

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Basildon

Inspection report

Poplar House
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Basildon
Essex
SS13 1FG

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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 - Basildon is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection, 23 people were using the service.

People's experience of using this service:

People's outcomes were consistently good and their feedback about the service confirmed this.

Care and support was personalised and met their needs. People told us the service enabled them to remain as independent as possible and to live in their own homes.

People were cared for by a consistent team of staff who were skilled and competent in providing care and support. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

People's needs were assessed and monitored. Risks to their health and wellbeing were recorded.

Safe infection control procedures were in place and people were given their medicines as prescribed.

The service followed good practice guidance and met their legal requirements. People's capacity was considered and they or their legal representatives consented to their care.

Staff had effective induction, training and support to carry out their role. Staff were caring, kind and considerate.

Staff had access to up to date information about how to support people. Communication with health and social care professionals was effective in ensuring people received joined up care.

Systems were in place to audit the quality and delivery of care to people. The service was well led by an experienced and established registered manager.

Rating at last inspection: The service was rated as Good at the last inspection. The report was published on 18 April 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. The overall rating at this inspection was Good.

Follow up: We will continue to monitor the service through the information we receive.

More information is in the full report.

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 - Basildon

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: The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had personal experience of using and caring for someone who used domiciliary care services.

Service and service type: This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or 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 service.

Sanctuary Home Care Ltd - Basildon is a domiciliary care service. 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 six days' notice of the inspection because we needed to send letters to people letting them know that an expert by experience may be calling to speak to them about their views of the service.

Inspection activity started on 9 January 2019 and ended on 16 January 2019. It included making telephone calls to people who used the service to gather their feedback. We visited the office location on 15 January

2019 to see the registered manager and staff, and to review care records and policies and procedures.

Prior to the inspection, we reviewed the information we held about the service since their last inspection. This included any notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had not completed a Provider Information Return (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) as one had not been requested.

We looked at the care plans for five people. Records relating to the administration and management of medicines, four staff recruitment files, incidents, accidents, complaints, and the quality assurance process were also checked to ensure they met the Regulations.

During the inspection, we spoke with nine people who used the service and one relative. We met with three care staff and the registered manager, who were available and very helpful throughout the inspection.

We requested additional evidence to be sent to us after our inspection. This was received in the timescales given and the information was used as part of our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe and had trust in the staff who provided their care. A person said, "I'm not very safe on my own so everyone keeps an eye out for me."
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Policies and procedures were in place which provided up to date guidance to staff. These were used as part of their training so they were familiar with them.
- The registered manager followed a recruitment process for the employment of staff. All relevant information about applicants had been obtained and checked.

Assessing risk, safety monitoring and management

- People's care plans contained comprehensive risk assessments linked to people's needs and wishes. These identified the risks, explained the actions staff should take to promote people's safety and the outcomes for their safety and wellbeing.
- Staff could tell us how they provided care for people and understood risk. They knew how to prevent and manage risk as information about people was detailed and written clearly. Staff were monitoring people's needs and recording any changes and these were up to date.
- Where people could become upset or anxious, staff knew how to support people and respond to their distress.
- Environmental risks in the person's home were assessed and support from professionals was obtained for the safety of people and the staff.

Staffing and recruitment

- There were enough staff with the skills and experience to support people safely. Recruitment for new staff was ongoing to ensure sufficient staff would always be available.
- People told us that staff were not rushed and used the full allocation of time on all visits to carry out their duties properly. A person told us, "I'm always chatting with my staff. I get on really well with them."
- The registered manager considered the skills and experience that each staff member had when planning the rota to ensure that people were supported by competent staff.

Using medicines safely

- The service had systems in place to manage people's medicines and people were supported to take them safely.
- Staff completed training in medicine administration and records showed that medicines had been administered as prescribed.
- Staff liaised with and followed the guidelines provided by health practitioners to ensure medicines were given as prescribed,
- People told us that they were well supported with their medicine's. Comments included, "I have a good natter with the staff when they are giving me my tablets. They keep me very well organised", "The team look after me really well and make sure I take my tablets properly" and "They check my medicines and let me get on with my life."

Preventing and controlling infection

- Staff completed training in infection control and food hygiene to keep people safe from harm.
- Protective clothing were readily available for staff to use and observations of their practice showed that these were used.
- People told us that the staff wore clean uniforms, washed their hands when necessary and wore gloves and aprons.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager to identify any areas where support could be improved to prevent re-occurrence. They told us of lessons they had learned and how they wanted to be proactive in improving the service. For example, they had found concerns about people living within the extra care complex who did not have any contact with anyone. To try to prevent people's loneliness and potential untimely death, they put in place a rota for staff to knock and check that they were okay at least once a day. This had proved very beneficial and appreciated by people who might otherwise be at risk.

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.

- People's outcomes were consistently good and their feedback about the service confirmed this. The staff delivered care which met their needs and enabled them to live in their own homes. A person told us, "I get on really well with all the staff. They are not nosey, they do as I ask and I have no complaints at all." Another said, "I'm on first name terms with all my staff. They work very hard to make sure I'm comfortable. They help me in just the way I like."

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

- The registered manager supported staff to provide care to people in line with best practice guidance. They made themselves aware of current thinking and got involved in initiatives which benefited the people who used the service.
- People's needs were comprehensively assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support.
- People's protected characteristics under the Equality Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their sex, age, religion, race, and disability. However, people's sexual orientation was not recorded. The registered manager agreed to look at how this could be incorporated into the assessment process so that the service acknowledged people's preferences and was inclusive.

Staff skills, knowledge and experience

- Staff received a good induction when they first joined the service. Staff told us that they were given the necessary information and opportunities before working alone with people, this included completing the Care Certificate (a recognised set of standards specifically for care workers).
- Training was provided in subjects relevant to the caring role. Specialist training was also provided where there was a need, for example, catheter, epilepsy and diabetes care.
- Staff felt supported and received supervision. A staff member said, "We work very well as a team, everyone is caring towards each other." Another said, "The manager is great, always there, always ready with good advice and direction."

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

- People were supported with their shopping, preparing meals and having sufficient hydration. A person told us, "They prepare the meals I like and we always discuss what options I can have."
- Staff supported and encouraged people to try to maintain a healthy diet. People's likes and dislikes were recorded and the staff knew people's needs well.
- Staff were aware of people's food allergies and, where people needed their food to be prepared in a

specific way, this was catered for. One person told us, "The staff make sure I have regular drinks and meals at fixed times to help me manage my diabetes safely." Another said, "Everyone makes sure I have enough to eat and drink because sometimes I forget."

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

- Where people required health or social care services, the staff made referrals in a timely way and liaised with professionals.
- Records showed that advice from professionals was recorded and followed by staff so that people could maintain their health and independence.
- Staff observed and monitored people's well-being. This included ongoing care and support as well as any concerns which were out of the ordinary, for example, shortness of breath, extra medicines and bruising on the person's body.
- The registered manager told us, "We had to call the dementia crisis team for one person to see how we could better support them. The advice was very helpful. After this, we asked the nurse to do a refresher session on dementia care which the staff found very useful."

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

- People told us they were supported to access professionals about their healthcare needs. A person told us, "I rang the call button and the staff were here in a flash. They rang for the paramedics. They stayed with me the whole time until the ambulance people got to me. That is typical of the support I get here." A family member said, "One morning the staff member said my [relative] looked very pale. We rang for the ambulance. Thanks to the help of the care team my [relative] made a good recovery. The staff are also helping us to get a better bed that will help them to sit up more easily."
- Staff liaised with professionals on people's behalf and attended appointments with them. A family member told us, "The district nurse makes two calls every day. They keep the care team informed about how my [relative] is doing. Everyone works together to make sure we receive the very best support. I think the staff have the skills to do an excellent job with people like us."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- The service had systems in place which were working effectively. All safeguards were in place to ensure people's rights were upheld.
- Staff had received training and understood the importance of gaining consent before providing support.
- Assessments of people's capacity to make decisions for themselves were undertaken and recorded. People as well as their relatives and legal representatives, where appropriate, were fully involved.
- Staff knew how to support and respond to people whose ability to make choices and consent to their care and support fluctuated. Where people did not have capacity, they were supported to have maximum choice and control of their lives.
- Advocacy services were available through arrangements with Age UK.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that the staff were friendly, caring and lovely. Staff took time to chat with them. They felt listened to and trusted the staff to carry out their role. One person said, "I think the staff are properly trained by the managers to do a very good job indeed. They are very respectful, very patient and friendly. Another told us, "I get to see a lot of different staff. All are very chatty and very friendly. I love sharing their news and keeping up to date with what they are doing."
- Staff had a good awareness of people's individual needs and preferences. They were attentive and talked about people in a caring and respectful way. A staff member told us, "I try to understand how it must feel to not be able to do as much. If someone is feeling a bit down, I try and talk about positive things, so they don't feel so sad."
- The service provided a caring and proactive approach to supporting people to stay in their own home. A family member said, "The staff work very carefully with my [relative] as they have real problems with walking. The staff help them to use their walking frame safely to get to the bathroom. They are very courteous in the way they provide personal care and support. It could all be very embarrassing, but the staff manage this situation very gently and with real respect."
- There was effective communication across the organisation between the staff and the management.

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

- People and their families were fully involved in their assessment and care arrangements. They signed their agreement to their care as well as the sharing of information about them.
- Reviews of people's care were held when their needs changed or every six months. This gave people the opportunity to meet the registered manager or senior care staff and discuss how their care was provided. One person said, "I genuinely feel involved in how my life is supported."
- The staff team understood people's communication and sensory needs and how they should be met. The records showed people's individual's preferred ways of communicating and, if they required information in an accessible format, such as in large print. The service was meeting the Accessible Communication Standard.
- The registered manager and staff listened to people's concerns and obtained advice and support for them from external agencies.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and described the staff as being very trustworthy. One person

told us, "They [staff] do respect my privacy because they know I do a lot of different things and they don't disturb me when I'm doing them." Another said, "The care staff make sure I am not lonely, but they all respect that I like to do my hobbies in peace and quiet in my room. They always check I have taken my medicines because I can be very forgetful."

- Information was recorded about people and written in a clear, respectful and person-centred way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery of care.

Personalised care

- An assessment of need was carried out and people were fully involved. Informal discussions took place every month which gave people the opportunity to discuss their concerns and any changes they wished to make.
- A detailed individual and person-centred care plan was designed to meet their diverse needs. People's likes, dislikes and any preferences for the delivery of their care was recorded. For example, "Staff to check [person's name] hearing aid and change batteries regularly, ensure you stand in front so [person's name] can hear clearly and be involved in the conversation." Some people also had details of their life history completed to know a little about their past.
- People had the choice if they wanted a male or female care staff member to support them.
- Staff referred to the care plan and daily notes to find out what type of support each person needed. Staff told us, "Having up to date information about people is really important so we know how to support them at any time. Our input into this is also valued as we get to know people very well."

Improving care quality in response to complaints or concerns

- People told us they did not have any complaints to make but knew who to make a complaint to if they were not happy. A family member said, "I was unhappy with one of the staff, so we asked [name of registered manager] to take them off our rota. They did this straight away."
- The complaints process was fully explained, updated and in accessible formats for people to understand. A person said, "Everyone knows how to complain because this is explained in the personal folder that everyone has at home."
- Complaints and concerns had been recorded and dealt with appropriately. Compliments had been received from people who were satisfied with the service. One compliment we saw said, "Thank you to the team leader for a professional and helpful approach to arranging home care following a traumatic few days and for slotting into rota and your helpful advice."

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection.
- Systems were in place to support people who may need palliative care.
- Details of people's end of life wishes and arrangements including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders had been recorded so that staff could respect their wishes and decisions.

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.

The service was consistently well led. Leaders and the culture they created promoted high quality, person centred care.

Leadership and management:

- The registered manager had the skills, knowledge and experience to lead the service. They were enthusiastic, caring and committed to providing and delivering good care to people and a good place to work for staff. They were a positive role model. A person said, "[Name of registered manager] is very approachable and responsive to people's concerns."
- People knew of the registered manager by name as they were visible in the service. A staff member said, "I have excellent support from the managers and have been encouraged to do courses and learning and can go to them for anything."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care.
- The vision and values of the service were displayed on the website and through the statement of purpose. The registered manager was clear about their responsibilities to provide good quality and personalised care to people.
- The registered manager provided additional resources to enable people to participate in activities within the communal areas of the extra care service they lived in. This prevented social exclusion and isolation and encouraged people to spend time with others.

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

- The registered manager completed checks on a wide range of service provision including medicine audits, care plans, observations of care, recruitment files and health and safety.
- Regular staff meetings were held and recorded. Issues and actions were progressed so that staff felt listened to and included.
- The staff were respected, supported and valued and they were very positive about the service they worked for.
- All records were maintained and kept confidential.

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

- People said they were consulted and involved and felt that their views mattered. People said there was a, "good rapport" between people, staff and management.
- People were invited to participate in interviews for staff and they felt their input was valuable.
- People and their relatives completed a survey to provide feedback on the service they received. The feedback was very positive. Comments included, "Feeling that I am safe at all times", "I can call staff at any time" and "I find staff very helpful and they listen to me."

Continuous learning and improving care

- Information gathered from audits, reviews of incidents and accidents, complaints and surveys was used to develop the service and make improvements.
- The registered manager demonstrated an open and positive approach to feedback and to developing the service.
- Staff were actively encouraged and supported by the registered manager to undertake continuous learning in order to pursue a fulfilling career.

Working in partnership with others

- The service worked well with a range of health and social care professionals to provide joined up and consistent care for people.
- The service worked together with Sanctuary Housing to promote a joined-up approach to housing with care and to resolve day to day matters in an inclusive and respectful way.