

Sanctuary Home Care Limited

Sanctuary Supported Living (Oleander House)

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

About the service

Oleander House provides personal care to people with a learning disability, physical disability, acquired brain injury or mental health difficulties within a supported living environment. At the time of our inspection the service was providing the regulated activity of personal care to seven people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do.

People had individual assessments of risk associated with their care and support.

People received their medicines safely. Staff members followed the guidelines in place for safely supporting people. The provider had effective systems in place to identify any potential errors with medicines.

The provider followed safe staff recruitment procedures.

Staff members followed effective infection prevention and control measures.

People had information on how to raise concerns and were confident any issues would be addressed correctly.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to access additional healthcare services when required.

Where the service was responsible people were supported to maintain a healthy diet by a staff team which knew their individual likes and dislikes.

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.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The providers quality monitoring procedures were effective in identifying and driving good care and support.

The provider, and management team, had good links with the local communities within which people lived.

Rating at last inspection

The last rating for this service was 'Good', (published 30 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oleander House on our website at www.cqc.org.uk

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 Supported Living (Oleander 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 Care Act 2014.

Inspection team

One inspector and an assistant inspector carried out this inspection.

Service and service type

Oleander House provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. 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.

The service had a manager 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 48 hours' notice of the inspection visit because it is a supported living care provider and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 13 September 2019. During this time, we visited the office location to meet with people, see the registered manager and staff; and to review care records, policies and procedures.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. In addition, we spent time with people in the communal areas observing the care and support provided to help us understand the experience of people who could not talk with us.

We spoke with four members of staff including one project worker, the registered manager, deputy manager and area service manager.

We reviewed a range of records. This included two people's care records including the records of medicine administration. We looked at one staff member's file in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and ill-treatment. All those we spoke with told us they felt safe and happy receiving services at Oleander House. Staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns. The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. These included risks to people's mobility, diet and activities which related to daily living. For example, making hot drinks and the potential for scalding.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe.

Using medicines safely

- People received their medicines safely. Staff members had been trained in the safe administration of medicines and were assessed as competent before supporting people.
- When people wanted to change or try differing types of medicines the management team supported them to make safe decisions. The management team completed appropriate assessments of risk associated with any changes.
- The provider had systems in place for investigating any potential medicine errors.

Preventing and controlling infection

- People were protected from potential communicable illnesses as staff members followed effective infection prevention and control measures.

Learning lessons when things go wrong

- We saw the management team analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. This included the analysis of incidents, accidents and near miss occurrences.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Staffing and recruitment

- There was enough staff available to support people safely. If people required extra support, we saw the management team completed the appropriate assessments and requests to ensure people received the right amount of support when people needed and wanted it.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights.
- Throughout this inspection people made decisions for themselves. If they struggled to identify what they wanted staff members supported them by offering choices and using different communication styles to support them. For example, a staff member held up a cup for a hot drink and a glass symbolizing a cold drink.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. These assessments included oral hygiene.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.

- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.
- People were encouraged to take part in social activities which celebrated diversity. For example, we saw several events for different religious celebrations and national days where people were involved.

Staff support: induction, training, skills and experience

- Staff members received appropriate training and felt supported by the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

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

- Where the service was responsible people told us, and we saw, they had a choice of the meals. People were supported by staff to identify healthy eating choices. We saw one person was supported to continue with their weight loss programme by making healthy decisions.

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

- Staff members had effective, and efficient, communication systems in place. We saw detailed records of visiting healthcare professional's advice and guidance.

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

- People were supported to access additional healthcare professionals including GP's, nurses and dentists. When it was needed people were referred promptly for assessment. Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 supported by staff members they described as, "Nice", and "Good."
- At this inspection we saw many positive interactions between people and staff members. In addition, we saw people sharing jokes and laughing with staff members indicating they enjoyed the contact and company of those who supported them.
- People were encouraged to engage with others receiving services at Oleander House during group activities. This was done in a friendly and empowering way with the use of appropriate humour. People responded positively to this approach.

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

- People were supported to make decisions about their care and support. People told us they could make decisions for themselves on a day to day basis. This included what they wanted to do and which staff member they wanted to support them.
- People told us, and we saw, they were involved in the development of their support plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and that their privacy was supported by staff members. Information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- We saw staff members knocking on people's doors and introducing themselves before seeking people's permission to enter.
- People were supported to develop their independence. For example, we saw one person had developed their skills in one activity to the point where they no longer required the support of any staff members.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People, and if they chose, those close to them, were involved in the development and review of their care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and in a format that they could easily comprehend. Staff members used a range of differing communication techniques with people to support their communication and understanding. For example, Staff used gestural prompts like pointing, objects of reference like a cup and pictures of activities for people to make a decision.

Supporting people to develop and maintain relationships to avoid social isolation

- Where the service was responsible people were supported to take part in activities. This included communal activities like games and puzzles and individual activities like swimming and gardening.
- People were supported to identify and achieve goals in their lives. This included specific health outcomes like weight loss and activities. We saw one person was supported to achieve a specific amount of daily activity and exercise. This had a positive outcome for their health and with their self-esteem and personal image. In turn the management team reported a reduction in this person's overall levels of anxiety and an increase in their positive engagement with others.
- People were supported to maintain contact with families and friends.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them.

End of life care and support

- At the time of this inspection Oleander House was not supporting anyone at the end of their life. However, we saw the management team were working with people to encourage them to identify things that mattered to them both spiritually and medically which they wished to be considered in the future. The management team used a gentle approach towards end of life discussions and used television programme as a prompt for discussions about what people wanted at such a time in their life. These were recorded as part of their future wishes.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Continuous learning and improving care

- The provider had systems in place to monitor the quality of the service that they provided. This included reviews of the medicine administration and care planning. The provider completed a range of quality checks which generated an ongoing service improvement plan. For example, during the last medicines quality check the provider identified not all staff members had been trained in the safe use of medicines. However, these staff members were not responsible for medicines at the time, but training was then identified and provided.

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

- A registered manager was in post and was present throughout this inspection.
- The manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Oleander House and on the provider's website.

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

- People had a positive relationship with the management team who they found to be available and engaging. Staff told us they found the management team supportive and approachable.

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

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.
- Staff members told us the management team were open and transparent when things needed to be improved or changed as a result of any specific incident or near miss. Staff members took part in regular discussions about the support they provided and what they could do differently to improve the experiences for people.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People told us they were involved in decisions about their care and support and were asked for their opinion. We saw information displayed for people in response to feedback they provided. This included a "You said, we did," board. This gave people outcomes to areas they had highlighted.
- Staff members told us they found the management team approachable and their opinions were welcomed and valued.
- Staff members took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices, District Nurse teams and community centres.