

Sanctuary Home Care Limited

# Sanctuary Home Care Ltd - Scarborough

## 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

Sanctuary Home Care Ltd – Scarborough is based in Eastfield, Scarborough. People who received care and support live in apartments located on the site. Sanctuary Home Care Limited are also the housing association that is responsible for the accommodation.

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 site or 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. At the time of this inspection, the service was providing support to 25 people who were in receipt of a regulated activity at the extra care location.

The inspection took place on 16 January 2018 and was announced. We gave the provider 48 hours' notice because the location provides domiciliary care services and we needed to be sure that someone would be in the office. Visits to people who used the service also took place on 16 January 2018.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

There was a manager in post who had registered with CQC who supported the running of the service.

Staff demonstrated a good understanding of safeguarding people who may be vulnerable. They were aware of what to look for and knew how to report incidents. They knew the people they supported well. People we spoke with told us they felt safe, respected and well cared for.

People's medicines were managed safely and staff competency to administer medication was checked regularly by the registered manager.

Risks to people's health and safety had been identified and risk assessments were in place to guide staff.

Safe recruitment procedures had been followed. There was enough staff on duty to support people safely.

Staff had access to personal protective equipment and staff promoted good infection control practices.

A thorough induction was in place for new staff when they joined the service. Training records for all staff were up to date and the registered manager had a good overview of the team's training needs. Staff were supported by management through a regular system of supervisions to monitor their performance.

Where needed, people were supported to maintain a balanced diet.

Staff worked within the principles of the Mental Capacity Act when providing support to people. People were

supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People spoke positively about the caring nature of staff and the support they received. People were treated with dignity and their choices were respected by staff.

Care records were detailed and contained relevant information to enable staff to provide personalised care and support. People were aware of their care plans and signed documentation evidenced that consent was sought.

A comprehensive complaint procedure was in place which had been followed.

People, staff and relatives spoke positively about the management team.

Satisfaction surveys had been distributed to gain the views of people who used the service. Action had been taken where required.

Quality assurance processes were in place and conducted on a regular basis to enable the service to continuously improve.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Sanctuary Home Care Ltd - Scarborough

## **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 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.

This comprehensive inspection took place on 16 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service providing support to people in their own homes. We needed to be sure that someone would be available at the office.

The inspection was carried out by an inspector. An expert by experience made visits to people who used the service on 16 January 2018 to gain their views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of their expertise was in caring for older people.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had been asked to complete a provider information return (PIR). A PIR 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. The provider had submitted the PIR within the required timescales.

During the inspection, we reviewed three people's care records containing care planning documentation

and daily records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and associated policies and procedures.

During the inspection, we spoke with five members of staff including the registered manager. We also spoke with one relative and seven people who used the service; we did this by visiting them in their own homes.

## Is the service safe?

### Our findings

People we spoke with consistently told us they felt safe. One person said, "Yes I do feel safe. Staff pop in up to three times a day. If I press my buzzer they are there straight away." Relatives also spoke positively about the safe care their loved ones received. Comments included, "My relative is one hundred percent safe and happy with carers coming in. They are getting their confidence back and I have peace of mind."

The provider had a safeguarding policy in place. We found staff were aware of their responsibilities in relation to the safeguarding of adults who may be vulnerable. One staff member told us, "If I noticed anything I was concerned about I would immediately raise concerns with the manager, who I know, would raise an alert to the local safeguarding team."

Risks in relation to people's safety was monitored and managed by the provider. Risk assessments were in place for areas such as seizures and bathing and these were reviewed regularly. Where changes in need occurred, risk assessments were updated accordingly. Documentation we viewed detailed people's fluctuating risks and abilities and plans were in place to promote and support independence.

Records demonstrated that sufficient numbers of skilled staff were on duty. We were told that staff always stayed the allocated time and calls were never missed. People we spoke with said, "If they are late, say 10 minutes they would stay the extra time" and "I don't think they have ever missed a visit with me. If they are going to be late they ring me and let me know."

We spoke with staff who told us that personal protective equipment, such as gloves and aprons, was readily available to ensure that good health and safety/infection control practices were being followed. People we spoke with confirmed this, they told us, "Yes the staff do use gloves and aprons. We have our stock in the bathroom. They are replenished as soon as they're empty."

The provider had a medicines policy in place; this detailed the arrangements to ensure the safe management and administration of people's medicines. Records we saw confirmed that staff had received training to enable them to administer medication safely and we saw that their competency was regularly checked. We received feedback from a health professional who told us, "Staff support people to ensure medication is accurate and taken correctly."

During the inspection, we looked at three staff recruitment files. Safe recruitment procedures were followed by the provider with all relevant checks being completed before employment commenced.

## Is the service effective?

### Our findings

People we spoke with said the staff were well trained and had the knowledge and skills to provide effective support. Comments included, "They do have the right training. The carer who supports me has all the relevant qualifications" and "I don't think they would be able to come if they didn't know what they were doing."

We looked at records which demonstrated that staff had completed a thorough induction when they commenced their employment. Staff received regular supervision and appraisal to support them in their role. This was supplemented by an on-going training programme for all staff which was refreshed on a regular basis. This ensured staff had the appropriate skills and knowledge to meet people's individual needs. Staff working at the service were supported to do their job effectively and this was facilitated through regular supervision sessions and annual appraisals of their role.

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.

We checked whether the service was working within the principles of the MCA. At the time of this inspection the service was not supporting anyone who lacked capacity to consent to their care regime. We spoke with the registered manager about their responsibilities and they were clear about the action they would take if they had any concerns regarding a person lacking capacity, such as having a best interest interests meeting.

People consented to care and support from staff by verbally agreeing to it. We found people had been involved in their care plans and this was clear from discussions we had with people and signed documentation we saw.

The extra care scheme had a restaurant on site for people to use and regular social evenings which included themed food evenings were organised by the tenants committee. Where people required support with meal preparation this was clearly documented within their care plans.

People were received support to attend health appointments and were able to access their own GP when needed. The registered manager told us that when people moved to the service they had the option of registering with a local GP or remaining with their current GP. People we spoke with confirmed this.



## Is the service caring?

### Our findings

People we spoke with consistently told us they were well cared for and treated with dignity and respect. One person said, "They are very caring. If I am ill they will help me, if you are upset they are there." A health professional we spoke with said, "Staff treat people with compassion, kindness dignity and respect. Although I have joked with the staff about having put my name down for a flat, I would have no reservation regarding myself or any of my family living at the extra care scheme."

The registered manager and staff demonstrated a caring, considerate and flexible approach when providing care, which was person centred, diverse, supported equality and met people's individual needs. Staff spoke with great pride about their role and it was evident they were highly motivated. Staff told us, "I love my job. I am a people person and I like to make a difference to people's lives. I like to make them feel happy, safe and comfortable."

People we spoke with told us they were involved with the service and kept up to date by the staff at Sanctuary Homecare. People told us they were introduced to the staff who would be visiting them. One person we spoke with said, "We had a new carer recently, they were brought round and introduced to us before they started."

Where people wanted to change the times of their calls the service was flexible and responsive to people's needs. 'Peace of Mind' calls, where people using the service were contacted via the intercom to check that they are okay, were also in place where people wished to have the added security of being monitored.

We observed staff interactions with people who used the service and saw staff showed genuine care and concern for the people they supported. During the inspection we saw staff putting the person at the centre of the care and offering choices to each person. This demonstrated the staff had respect for the people they supported. One told us, "Keeping people independent is really important; it enhances people's well-being and supports their dignity."

We found examples of staff encouraging people to build positive relationships. When people moved into the extra care scheme, staff took time to introduce them to other residents to help them settle into their new surroundings and develop relationships with their neighbours.

The registered manager had a procedure in place to respond to people's needs around equality and diversity. It covered areas such as age, sexuality, ethnic origin, and religion. If areas of need were identified during the assessment the information was transferred into people's care plans to ensure that individual and diverse needs were met to enable equal access to the services provided. Files we viewed confirmed that this information was present where relevant.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

## Is the service responsive?

### Our findings

Prior to moving into the service people had an assessment of need and this ensured that their needs could be met within the extra care housing facility. Where people had support needs and independent abilities these were clearly documented to ensure the correct level of support was provided. For example, one person's care plan stated that they required support when bathing and went on to state that they needed support to get in to the bath and dry themselves but could manage to wash independently.

Information detailing people's lives was gathered in the format of a 'Life History Book'. This covered areas such as, personal history, sexuality, religion, current and past interests and which people are important in the person's life. This information was then transferred into the care planning documentation along with other important information such as next of kin and information on allergies.

People who used the service were encouraged to remain as independent as possible. A health care professional we spoke with said, "The service is very responsive and this has allowed patients to be managed at home when otherwise they may have needed hospital admission." Most of the people who used the service were able to access the community independently and did not require any support from staff. The extra care facility had a tenants committee who organised a large number of activities within the service; an activities coordinator was also employed. The activities were advertised within the service and people were free to join these events if they wanted to.

The provider had a compliments and complaints policy in place. This was included in the welcome pack which was given to people when they joined the service. The document included guidance on how to complain and what to expect as a result. People we spoke with confirmed they knew how to make a complaint. Records showed that complaints had been managed appropriately and included written response detailing outcomes, which demonstrated duty of candour. Two complaints were received in the past two years.

Where people had expressed preferences around end of life care we found that this information was detailed in their care records. At the time of this inspection, the service was not supporting anyone with end of life care. The registered manager discussed the close working relationships they had with local palliative care services who had provided training to staff working within the service.

## Is the service well-led?

### Our findings

There was a registered manager in post who registered with CQC in December 2014. 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.

The registered manager was supported by a Team Leader. People and staff spoke positively about the management team and their approach. Comments included, "I am always impressed by the leadership given by [registered manager's name]. Their team are cheerful, enthusiastic and engaged in their work which I believe stems from the example they set" and "The registered manager is very good and very welcoming. They are excellent, very accommodating and very good to deal with."

We were informed the management team in the service was very accessible and were there for staff and people who used the service when they needed them. Staff told us they would feel confident reporting any concerns or poor practice to the registered manager and felt that their views would be taken into account. One member of staff told us, "The door is always open and you can go to [registered managers name] at any time. They are very approachable and nothing is too much trouble."

The registered manager held monthly team meetings where staff were encouraged to share their views to support the improvements in the service. There were 'tenants meetings' once per month and these were led by the tenants association. People we spoke with felt very involved in the running of the service and through their meetings they suggested improvements such as paving grassed areas. The suggestions were then taken forward by the registered manager who ensured works were completed.

The provider completed quality assurance visits to ensure that the service continued to be safe and well-managed. They completed regular unannounced inspections of the service and where concerns or areas of improvement had been identified, appropriate action had been taken. There were clear policies and procedures in place for staff to follow and audits of areas of the service had been carried out. The records we viewed were well organised and staff were able to access what they were looking for immediately.

When any incidents or safeguarding issues arose the manager reflected on these with staff to encourage learning and development. Discussions were held at team meetings and lessons learned were cascaded to staff through the use of memos.

Notifications such as safeguarding and expected deaths of people who used the service had been sent to the Care Quality Commission as required to ensure people were protected through sharing relevant information with the regulator.