

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Derby

Inspection report

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13 November 2015

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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

This inspection took place on the 12 and 13 November 2015 and was unannounced.

Sanctuary Home Care Ltd (Derby) provides care and support to people who reside within three locations in the Derby area which are all extra care-housing accommodation. The provider employs staff for each of the three locations who support people with their personal care and household tasks such as laundry, cooking and shopping outside of our regulatory framework. The main office is based within Greenwich Gardens, one of the extra care-housing accommodations.

We last inspected this service in June 2014 and found some breaches of legal requirements. These were in respect of the care and welfare of people who use services. During this inspection we found that improvements had been made to meet these requirements. This included improvements made to the detail and reviewing of care plans in order for staff to meet people's needs.

The service has a registered manager. 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.

People using the service told us they felt safe when staff were supporting them with personal care. Staff told us they were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to relevant external agencies.

Potential risks to people were assessed and used to develop plans of care.

Staff had undergone a robust recruitment process and had received training to enable them to meet people's needs in a safe and timely manner. People's needs were met, which included support to prepare and cook meals for themselves when required. Staff liaised with health care services and external agencies where appropriate.

People's choices and decisions were recorded within their care records. Staff gained consent from people using the service before delivering care. Staff promoted the rights and decisions of people and were aware of the principles of the Mental Capacity Act 2005. People's needs had been assessed prior to them receiving a service and they told us they had been involved in the development and reviewing of their plans of care.

People we spoke with were happy with the care and support they received. We received positive comments about staff from people using the service. They told us that staff were kind and caring and that their privacy and dignity was respected.

We saw appropriate information given to people using the service to ensure they knew how to raise concerns, or make a complaint. People told us they were aware of how to raise concerns. The provider had not received any complaints within the last twelve months.

There were systems in place to check the quality of the service provided. The registered manager sought regular feedback from people using the service in order to develop and improve the service. Staff told us that they were supervised and that regular staff meetings were held. They told us that communication was effective and that they felt supported by the provider.

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 were protected from abuse because staff had a good awareness of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Medicines were administered safely. People received support with their medicine where it was required.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to enable them to provide care and support. There were appropriate induction procedures in place for new members of staff.

People's choices and views were respected, and consent to care and treatment was sought.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

The staff knew people well and there were positive relationships between the staff and the people using the service.

People were treated with dignity and respect.

People were encouraged to make choices and decisions for themselves.

Is the service responsive?

Good ●

The service was responsive.

Care and support was responsive to people's individual needs and preferences.

People were aware of how to complain.

Feedback was sought from people that used the service.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with appropriate leadership and support. Staff were complimentary about the support they received.

There were effective quality assurance systems in place to monitor the quality of care and to drive improvements within the service.

People using the service had opportunities to put forward their suggestions about the running of the service.

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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 the 12 and 13 November 2015 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector.

We reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people that use the service.

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 contacted commissioners for social care, responsible for funding people that use the service, and asked them for their views.

We spoke with eight people who used the service. We spoke with the registered manager and eight care staff. We looked at the records of seven people, which included their plans of care, risk assessments and records about the care they received. We also looked at the recruitment files for six staff, a range of policies and procedures, quality assurance audits and minutes of staff meetings.

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us, "I feel very safe and secure here, if I need any-one I just press my pendant and the carers come straight away". Another person said, "I feel so safe, the staff are fantastic, it's just lovely". The service was based within the extra care housing and there were staff on site 24 hours a day.

The registered provider's safeguarding and whistleblowing policies told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their induction and also completed a quiz titled 'Abuse Aware'. This was scenario type questions about the different types of abuse and how to recognise the signs.

Staff we spoke with told us they were confident to report concerns and were aware of the whistleblowing policy, one member of staff told us, "I would go straight to my manager, I know they would sort it out". Another member of staff told us, "I would report any concerns to the team leader or the manager, I would also fill in an incident form and write a statement as well as helping the service user to make a complaint if they wanted to".

We saw that safeguarding concerns had been reported and recorded, and that actions had been taken, for example a member of staff had observed a person outdoors in a state of undress. We saw that additional well-being checks had been put in place for this person and that a re-assessment had been requested due to deteriorating health.

Staff had a good awareness of how to respond to emergencies. For example if they found a person on the floor when they entered their home. One member of staff told us, "I would check to see if the person is ok, and I would ring 999".

We saw that incident forms were completed appropriately with details of the incident, initial action taken, and also the actions required to prevent reoccurrence. We saw that one person who used the service had fallen, although this was an isolated incident we saw that the action to be taken was that this person would be monitored and if they had another fall then the social worker would be contacted to discuss a referral being made to the falls clinic.

People's plans of care showed that people's needs were assessed and their identified risks were monitored and managed, including those related to moving and handling, medication and falls. This was to ensure that the appropriate care and support was given by the staff to promote people's safety.

Risk assessments were in place for the person's home in order to reduce risk and promote safety, These included an assessment of the kitchen, electrical equipment and COSHH (Control of Substances hazardous to Health). There were also risk assessments that were individual to that particular person, for example we saw that a risk assessment had been completed for a person who was prescribed Warfarin and therefore at risk of severe bleeding if they had any cuts or injuries. The risk assessment gave details of who to contact

and what action to take if this were to occur.

We looked at recruitment records for staff and found that relevant checks had been completed before staff worked unsupervised at the service. This showed that suitable arrangements were in place to reduce the risk of unsuitable staff being employed at the service.

We found there were sufficient staff to meet people's needs and keep them safe. Staff we spoke with told us they believed there were enough staff to meet the needs of the people and ensure their safety. The registered manager informed us that they continuously recruited for staff, including bank staff, (staff who provide cover for planned and unplanned shortfalls in staffing), so that they always had sufficient numbers of well trained staff. People using the service told us that staff were on time, and also stayed for the agreed length of time unless there had been an emergency elsewhere, in which case they would ring and let them know they were going to be late.

Records showed that care staff received medication training from the local authority, and that medication was administered safely and at the correct times. It was detailed in people's plans of care what medicines people were prescribed and what support they required. In some instances people did not require support with their medication as they were able to manage independently.

Is the service effective?

Our findings

Staff we spoke with told us they received regular training and a thorough induction. One member of staff told us, "I had training before I started, then I had my induction and then I shadowed other staff before I worked by myself". Another member of staff told us, "The training is very good here, when a service user gets new equipment we get trained to use it properly, and there are always people who will help you if there's something you don't know".

The registered manager informed us that staff received supervisions on a monthly basis, this included face to face meetings, and also spot checks. During the face to face meetings staff had the opportunity to discuss training and development needs as well as any other relevant issues to enable staff to improve their care practices.

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

People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. We saw that people had signed consent forms in their plans of care. These included a third party consent form which detailed what information could be shared about a person, and with whom. We also saw declaration of medication consent forms, which detailed if the person were able to administer their own medication, or required support from the service. There were also financial consent forms which the person had signed if they wanted a family member to manage their finances for them, or if they were able to manage it themselves.

There were people using the service that required support with preparation of meals. One person we spoke with told us, "Staff will look in my fridge and tell me what I have so I can then choose what I would like". Another person told us, "The staff make all my meals for me, they're very good, and always ask me what I would like".

Staff supported people to liaise with health care professionals when they became unwell by contacting them on their behalf and arranging appointments. People's plans of care included information about health care professionals who were to be contacted should the person's health deteriorate. For example, we saw in one person's plan of care there were details how to contact the anticoagulant service if there were any concerns regarding the medication they were prescribed.

Is the service caring?

Our findings

One person who used the service told us, "The staff are fantastic, always here when I need them". Another person told us, "I am more than happy with the care provided, the carers couldn't do any more for me if they tried". In the compliments file we saw comments which included, "Thank you so much for the love and care you have shown", and, "Thank you so much for looking after our mum so well, you have all shown understanding, respect and genuine concern for her well-being and we are eternally grateful". Staff we spoke with told us they enjoyed their job, one member of staff said, "I love it here, the service users are lovely, the staff are lovely and it's a lovely atmosphere".

People's privacy and dignity was respected by staff who understood that they were supporting people within their own homes. Consent was gained before providing any care or support and we saw staff gain consent from people before entering their accommodation.

We saw that people were encouraged and supported to make choices and decisions for themselves, for example if a person chose to decline personal care on a day when they wished to have a 'lie in'

We saw that staff knew people's backgrounds, and their likes and dislikes. We observed a member of staff talking with one person about their past, who had only been using the service for a matter of weeks. This showed that staff had spent time with the people that used the service getting to know about their life histories and their interests.

We observed staff treating people with dignity and respect, one person that used the service told us, "The staff are always very polite and professional". Another person told us, "The staff are all very polite, and they are all so cheerful, they're marvellous".

One person that used the service told us that staff would often spend a little longer than their allocated time to sit and chat with them. Another person said, "I enjoy the company of the carers, they often spend time talking with me".

Is the service responsive?

Our findings

At our last inspection in June 2014 we found that there were not specific care plans in place to reflect people's needs. This meant that there was a risk that the person's health needs had not been promoted. During this inspection we found that significant improvements had been made and that people's plans of care reflected their current needs.

People told us they were involved in the planning of their care. One person told us, "Myself and my daughter went through the paperwork with the manager, I signed all the sheets to say I agreed". We saw in people's plans of care that people, and their relatives were also involved in reviews.

People's assessment of need had been carried out by social workers and plans of care detailed their preferences and routines as well as their likes and dislikes.

People were told of available call times when they were assessed for the service and if these times did not fit in with their usual routines the provider would attempt to accommodate this, often by increasing staffing in order to meet the persons need.

Length of times for calls were regularly reviewed. Staff told us that they would request a review with the social worker if they felt a person's call time was not long enough to provide the care and support they required, and call times were then extended accordingly. Likewise, staff would also request a review to reduce the call time if the persons independence had improved. This showed that the service had a positive and open attitude towards responding to the needs of the people using the service.

People that used the service told us that staff were usually on time, one person said, "The carers tend to be on time, though some people have problems. If that happens they will usually ring to let me know that they will be late". Another person told us, "The staff are always on time unless there's an emergency".

People we spoke with told us they knew how to complain, one person told us, "If I've got any complaints I'll go the office" (Sanctuary Home Care office located within the extra housing complex).. Another person said, "If I was unhappy about anything I would tell one of the carers that come to me".

We saw feedback from people using the service that they did not always know who they could complain to. We saw that these people had been given details and an explanation that they could go to the office, or approach one of the team leaders.

We saw that there was a complaints and compliments file in place, though there had not been any complaints received for the service. The registered manager informed us that people using the service were aware of the complaints procedure and that complaints received were responded to within two working days by themselves.

In people's plans of care there was a 'Getting Involved' leaflet which gave people the opportunity to assist

with rewriting of policies, focus groups, tenant action groups and staff recruitment for Sanctuary Care. There was a form for people to complete if they or their family wished to get involved.

Feedback was sought from people who used the service in the format of questionnaires, these included questions about the care people received, whether care staff were on time, and whether they stayed for the allocated times. We saw that actions to be taken were not always completed, though the registered manager informed us that they were aware of this and were in the process of completing this.

Is the service well-led?

Our findings

Staff told us they enjoyed their jobs and were happy working for the service, one member of staff said, "I love it here, I like the whole set up, the staff are lovely and the managers are great. Another person told us, "I enjoy my job; I enjoy the variety of it and getting to know different people".

Staff told us that communication between each other was very good. Information was written in communication books and staff would also pass on important information verbally.

Staff felt well supported and valued by the registered manager. One member of staff told us, "The manager is approachable and supportive; they will always get things done". Another member of staff said, "The manager is really supportive and approachable, it's nice to work for a proper company with proper policies and procedures".

Team leaders informed us that they got one day each week to catch up on any paperwork and they were also encouraged to go on additional training in order to develop their role. Staff told us that they received regular supervisions from the team leaders and had an annual appraisal with the registered manager.

We saw minutes of regular staff meetings; these were sometimes with small groups of staff if there had been a particular issue, or with larger groups of staff for general discussion. We saw that actions were taken to resolve any issues raised, for example staff had raised an issue about the distribution of work. We saw that rotas had been looked at to spread the work more fairly amongst the staff.

The provider had systems in place to regularly assess and monitor the quality of the service. The registered manager had notified us of significant events that affected people's safety and wellbeing including any allegations of harm and abuse.

Quality monitoring audits were completed on a regular basis, these included checks on care plans, medication, mealtime experience, emergency procedures including fire tests, and the suitability of staffing.

There was evidence that actions were taken as a result of the audits. For example the medication audit had highlighted that a signature was missing on the medication administration record (MAR). We saw that this had been investigated, and that the provider had put a risk assessment in place, as well as informing the local authority.

As a result of the audits the registered manager had compiled a matrix which highlighted what actions were to be taken, who was to complete the actions, monthly updates and also a date of completion. This was the used to improve and develop the quality of the service.