this has all settled down now".

The service was effective in meeting people's needs. Before people were offered a tenancy at Maryfield their care and support needs were assessed. This ensured the service was able to meet the person's specific care and support needs and the staff had the required skills and experience to deliver care effectively. Information would be gathered from relevant health and social care professionals, family, friends and advocates. From the assessment a person centred plan was developed including outcomes the person wanted in their lives. Person centred service reviews, including the person, were carried out to evaluate how their needs were being met and in order to ensure the support plan was effective.

Staff had the required skills, knowledge and experience to deliver effective care and support. The provider had an induction training programme for new staff. This induction programme was in line with the Care Certificate, the minimum standards introduced for all health and social care workers in 2015. New staff would complete a number of shadow shifts with an experienced care and support worker before they worked on their own with the people they sorted. Staff we spoke with confirmed these arrangements.

The provider also had a programme of mandatory training for all staff to complete. This included training in safe medicine administration, control of substances hazardous to health (COSHH), Infection Control, health & safety, assessment and support planning, safeguarding, fire safety and first aid. Examples of other training included the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and diabetes awareness. Care and support workers we spoke with confirmed their training was up to date and the training matrix confirmed this. They said training prepared them to do their job well. Any other training needs were reviewed regularly by the registered manager with the support of the learning and development department.

The registered manager had a programme of one-to-one supervision sessions with the care and support workers and staff confirmed these arrangements. They said the team was supportive and staff meetings were held on a regular basis. At the start of each shift care and support workers received a handover report and were advised which person they were working with. These measures ensured the provider and

registered manager monitored people's care and support arrangements.

People were assessed for the level of support they needed with meal and drink preparation. Care and support staff helped people develop life skills, including food preparation and cooking to enable them to learn skills for 'moving on' from the supported living service. Staff told us people were actively involved in making decisions about what they had to eat and drink, but they would encourage to make healthy food choices where this was agreed as part of their support plan.

People were supported to consult with health and social care professionals as necessary. This may be the person's GP, community nurses and social workers and community based occupational therapists and physiotherapists for example. Hospital passports were in place and these listed information about the person and their care and support needs. They contained details regarding 'things you must know about me', 'things that are important to me' and 'my likes and dislikes'. If people who were supported by the service needed hospital care, this document would go along with them and provide valuable information about them for nursing staff.

The capacity of people supported by the service was checked and continually reviewed to assess their ability to make decisions for themselves. Care and support workers always checked with the person that they were happy for them to provide care and support. Staff completed basic Mental Capacity Act 2005 (MCA) training and understood the principles of the MCA. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves.

Is the service caring?

Our findings

At the time of the inspection the service were only providing a personal care service to two young adults. One person was non verbal and whilst they could not tell us whether the service they received and the staff were caring, they were at ease with the care and support staff. It was evident the person had a great deal of trust in the staff and the staff genuinely cared for them.

We found that people were treated with kindness. Comments we did receive from the other person, relatives and social care professionals about the caring nature of the service included, "The staff are great and they make me feel valued", "They listen to me and I am very satisfied", "The staff do their very best to progress people so they can move on to independent living" and "The provide good support and help people settle in".

We observed staff interactions with the people they were looking after. These were friendly and supportive and it was evident people were treated as individuals. The care and support workers knew the people they were looking after well and communicated with them well. The staff used various means of communication with different people, for example verbal, Makaton and PECS (the picture exchange communication system). PECS allowed people with little or no communication abilities to communicate using pictures. People using PECS were taught to approach another person and give them a picture of a desired item in exchange for that item. By doing so, the person was able to initiate communication. When one person supported returned from college, this form of communication was used to make choices.

The registered manager submitted information to us prior to the inspection telling us how they ensured they provided a caring service. They said they employed the best possible staff who were caring, compassionate and considerate, responsible and responsive to people's needs. Those staff members we spoke with during the inspection demonstrated these qualities and talked about the people they supported with passion. They spoke about the people they supported with kindness, respect and compassion. The registered manager ensured that care and support workers promoted people's independence and wellbeing and people received a personalised service.

There was a key worker system in place. A key worker is a named member of staff who was responsible for ensuring people's care needs were met. The responsibilities of this role included updating the person's care and support plan, liaising with the family and other health or social care professionals and 'being a point of contact'. One care and support worker talked about their key worker role and the importance of linking this with the person's own goals.

Is the service responsive?

Our findings

The service had improved to good. People received a care service that was specific to their particular care and support needs. The staff team worked in conjunction with the educational trust in order to assist people in developing new life skills and reaching their full potential.

People's needs were met because of the way services were organised and delivered. Prior to people taking up a tenancy at Maryfield their care and support needs would have been assessed in conjunction with the trust, families and health and social care professionals. People were involved in developing their care and support plan as much as they were able and their preference about how their needs were to be met were recorded in their plan. Care and support workers were expected to report any changes in people's needs or development of new skills so their care and support plan could be adjusted. The Maryfield staff team were able to be flexible and respond in a timely manner to changes in people's health and wellbeing. The registered manager told us this was essential because people may have days when they were able to do more for themselves than others. The staff team was available 24/7 to assist people with care tasks, help, support or tenancy issues.

Care and support plans were reviewed on a monthly basis with the person's key worker leading this process. These measures ensured the service provision matched their care and support needs. Each person had an allocated number of hours of support per week and when these hours were allocated were listed on their timetable of support. The plans provided clear instructions for the care and support workers which directed them about the level of care the person needed.

The care and support workers maintained daily records and 'core hour records'. The records we looked at provided an account of the care delivered. The core hours record provided the evidence that the person received the level of support for which they were funded by the local authority.

People and their family were given a copy of the service user guide (written format) and this included information about how the service would support them to gain life skills. The provider was able to produce the service user guide in other formats as appropriate. This ensured the service complied with the accessible information standard. The guide included the procedure to be followed if they were unhappy about any aspect of their care and support. One person who was supported with a care and support service said they would always tell someone if anything was wrong. One social care professional said they had not been made aware of any concerns regarding the service provided at Maryfield. A relative said they felt they would be able to speak to the staff if there was anything wrong. People were encouraged to express their views and make comments about things during their daily interactions and care plan reviews.

People were also able to express their views and make decisions about communal matters during monthly tenants meeting. Both care and housing issues were discussed during these meetings. One person told us they were always encouraged to have a say and they were listened too.

The registered manager had handled two complaints made about the service in the previous 12 months.

The records kept by the service evidenced that each of them had been responded to appropriately and within 10 working days as stipulated in the complaints procedure. The registered manager told us they used learning from any complaints made to drive forward improvements.

Is the service well-led?

Our findings

The service had improved to good. At the last inspection a number of notifiable events had not been reported to the Commission. The service have since this time notified us when safeguarding concerns were raised on two occasions and also when the passenger lift to the first floor was out of action. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The staff team was led by a registered manager who had already completed the registered managers award and level five in leadership and management. They were supported by a deputy manager and there were eight care and support workers. Feedback from all sources was positive regarding the whole staff team. All care and support workers were expected to undertake at least a level two diploma in health and social care qualification.

The service had a business continuity plan in place. This set out the arrangements that would take place if a number of different events occurred. The plan covered severe weather, fuel shortage, staff sickness, loss of IT and telephone, damage to the building and any other disasters.

The service has clear and effective governance arrangements in place to monitor the quality and safety of the service. The service had recently been audited by the local authority and also the providers own in-house quality and improvement team. The provider's area manager visited the service on a monthly basis and checked on 'tenants' issues, staff issues, any accidents or incidents, safeguarding or complaints and checked care records. Any issues identified during these audits were entered on to a service improvement action plan (SIAP). Future visits then monitored that remedial actions had taken place.

A service user survey was completed at the end of 2017. There was a 100% positive outcome from the people who were supported saying they were happy with the way they were supported and would recommend the service to friends/family. The registered manager told us they used any feedback to see where any further improvements could be made.

Key policies and procedures were available for the care and support staff to refer to and were kept in the care office. The provider regularly reviewed all policies. Those staff we spoke with knew how to access policies and procedures but also referred to senior management arrangements. This meant the staff team had access to up to date information and advice and guidance was available to them.