

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Doddington

Inspection report

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March
Cambridgeshire
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Tel: 01354742957

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11 January 2019

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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

About the service: Sanctuary Home Care Ltd – Doddington. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in 22 ordinary flats

People's experience of using this service:

- People continued to feel safe living at the service. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed. There were systems in place to monitor incidents and accidents and learn from these.
- Staff were skilled and competent and knew the people they supported well. People's care, health and cultural needs were identified so staff could meet these. People were supported to maintain good health. Staff made referrals to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People continued to receive care from staff who were kind and caring. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.
- People received person centred care that met their needs. Care plans gave details of how people would like their needs met. People said they knew how to make a complaint if needed.
- People and staff told us the service was well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

Rating at last inspection: Good (report published 23 April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

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?

Good ●

The service was 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.

Sanctuary Home Care Ltd - Doddington

Detailed findings

Background to this inspection

The 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 checked 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.'

Inspection team: Consisted of one inspector.

Service and service type: Sanctuary Home Care Ltd – Doddington. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager that was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the visit to the office because we needed to be sure that staff would be available. This inspection took place on 11 January 2019.

What we did: Before the inspection we reviewed all the information relating to we have in relation to this service. The provider had 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 reviewed other information we had relating to the service, including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with five people, the registered manager, a service manager, two team leaders and three members of staff.

We looked at two people's care and support records. We viewed records relating to the management of the service. These included quality audits, medication records, incident and accident records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.

- People who lived at the service told us they felt safe. One person said, "I feel safe here; staff are always around if I need them." Another person told us, "Of course I feel safe here."

Assessing risk, safety monitoring and management

- Care plans contained explanations of the control measures for staff to follow to keep people safe. Staff understood and were able to describe where people required support to reduce the risk of harm. For example; use of a shower chair when assisting with personal care. Records used to monitor those risks such as falls and pressure care were well maintained.

Staffing levels

- People told us they received care in a timely way. One person told us, "There's always someone to talk to and if I want something I just have to ask and they'll get it for me."
- The manager assessed people's needs on a regular basis and ensured that there were sufficient staff on duty. Permanent staff covered shifts if there were unplanned staff absences. One person said, "If I need help, (staff) come quickly. I just use my emergency pendant."

Using medicines safely

- Staff were able to describe the process for administering medicines to people who required support.
- People told us they were happy with the support they received to take their medicines. One person told us, "The [staff] always help me with my tablets every morning, as I don't want the worry of having to remember them, my memory is not as good as it used to be."

Preventing and controlling infection

- Staff continued to follow good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The registered manager took action following accidents or incidents to reduce the risk of these reoccurring. They relayed this information to staff through meetings and closed chat groups.

Is the service effective?

Our findings

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs continued to be undertaken for those who used the service.
- Care plans contained information about people's needs and was regularly reviewed. It was evident that staff knew people extremely well.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "Staff know what they're doing and they're very good at their job."
- Staff continue to complete a comprehensive induction and training programme. The registered manager had a system to understand when each member of staff required refresher training and who required supervision. Staff told us they felt supported. One member of staff said, "[Name of registered manager is very supportive and we always get our supervision."

Supporting people to eat and drink enough with the choice in a balanced diet.

- All the people we spoke with come down to the restaurant in the service to eat their main meal and told us that staff support them with a snack in the evening.
- Records of food intake were kept if people were at risk of not eating or drinking enough.

Staff providing consistent, effective, timely care within and across organisations

- Staff had access to information from health care professionals, where people were happy to share this information.
- Staff followed this advice, which was included in their care records.

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 Act requires 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No applications had been made for people who received care from this service.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

- We observed people were treated with kindness and were positive about the staff's caring approach. We received feedback from people which supported this. One person told us, "The staff are magnificent; they treat us very well." Another person said, "The care I receive goes from good to superb."
- People who had provided staff with their life history had been recorded. This helped staff get to know people and to build positive professional relationships with them.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- Staff we spoke with all enjoyed working at the service, to ensure people received a good service. One member of staff said, "I love my job and enjoy coming into work."

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

- Decisions were recorded in the care plans for when they required their care call. One person told, "I always have a call at 7 o'clock in the morning, that's when I want it."
- Staff told us they provided care to people in a way that the person preferred. The provider gave staff enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.

Respecting and promoting people's privacy, dignity and independence

People and their relatives told us that staff respected their privacy. They ensured people were not put into undignified situations, they closed doors and curtains and covered people up as much as possible. One person told us, "Staff always knock on my door and ask to come in. Staff always protect my dignity"

- Staff encouraged people to do what they could for themselves. Everyone we spoke with told us that they try and be as independent as they can be.
- People's confidentiality was maintained; records were kept securely in the office of the service.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Personalised care

- People were empowered to make choices and have as much control and independence as possible, which included developing their care and support plans.
- People had care plans in place that were personalised and written in detail. They provided staff with guidance on how to respond to people's needs effectively and safely.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. One person said, "If I need to I can always go and talk to any member of staff."
- People knew how to make complaints should they need to. They all told us they believed they would be listened to and acted upon in an open and transparent way by the management, who would use any complaints received as an opportunity to improve the service.

End of life care and support

- Additional guidance was available in the services end of life policy, which was made available to staff, although there was nobody who was currently receiving end of life care at the time of our visit.
- Staff received training in end of life care and we were told by staff that additional training could always be provided if they felt they needed it in regard to people who may require end of life care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff told us that they felt listened to and that they could approach the registered manager at any time.

Staff understood the provider's vision and were working to engage the whole team in the continued development of the service.

- Registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.

- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example by undertaking regular surveys into people's views on the service provided.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. Staff at all levels understood their roles and responsibilities. The registered manager was accountable which ensured that staff understood the importance of their roles. They were held to account for their performance where required.

- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.

Engaging and involving people using the service, the public and staff

- The service involved people and their relatives where appropriate in day to day discussions about their care.

- Staff told us that they attended meetings in person where possible and minutes were available if they were unable to attend.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.

Continuous learning and improving care

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others

The service worked well with other professionals such as district nurses, occupational therapists, physiotherapists and social workers.