

Sanctuary Home Care Limited

Cardigan House

Inspection report

7 Cardigan Avenue
Birkenhead
CH41 4NH

Tel: 01518324519

Date of inspection visit:
20 October 2022
08 December 2022

Date of publication:
18 May 2023

Ratings

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

Summary of findings

Overall summary

About the service

Cardigan House is a service providing personal care and support to people living in their own home, using a supported living or domiciliary care model. The service can support older people, people living with dementia, people with a physical disability, autistic people and people with a learning disability.

At the time of our inspection 7 people were using the service and they all lived in one building also called Cardigan House. Cardigan House was arranged as 7 bedsits within a shared house, with each person having their own bathroom and shared kitchen, dining and sitting areas.

At the time of our inspection everyone who used the service received personal care; however, this may not always be the case. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Some aspects of the design and delivery of the service did not always promote inclusion, equality and the principles of ordinary living that most people expect within their community. The way in which the provider used the building that people lived in; identified it as a place in which people were provided with care and support. People's communal living areas were not homely, and some of the ways in which the service was designed and provided were institutional.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us one of the aims of the service was to support people to become more independent. One staff member told us, "Supported living means we take more of a step back... and as much as possible people make their own decisions." One person's family member told us their relative was being supported to develop their skills in recognising risks and how to help keep themselves safe; with the aim of increasing their independence in the future. They said they found it "amazing what [Name] can learn."

Right Care:

There was a positive, relaxed and friendly atmosphere at the service. People were treated well and

respected and staff had a caring approach towards people. It was clear that people had very positive relationships with staff. People told us they were happy with their support.

Family members told us they thought people were well treated. One person's family member told us, "The staff are lovely." Another said, "[Name] is treated with respect and they are very helpful to her." One person's personal assistant told us, "[Name] speaks about staff very positively. She really likes each one of them."

Right Culture:

People using the service were comfortable and were at ease with the staff supporting them. It was clear that they had positive relationships with staff members. People's family members told us they thought the service was safe. One person's family member told us, "[Name] tells us she is happy there, we would know if she wasn't as we keep in touch all the time."

Some people had personal assistants not provided by the service. They spoke positively about people's outcomes and the service provided, one told us, "I'm proud of [Name] and how they are more independent, staff are lovely with her."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 5 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been inspected since registration.

Recommendations

We made recommendation regarding application of the principles of Right Support, Right Care and Right Culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cardigan House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It can provide personal care to people living in their own homes.

This service also provides care and support to people living in seven bedsits within a building also called Cardigan House using a supported living model. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, and we used the information the provider sent

us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information as well as information gathered as part of monitoring activity that took place on 27 April 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 4 people who used the service and we spoke with 3 relatives of people using the service. We also spoke with 8 members of staff including the registered manager.

We also reviewed a range of records, including 3 people's medicine records and 4 people's care plans along with records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information relating to decisions, training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff received training in safeguarding people from the risk of abuse; and they were knowledgeable about the different types of abuse that may occur, how to act and how to report any concerns. Staff told us the registered manager was approachable and responsive to any concerns they had raised. The registered manager had made appropriate safeguarding referrals.
- People using the service were comfortable and were at ease with the staff supporting them. It was clear they had positive relationships with staff members. People's family members told us they thought the service was safe. One person's family member told us, "[Name] tells us she is happy there, we would know if she wasn't as we keep in touch all the time."

Assessing risk, safety monitoring and management

- The registered manager and staff worked in partnership with stake holders such as people's social workers and family members to effectively assess, monitor and manage risk with people.
- Each person had a risk tool that highlighted any risks in their care and support. The risk tool promoted relevant cares which provided information for staff on how risk needed to be safely managed.
- People were involved in their risk management plans and agreed to them. The plans focused on supporting people to take positive risks enabling them maximum independence, choice, and control over their lives.
- People's family members told us they thought risks were safely managed. One person's family member told us, "There is a balance of freedom and safety... staff manage situations and keep [Name] safe. They negotiate with [Name] and reason with her, they get a balance and come to an agreement. She has settled really well and is safe."
- There were plans in place to help people remain as safe as possible; for example, in an emergency that may require people to evacuate their homes.

Staffing and recruitment

- Staffing levels were assessed based on people's needs, safety and people's plans for the day. People's care and support was arranged around their planned activities as much as possible. At busy times, such as mealtimes some people told us they had to wait for care and support. When we visited there were enough suitably skilled and experienced staff available to meet people's needs and keep them safe.
- Staff had been recruited safely, using an interview process and a series of checks that helped ensure their suitability for the role. These included checking an applicant's identification, work history, obtaining references and a DBS check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed and administered safely by staff who had received training in the safe administration of medicines and had their competencies checked to ensure their practice was safe.
- Each person's medication was stored safely in their private accommodation and they each had a medication profile and risk assessment which were regularly reviewed. These made sure that staff had all the information they needed to administer medicines safely and effectively. A record of all medicines administered was kept.

Preventing and controlling infection

- There had been a good response to the COVID-19 pandemic. Staff received training in how to prevent and control infections in social care; they supported people to be as safe as possible whilst respecting their private accommodation and rights.
- Staff members told us they felt well supported and "looked after" during the COVID-19 pandemic; one staff member told us the provider always made sure they had anything they needed to help keep themselves and other people safe.
- We were assured that the provider was responding effectively to risks and signs of infection. A recent outbreak of COVID-19 was effectively managed. We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had a system for recording any accidents and incidents that happened. The registered manager and provider used this information to help learn lessons and improve people's care and support.
- Staff told us they felt comfortable raising any concerns or errors that had occurred. They told us of how these matters were dealt with in an open, non-blame manner. One staff member said, "The manager is very understanding, easy to talk to... and approachable."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Some aspects of the design and delivery of the service did not always promote inclusion, equality and the principles of ordinary living that most people expect within their community. The way in which the provider used the building that people lived in; identified it as a place in which people were provided with care and support. People's communal living areas were not homely, and some of the ways in which the service was designed and provided were institutional. For example, there was a very visible staff office at the front of the building, staff notice boards, additional door security keypads that some people could not use and a sign identifying the building as being used for supported living on the street. This made people's accommodation appear to be in the style of a care home
- People's private space was small, with limited facilities to share their private space with another person. The only other space was a communal lounge and dining area. This meant they had limited opportunities for socialising with guests in their own home.

We recommended that the provider review the service provided against the guidance within Right Support, Right Care, Right Culture, guidance published by CQC; including the real tenancy test and the REACH standards for supported living, both referenced in the guidance.

During our inspection process the provider was putting plans in place to tackle some of the points raised.

- Some people arranged their own social support using personal assistants who were separate to the provider of the service. This increased people's choice and autonomy and was respected by the provider and staff worked in partnership with people's personal assistants.
- Each person held their own tenancy. One person's family member told us this stability was beneficial for their relative.
- Some people had been supported to personalise and decorate their rooms in a way that was meaningful to them; one person told us, "I really like my room." People's accommodation was within the centre of a town with easy access to public transport, shops and other facilities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service operated within the principles of the MCA. A lot of times people had been supported to make decisions and this process had been effective and clear. However, the application of the MCA had not been consistent for one person in always gathering their views about some of the care and support provided. Assessing people's needs and choices; delivering care in line with standards, guidance, and the law
- People's needs, and choices were assessed before they received any care and support from the service. The assessment considered people's strengths, needs, who was important to them and opportunities for development.

Staff support: induction, training, skills and experience

- The provider had an effective program in place to help ensure staff had the right skills, experience and competencies for their role. This started with an initial induction period.
- Staff completed a program of training and training updates arranged by the provider. Staff told us the training they received was very good. They said the training was a mix of online and face to face courses and at times they joined up with other services providing similar support to have joint training. Staff members were also supported to obtain additional qualifications that would support their development in their role.
- Staff told us they were well supported by the registered manager and provider; they told us they received regular supervision meetings and said they found these helped them be effective in their roles. One staff member told us about the registered manager, "He is interested in staff as people."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to be as independent as possible with their meals and drinks. The communal kitchen had been adapted to enable different people to use it and had two cooking stations that two people could use at the same time. People were encouraged to get involved in meal preparation as much as possible.
- Most people were supported to plan, shop for and cook their own meals. People were encouraged to have a balanced diet and if needed they had an eating and drinking care plan which provided guidance for staff about a person's needs.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked in partnership with others who people had chosen to provide additional care and support. For example, some people employed their own personal assistants to provide aspects of their support. People's personal assistants told us that communication between them and staff at the service was mostly good.

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

- People were supported with their healthcare needs where this was needed, and this was set out in their care plan. This included any support people needed to arrange and attend healthcare appointments or investigations and any support they needed to follow the advice of health professionals.
- People received effective support to help them access and engage with local healthcare services. One

person was supported during a period of rehabilitation and supported to adapt when returning home. Their relative told us "They [staff] got [Name] through this difficult time. But he is his old chatty self – which means he is relaxing, and he was happy to go back home."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and respected and staff had a caring approach towards them. It was clear that people had very positive relationships with staff. People told us they were happy with their support.
- People were offered appropriate, support and encouragement. For example, we saw when a person was upset that staff listened to them and were attentive to what the person was telling them. Staff offered reassurance and supported the person to find a resolution.
- Family members told us they thought people were well treated. One person's family member told us, "The staff are lovely." Another said, "[Name] is treated with respect and they are very helpful to her." One person's personal assistant told us, "[Name] speaks about staff very positively. She really likes each one of them."

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

- In day-to-day matters people were asked their choices and preferences by staff members who promoted people taking control. People were also supported in making decisions about how they spent their week and when they required support. A number of people had chosen to have aspects of their care provided by other people and this had been respected.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence were respected.
- People's private space was respected, and staff knew people's wishes and stuck to them. People's care plans gave staff additional guidance on how to be discreet when supporting people with some care needs and what people's preferences were in terms of privacy.
- Staff told us one of the aims of the service was to support people to become more independent. One staff member told us, "Supported living means we take more of a step back... and as much as possible people make their own decisions." One person's family member told us their relative was being supported to develop their skills in recognising risks and how to help keep themselves safe; with the aim of increasing their independence in the future. They said they found it "amazing what [Name] can learn."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Every person had a personal care plan which promoted choice, decision making and agreed outcomes that people wished to achieve.
- Each person's care plan was written in an everyday and respectful manner and included guidelines for staff such as when people may need prompts or reminders as agreed.
- Each person had a project worker who regularly reviewed their support plan with them. People's family members told us they felt involved in care planning. One relative told us, "We have as much involvement as we want."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where needed, people had a communication plan which provided guidance for staff on how to best communicate with the person.
- Information was provided for people where it was needed, in different formats including easy read and pictorial formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be active members of their community and maintain relationships.
- When the service opened the provider had ensured that people wanted to live together and relationships between people was a key factor in helping people to decide if they wanted to use the service. Therefore, several people were already friends and others knew each other before becoming neighbours. Other people had formed relationships with fellow tenants since moving in; one person told us, "I like living here; I enjoy my flatmates."
- People were supported to maintain family relationships. One person's family member told us staff supported their family member to visit them and they had both really enjoyed these visits. They told us, "We relaxed on the settee and chatted." Some people kept in touch with family members using messaging apps; one person made video calls to a family member who lived some distance away using a tablet computer.
- People's family members told us staff promoted visiting. One relative said, "Whenever I visit I am always

made to feel very welcome; the staff have been lovely."

Improving care quality in response to complaints or concerns

- The registered manager kept a record of any concerns or complaints that had been raised. These were responded to and information was used to help improve people's care.
- One family member told us that they raised a concern about an aspect of their relative's support. They described being listened to, their concern was resolved, and they were involved in exploring alternative ways to support the person.

End of life care and support

- The registered manager told us that if people chose to stay in their home, they would put in place end of life care and support. The provider had policies in place which included working in partnership with health care professionals to enable people to have their end of life wishes met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider had not always ensured that the service operated in line with the principles of 'Right support, right care, right culture'.
- The provider and registered manager had undertaken regular detailed audits on many aspects of the safety and quality of the service being provided. This service had scored high in the providers audits. There were examples of improvements to the service following learning from the providers audits; for example, improvements in the safe management of medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, relaxed and friendly atmosphere at the service. There were warm and caring interactions between people and staff. People were empowered to take as much control as possible within many areas of their lives.
- People relatives told us their family members were well cared for; they spoke positively about the culture of the service.
- Some people had personal assistants who were not employees of the service. They spoke positively about people's outcomes and the service provided, One told us, "I'm proud of [Name] and how they are more independent, staff are lovely with her."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their obligations under the duty of candour. They had been open and honest with key stakeholders when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service engaged with people about their care and support needs and worked in partnership with others including people's relatives, staff members and health and social care professionals.
- People's family members told us they felt involved in care planning and praised the lines of communication with the service. One person's family member told us, "Communication with the service is very good and the manager is very approachable and responsive."

Continuous learning and improving care

- The provider and registered manager were receptive to our feedback during this inspection.
- The registered manager kept a record of any complaints and complements along with details of any accidents and incidents. These along with reviews of people's care plans had been used to make changes and improvements.