Sanctuary Home Care Limited

Sanctuary Supported Living - Ealing Care Services

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

We undertook an announced inspection of Sanctuary Supported Living – Ealing Care Services on 20 June 2017. We gave the provider 24 hours' notice because the location was a small supported living service and we wanted to make sure that the manager and staff would be available to assist with the inspection. The service was registered with the Care Quality Commission (CQC) on 03 February 2016 and this was the first inspection of the service.

Sanctuary Supported Living – Ealing Care Services is part of Sanctuary Home Care Limited. The service provides supported living for up to seven adults with mental health needs. At the time of our inspection, there were six people living at the service. Each person had their individual self-contained flat equipped with a buzzer and intercom and shared the common areas of the house such as the kitchen, lounge and laundry room.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. 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 provider had systems and processes in place to protect people from the risk of harm whilst giving them the chance to take positive risks.

There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence to ensure people's safety. Staff had received training in safeguarding adults and this was updated regularly. There was a safeguarding policy and procedures in place.

Effective systems were in place to ensure the safe management of people's prescribed medicines and staff had received training in the administration of medicines.

The provider had systems in place to monitor the quality of the service and ensured that areas for improvements were identified and addressed.

Staff had undertaken training in the Mental Capacity Act (MCA) 2005 and were aware of its principles. Staff told us and we saw that people were given choices and the opportunities to make decisions, and records were signed by people to indicate that consent was obtained.

People's nutritional needs were being met. People budgeted, shopped for their food and cooked their own meals. Staff were available to support people with their meals where this has been identified as part of their care plan.

Staff received effective training, supervision and appraisal. The registered manager sought guidance and support from other healthcare professionals and kept themselves informed of important developments within the social care sector in order to cascade information to staff, thus ensuring that the staff team was well informed and trained to deliver effective support to people.

Staff were caring and treated people with dignity and respect and in a way that took account of their diversity, values and human rights. Support plans were in place and people had their needs assessed. Care records contained detailed information and reflected the needs and wishes of the individual so staff had the information they required to meet people's needs.

The registered manager had achieved recognition locally and abroad for their knowledge and their delivery of anxiety workshops and these had helped improve the support given to people with mental health needs.

People, staff and stakeholders told us the registered manager and staff were supportive and professional. The registered manager said they encouraged an open and transparent culture within the service. The service supported people to raise concerns and used feedback to make improvements where needed.

There were regular meetings for staff, senior staff and people using the service which encouraged openness and the sharing of information.

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.

Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff had received training in the safeguarding of adults and this was updated regularly. There was a safeguarding policy and procedures in place. Staff knew how to recognise abuse and protect people from harm and were aware of the whistleblowing policy.

There were enough staff available to provide timely support and meet people's needs.

Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Effective systems were in place to ensure the safe management of people's prescribed medicines and staff had received training in the administration of medicines.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to deliver care and support to people, and were suitably supervised and appraised by their line manager.

People had consented to their care and support and this was evident in their care records. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005). Nobody using the service was being deprived of their liberty.

People were protected from the risks of inadequate nutrition and dehydration. People were able to budget, shop for their food and cook their own meals. Staff were available to support people if they wished to.

Is the service caring?

Good

The service was caring.

Feedback from people was positive about both staff and the registered manager. Staff were seen to interact with people in a caring and respectful way and everyone told us they felt cared for by the staff.

People were supported with their individual needs in a way that valued their diversity, values and human rights.

Is the service responsive?

Good

The service was responsive.

The registered manager and staff had a good understanding of people's support needs and ensured they received personalised responsive care. They also ensured people had the opportunity to take part in meaningful activities and seminars that reflected their interests, needs and life history.

There was an open and transparent culture at the service. People were encouraged to raise any issues or complaints and could be assured these would be listened to and acted on by the provider.

Is the service well-led?

Good

The service was well-led.

A range of audits were undertaken regularly, and these were effective when issues had been identified.

Quality monitoring systems were in place to identify areas for improvement so these were actioned.

At the time of our inspection, the provider employed a registered manager. People, staff and stakeholders found the registered manager to be approachable, supportive and professional.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

Sanctuary Supported Living - Ealing Care Services

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 20 June 2017 and was announced. We gave the provider 24 hours' notice because the service was a small supported living service and we wanted to make sure someone would be available to assist us with the inspection.

The inspection was carried out by 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. The expert for this inspection had experience of using mental health services.

Prior to 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 reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted eight healthcare and social care professionals and obtained feedback from three.

During the inspection, we observed support being delivered to people to help us understand people's experiences of using the service. We also looked at records, including four people's care plans, three staff records, medicines administration records for the two people who received support with medicines and records relating to the management of the service. We spoke with five of the six people who used the service. We spoke with the registered manager, two project workers, and a visiting healthcare professional.

Good

Is the service safe?

Our findings

All the people we spoke with indicated they felt safe living at Sanctuary Supported Living – Ealing Care Services, and trusted the staff who supported them. Their comments included, "Yes I enjoy living here", "I don't mind it. It's alright" and "Yes I do (feel safe)."

Only two people required support with their medicines. They told us they received their medicines as prescribed. One person said, "Yes, they have explained what will happen if you don't take your medication, that you will get unwell and end up back in hospital." This showed that the person was being supported to be as independent as possible whilst staff were being mindful of keeping them safe by reminding them when they needed to take their medicines.

Some people were able to manage their own medicines, and those who needed support had their medicines stored securely in a safe in the duty office which was kept locked when senior staff were not present. The service used medicines administration records (MAR) charts. Each included the person's date of birth and allergy status, details of each medicine, including dosage, frequency and method of administration. We viewed a range of MAR charts for the whole of June 2017. These were completed appropriately, and were signed by two staff members and the person receiving the medicines. We saw there were no gaps in signatures, indicating that staff had signed these to confirm people had received their medicines as prescribed.

There was a policy and procedures in place for the management of medicines and staff were aware of these. There was also a PRN (when required) medicines protocol in place. The staff kept a record of the amount of boxed tablets they received and counted and recorded the amount left after each administration. The registered manager conducted frequent medicines audits and we saw that errors were infrequent. However when an error had been identified, we saw that appropriate action had been taken.

People confirmed they would know who to contact if they had any concerns about their safety. One person told us they would speak with the registered manager. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedures in place and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy. People who used the service were issued a 'safeguarding awareness' questionnaire to gather their understanding of safeguarding. The results indicated if they needed further support to understand how to keep themselves safe. This indicated that there were arrangements to help protect people from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These included risks to general health, personal safety, mental health and the person's ability to complete tasks related to everyday living such as personal hygiene, nutrition and communication. Each assessment identified the risk indicator, history and current situation and an action plan to minimise the risk. The registered manager had carried out a 'risk management plan' for night staff. This plan highlighted the potential risks and how to mitigate these. Risks identified included the risk to people and staff from lone working, for example staff breaching professional boundaries or the risk of unfounded allegations being made.

Each new client received a health and safety induction. This included discussing what actions they would need to take in the event of a fire such as evacuating the building safely. It also included cooking, maintenance, the use of electrical equipment and smoking. Each person was given a tour of the building and were issued with a welcome pack, a handbook and their own key to their flat.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. We saw a list of contact numbers available for staff in the event of an emergency. A member of staff told us, "The manager is always willing to help us."

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. This included where a person had behaved in way that challenged the service. We saw that appropriate referrals had been made and the person's risk assessment had been reviewed and updated appropriately.

The provider had a health and safety policy in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control, smoking and equipment. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers, emergency lighting and fire doors.

The provider had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. There was a policy and procedure in place and this was accessible by staff and people who used the service. There were regular fire drills and weekly fire alarm tests, and staff were aware of the fire procedure. We saw that the provider had carried out a fire drill and emergency evacuation on 7 June 2017. The record of this identified that a person had not come downstairs during the evacuation. We saw evidence that staff had taken appropriate action by explaining to the person the importance of following instructions. Records showed that staff received regular training in fire safety.

People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS). These included a summary of people's limitations and abilities, and appropriate action to be taken in the event of fire. This was signed by the assessor and the person using the service.

People told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. People told us they felt supported by dedicated staff and there were suitable arrangements in place to cover in the event of staff sickness. One person told us, "They are here all the time. Perhaps there are more staff in the evening." We viewed the staff rota for four weeks and saw that all shifts were covered appropriately. The registered manager told us that on rare occasions they had required the use of agency staff, but normally their own staff would provide cover.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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 Mental Capacity Act (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager undertook assessments to establish people's capacity to consent to aspects of their care and support as they arose. 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. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. This included medicines, finances, use of photographs, sharing information and safety. We were told that every person using the service had capacity and we saw no evidence that people were being deprived of their liberty.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection. One person told us, "They remind you to do things like washing, cleaning the bath. A staff member, [staff name] came to help me clean my room last week. It is tidy now. It was really good of her because cleaning is not her job and she has other jobs to do. She is just very lovely and nice."

People were supported by staff who had the appropriate skills and experience. People's comments included, "Yes they are good", "Very friendly and very thorough. Just good" and "Yes they are all right." One person was not as positive and said, "They do nothing. They just sit down unless patients ask for help."

Staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard. All staff we spoke with were subject to an induction process that was split into six separate timeframe sections, and lasted up to 16 weeks. This included an introduction to people using the service, tour of the building, fire awareness, rota, how the office works, professional boundaries and safeguarding. New staff were supported and assessed throughout their induction and each step was signed off by the registered manager. New staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. One staff member told us, "I am happy to be part of this organisation. The induction was fine. I did about eight training courses and shadowed [staff member]. He is very good and very experienced."

In addition, staff received training the provider had identified as mandatory. This included health and safety,

infection control and food hygiene, safeguarding and MCA. They also undertook training specific to the needs of the people who used the service which included equality and diversity, managing behaviour positively with breakaway, mental health treatment and recovery and substance misuse awareness and self-harm. We saw the training matrix which showed that staff training was up to date and refreshed annually.

People who used the service were being cared for by staff who were suitably supervised and appraised. Staff told us and we saw evidence that they received regular supervision from their line manager. They told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs. One staff member told us, "We have supervision monthly and appraisal once a year. It tells us how we are performing and where we need to improve" and "The manager encourages us to develop and move up. She's been very supportive and very good."

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. All the people living at the service were able to budget and shop for their food, and cooked all their meals in their own flats. Their comments included, "I cook my own food. I can cook. I go to [supermarkets] and all my money goes on food", "I don't cook a lot. I eat out maybe at my mum's or in the café. They have helped me with the oven before", "Yes I do my own shopping and cooking. I have a meal with the other ones once a week and at Christmas", "I do my own shopping and cooking. I am very happy with this and I don't need support. I can manage it" and "My [relative] takes me shopping to [supermarket] but I can cook for myself." There was a communal kitchen available to staff and people who used the service if they wished to cook meals together.

People told us the service was responsive to their health needs. One person said, "They are [responsive]. They are not nurses but they are very caring" and another told us, "I have not felt ill since I have been here." One healthcare professional who visited the service regularly said, "Staff are very caring and their communication skills are good. They give us all the up to date information. There is no concern at the moment." The support plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. People had access to healthcare professionals and were supported and reminded to attend appointments. Their comments included, "Yes I see the dentist and I visit my care coordinator", "I have seen the dentist and optician", "I see my GP for blood tests and go to [address of clinic] for my depo" and "Yes. I see my care coordinator not far from here." Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. This showed that the service was meeting people's health needs effectively.

Good

Is the service caring?

Our findings

People were complimentary about the care and support they received and said that staff treated them with consideration and respect. Comments included, "Yes they are caring", "They are alright" and "Yes, for example you will be in the bath and they will give you time to get ready when they buzz you."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. Their comments included, "We sit down with the clients and discuss their needs. They get involved in everything. It's very good."

People's cultural and spiritual needs were respected. The registered manager told us and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs. Their comments included, "Yes they do respect my cultural needs" and "I am a Muslim but I am not practising. Yes the staff told me Ramadan finished on the 27th of June." We had one negative comment from a person that we discussed with the registered manager. They reported that there were arrangements in place to meet each person's religious and cultural needs. They said these needs were discussed during the initial assessment of a person's needs and as part of reviews, and plans were put in place to address any identified needs in this area. They added that they tried their best to accommodate people's individual needs, for example making sure culturally appropriate meals were provided to people according to their needs.

We saw staff approached and addressed people in a kind, caring and respectful way. Staff we spoke with were aware of the needs of each person who lived at the service and we saw that the culture of the service was based on providing support that met each person's unique needs.

Staff told us they encouraged people to make their own decisions, and people confirmed this. One person told us, "They do respect my choices. I ask for help if I need. They are really good." One staff member told us, "It is their home and their lives. We are here to support them."

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. They also said they had the opportunity to visit the service before agreeing to move in. Their comments included, "I was in hospital and I was on a section. I like my surroundings to be normal", "Yes, I was in [former service]. I came here and saw around", "Somebody came to visit me at the hospital. I was visited by two different organisations. I picked this one", "Yes I was in a hostel. I came here and saw it and moved in" and "My CPN came with me for the first time to check it out." A staff member told us, "We sit down with clients, we identify their needs. They get involved and we agree a plan, rated one to ten, depending on their individual needs. We review it every three months. It's very good and the clients benefit from it."

People were referred from the local authority and the provider had obtained relevant information from them. This included background information which helped the service to understand each person and their individual needs. The health and social care professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns. The registered manager told us that when people had reached a stage where they could manage independently, they would be encouraged and supported to move into more independent living facilities. One healthcare professional told us, "I myself went to look around back in March 2017. I was impressed with the model, types of intervention and the senior management team. They also had a good step down model, with step down flats. I did not have any concerns and would look to use them more."

The support plans we saw were comprehensive and contained detailed information of the needs of each person and how to meet them. The registered manager told us that the service worked in partnership with people who used the service to implement a person centred support plan. This meant that people were empowered to take control over their lives and their needs were met in a dignified manner. Each person's support plan was based on their needs, abilities, likes, dislikes, preferences and their goals for the future. People we spoke with told us they were involved in making decisions and in the support planning process and had access to their support plans. We saw in the records we viewed these had been signed by people. Files contained a one page profile. This included a snapshot of the person, what was important to them and how to support them.

The service adopted the mental health 'Recovery Star' model. This is a holistic and personalised outcomes measurement and recovery-focused key working tool which places people who use services at the centre of service provision, and supports and empowers them to identify the outcomes they want. We saw that the whole staff team had been trained in this model and used it effectively by encouraging useful conversations. The staff promoted recovery by exploring the possibility of change and identifying individual's strengths and resources areas. Areas included 'managing mental health', 'physical health and self-care', 'living skills' and 'relationships'. People told us they enjoyed the sessions and found them beneficial. We saw evidence that people who used the service were fully involved in these sessions and there were regular reviews and

updates. For example, we were told that a person using the service was presenting with very high needs in terms of self-caring, managing relationships, taking prescribed medicines and maintaining their safety. By using the recovery star model, staff were able to visually demonstrate to them where progress was being made, and where improvement was needed. The registered manager told us that the person had made a lot of progress since their admission into the service, including managing their own finances, ending abusive relationships and keeping their environment tidy and safe. They were due to start a course in September.

The registered manager and staff organised 'Mental health awareness weeks'. These included a range of topics to promote people's mental wellbeing. We saw that a recent topic discussed was 'healthy relationships'. This included a range of characteristics such as respect, trust and support and honesty. All the characteristics were displayed on a wheel which people were encouraged to spin. Where the wheel stopped, that topic was discussed. The registered manager told us that one client was able to use the wheel to assess one of their relationships and to decide on its future. This indicated that people were supported to make their own decisions based on effective information and positive support and were able to lead healthier lives as a result.

People were allocated a keyworker. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. Keyworkers undertook monthly meetings with their key clients. Actions from these meetings were agreed by the person and outcomes achieved or not achieved were recorded. We saw that these were recorded in the person's perspective and included, "I have been supported to register with a GP" and "I have cleaned and tidied up my flat for the monthly health and safety check by staff."

The registered manager, staff and people who used the service were involved in creating a yearly 'Diversity and client involvement plan'. This was a plan to ensure that people were fully involved in the running of the service and had their ideas and views listened to. This included promoting feedback by encouraging people to use the suggestion boxes and compliment slips. People were also consulted on policies and procedures and the service had begun to involve people in the recruitment of staff and the introduction of new people using the service. People were also involved in management meetings to give feedback and share information.

The 'Diversity and client involvement plan' also included activities, workshops and significant events celebrated in the service. These included St George's day, Christmas, Easter, Black history month, Ramadan and Diwali. A staff member told us, "We have a lot of meaningful activities. We have a calendar of major events and we look together and select what people want to do. For example Black history month and mental health awareness week. After the seminars, we play music, bring food and eat together. We also organise health walks and barbecues. People were able to come and go as they wished and some were able to undertake outside activities. Their comments included, "I go to college. I am doing an HND in music production", "Yes there was activities for Black history month and mental health awareness week. There was food and drink" and "Nothing much, I just clean my room. I want to get back to the gym. I spoke to [staff member] this morning and he is going to find out for me."

The service had a complaints procedure in place and this was available to people who used the service, including in an easy read format. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. The provider had not received any complaints in the last six months. We saw evidence that the last complaint had been investigated and appropriate action taken in line with the complaints procedure. People told us they knew who to complain to if they had a concern and felt confident about raising any issues. Their comments included, "Yes I made a complaint. There was a meeting between the manager, doctor and my care coordinator", "Not that I can remember. No I never

complain" and "No I haven't but I do feel confident that my complaint would be listened to."

Staff completed daily records which detailed the level of support given and the length of time spent on each area. Areas of support included managing mental health, physical health and self-care, living skills, social network, responsibilities, identity and self-esteem, trust and hope and risks. Records were written in respectful and person centred way. They included comments such as, 'Staff supported [person] to re-order her medication, also to collect her medication from the pharmacy' and 'Staff supported [person] to tidy up her flat'.

Good

Is the service well-led?

Our findings

People were very complimentary about the registered manager and told us they thought the service was well run and organised. Their comments included, "[Registered manager] is alright", "I think she is very experienced and very knowledgeable", "She is nice", "She is very good and remarkable at her job. She can speak to somebody and make them feel better instantly. She always knows how to respond and knows how to deal with a situation quickly and effectively."

Staff told us they felt supported by the registered manager. Their comments included, "The manager has been very nice, very professional. She is always willing to help me and explain what to do", "[Registered manager] has been very supportive. Sometimes we forget about a review. She notices and reminds us. She books us on training" and "She encourages us. She's been very supportive and very good." A healthcare professional agreed and said, "The management is very good."

The registered manager conducted 'anxiety workshops' based on their experience and knowledge. They told us, "We aim to have all service users to have good mental health which is an asset that helps them to thrive. This is not just the absence of a mental health problem, but having the ability to think, feel and act in a way that allows them to enjoy life and deal with the challenges it presents." The most recent workshop included a discussion about 'surviving' and 'thriving' and looked at ten actions that one can take to help their mental health in order to thrive. These included 'value yourself', 'take care of your body', 'surround yourself with good people', 'avoid alcohol and other drugs' and 'get help when you need it'. These workshops were well received by people who used the service and staff. They shared these workshops and all relevant information with other providers and had gained respect and recognition around the area. We were shown a local newspaper article which had highly praised the registered manager for their workshop and their contribution to the services for people with mental health needs.

The registered manager carried out regular audits. Audits included accidents and incidents, people's support plans, reviews and health and safety. The provider also conducted regular quality audits of the service. These included audits of support plans, meetings, consent to care and treatment, service user involvement, staff files and complaints. Where issues were identified, an action plan was completed with timescale, date of completion and signature of the manager and staff member responsible. For example, where a person's consent form had not been reviewed, this had been identified and addressed. The registered manager liaised with a colleague in the organisation and organised regular quality audits in each other's services to identify areas of improvement and put in place action plans. We saw evidence that these were shared with staff, acted upon and reviewed.

At the time of our inspection, there was a registered manager in post who had many years' experience in social care. 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 held a Health and Social Care diploma in leadership and management and had a background in mental health. They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums and conferences. The registered manager told us they received a lot of support from their line manager and also had good peer support with another registered manager in the company.

Staff informed us they had regular meetings and records confirmed this. The items discussed included policies and procedures, people's issues, health and safety, safeguarding, audits and medicines. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment, audits, maintenance and health and safety.

There were also 'House meetings' which involved people who used the service. We saw that important issues were discussed. These included safeguarding, maintenance and health and safety and any other important issues people wished to bring up. People told us they enjoyed the meetings. Their comments included, "We have them once a month. They're alright", "Yes we have meetings and [Person using the service] takes the minutes. You can see on the staff faces that they are very receptive to our opinions", "Yes I definitely go to the residents' meetings. They are good and they always help. If we didn't have them, nobody would know if there was something wrong" and "When there has been a meeting here I've always attended."

People were consulted about the care they received through quality assurance surveys. We viewed a range of recent questionnaires received which indicated that people were happy with the service. Some of the comments we saw included, "The staff have been treating me fine", "They go out of their way to help me", "We get good support here", "The staff at Sanctuary are very helpful and pleasant", "We have a good gossip (my favourite part of the day)" and "Very respecting, kind, genuine people."

The service also issued 'House meeting questionnaires'. These were to gather feedback from people about house meetings, if they liked them and how they could be improved. We saw that people thought they were important and felt listened to. One person commented, "I like meeting with all the people living here and sharing ideas. The staff are really helpful as well."

The provider had an equality and diversity action plan in place. This included a 'fairness for all' equality scheme. This scheme ensured fairness to people who used the service and the staff employed. This document was circulated to everyone and included an easy read version for people who had difficulties reading or understanding this.

The provider had a business continuity plan which was reviewed yearly. This contained information and action to be taken in the event of staff shortage, a fire or other significant incident that may happen at the service, and included useful and emergency contact numbers.

People who used the service and staff were kept informed by regular newsletters. These contained information about safeguarding and abuse, maintenance issues, complaints procedure and any other important matters.

Relevant information was displayed on the notice boards. This included the philosophy of care, complaints policy, certificate of registration, useful contact numbers, health and safety information and people's Charter of Rights.