

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Barnet

Inspection report

Goodwin Court
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Barnet
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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 well-led?	Good ●

Summary of findings

Overall summary

Goodwin Court is a specialist housing setting. People using the service lived in flats in a single block located in a residential setting. The service is registered to provide personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

There are 63 flats at the service. At the time of our inspection, 24 people were receiving support with personal care.

People's experience of using this service:

People and their relatives told us people felt safe living at the service. Most people living at the service told us staff were caring and kind, but several people told us there were some staff who rushed them, or were a bit abrupt. The registered manager planned to hold face to face meetings with each person to gather their views on this issue. Feedback from health and social care professionals and family members was very positive.

There were robust infection control procedures at the service and the registered manager had worked with the people living at the service and their relatives to minimise the spread of COVID-19..

There were enough staff to meet people's needs and care records set out people's needs and preferences. Risk assessments were in place to provide guidance for staff in providing safe care.

Medicines were safely managed. Medicines were stored in people's homes and documentation was regularly audited by the management team.

The registered manager and team leaders were very well regarded by staff, people using the service and relatives. We saw staff were suitably trained to care for people at the service. Quality audits took place to ensure the care offered was of a good standard.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last inspection report was published on 14 June 2017 and the service was rated Good.

Why we inspected:

The inspection took place as part of a schedule of planned inspections. We carried out a focused inspection of this service on 20 April 2021. This report only covers our findings in relation to the key questions safe, effective, caring and well led as we were mindful of the impact and added pressures of COVID-19 pandemic on the service.

Follow up:

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 service. They supported the inspector by making phone calls to people living at the service and their family and friends for feedback on the service provided.

Service and service type:

This service provides care and support to people living in specialist 'supported living' housing, which the provider refers to as a Retirement Living Service. The building is purpose-built single household accommodation in a shared site or building. Most of the flats are rented with some flats owned by leaseholders. The accommodation is the occupant's own home.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported housing; this inspection looked at people's personal care and support 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:

This inspection was announced. The service was given 48 hours of the inspection.

What we did:

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.

During the inspection:

We spoke with the registered manager, the maintenance assistant and three care staff.

We looked at three people's care records, records of accidents and incidents, infection control documentation and we reviewed Medicine Administration Records (MARs) for three people. We reviewed recruitment records for three staff and training records for the team. We saw audits and regular checks of key services including fire-fighting equipment were documented.

Following the inspection:

We received feedback from nine people who lived at the service, three family members and three health and social care professionals.

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.

Assessing risk, safety monitoring and management

- Care records had risk assessments in place. They were detailed and covered a broad range of risks including physical and mental health, skin integrity, choking risks and bed rails. They were up to date and gave detailed advice to staff on how to manage the risks.
- Staff were able to tell us how they managed specific risks. A staff member told us, "I was shown how to help [person] eat, and it's in the care documents."
- Suitable individualised plans were in place to support people in the event of an emergency or fire.

Staffing and recruitment

- Staff recruitment was safe with references and appropriate checks in place, including Disclosure and Barring Service criminal records checks. This meant staff were considered safe to work with vulnerable people.
- Care staff were commissioned to work specific hours with people, and these could be increased as needed. People were able to commission care from the housing organisation, or via private care agencies as they chose.
- There were staff available at the service 24 hours a day.

Using medicines safely

- Medicines were managed safely. They were stored in people's flats. There were medicines care plans and risk assessments in place to advise staff exactly how to support people with medicines.
- Staff received training in the giving of medicines. The management team audited MARs and stocks on a monthly basis. Where there were errors or issues identified, we could see they were investigated and actions taken to reduce reoccurrence such as discussions with staff involved.
- Staff responsible for administering medicines trained and were competency checked to ensure they were safe to administer them.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from risk of abuse. The service had made referrals to CQC and the local authority when appropriate. .
- Staff could tell us the different types of abuse and what they would do if concerned.
- People told us, "I feel safe" and "They do make me feel safe". One relative said, "Yes, she does feel safe. For example, if something isn't right with her they will inform me and that makes her feel safe even though she has [health condition]." Another told us "Yes, I just know he feels safe with them."
- The building had been purpose built and was maintained to a high standard. Checks had taken place,

including that of fire equipment, to ensure the safety of the building. The service had risk assessed fire drills as being a COVID-19 risk, but had reminded people of the regulations and what to do in the event of a fire.

Learning lessons when things go wrong

- The service recorded all accidents and incidents and serious incidents on their company database, for review by senior managers. We saw lessons were learnt and shared across the staff team.

Preventing and controlling infection

- We saw the service was clean, and people confirmed this. Staff were provided with personal protective equipment (PPE), with masks, gloves and aprons readily available. The service had acted quickly at the start of the pandemic to secure sufficient PPE supplies and staff told us they had full access to it.
- People told us, "They do wear all the PPE" and "All the PPE stuff is worn."
- We saw that records were kept of the cleaning allocated to and completed by each member of the housekeeping staff.
- The registered manager and staff confirmed that training in infection control, including COVID-19 had taken place for all staff.

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. This key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were started prior to a person moving in, and then completed once in the environment. It was clear they involved the person and were comprehensive and identified holistically all the person's needs, even if other people were meeting these needs.
- People and their relatives were involved in drawing these together and they formed the basis of care plans and risk assessments. Assessments covered people's preferences and routines. We could see that they were drawn up in line with best practice, for example, if people were to receive support with medicines the document set out clearly their requirements.
- The service ensured they delivered care in line with best practice guidance, standards and the law.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

There were no people using the service that were subject to a judicial DoLS.

- Staff understood the importance of gaining consent from people prior to providing care. One staff member said "Consent; I always ask first. If they are not able to respond, I check on the care plan, and ask if not clear." One person told us "They always ask me for me permission before they do anything and I would say they treat me very well." A relative commented "They always tell her what they are going to do for her in a nice way."
- We saw there were detailed mental capacity assessments on care records which gave guidance to staff in

relation to specific areas of concern. The service had also completed best interest assessments where appropriate for people. Where relatives or others had power of attorney for people, this was evidenced and documented clearly on records.

Staff support: induction, training, skills and experience

- Most people and their relatives told us they thought staff were trained and were competent to provide personalised care to people. Comments included "We would say they are well trained and know what they are doing," and "They seem well trained, I don't need a lot of help as i am quite able bodied. They don't have to use any special equipment for me but help me to wash which they do well."
- One relative told us "They are very good and very understanding and although well trained I feel that maybe more training regarding dementia would help them as much as the patient." Staff had been trained in managing epilepsy and equipment to prevent choking by people.
- Staff received a comprehensive induction when they started at the service and refresher training was available for staff. Key areas of training included safeguarding, moving and handling, infection control and medicines competency training. Staff told us, there was lots of information and training regarding the COVID-19 virus management, through webinars and a booklet kept in the office with up to date information.
- Staff told us supervision took place regularly and they were supported in their role, and especially during the pandemic, including having their own health conditions risk assessed.
- Several staff told us it was positive that they were supported to gain external nationally recognised qualifications. One staff member told us "They definitely support what qualifications you can do. They are interested in my personal development."

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

- The communal restaurant had been closed for dining due to the pandemic, but food was prepared each day for people to buy if they chose. Boxed meals were then delivered to people's flats. Other people had support with meal preparation as they needed.
- Care records showed clearly people at risk of choking, and how to support them safely, and the level of pureed food they needed. Speech and language therapy guidelines to support people to eat were clearly available on files. Staff told us there was also a list in the kitchen of people on soft and pureed diets.

Adapting service, design, decoration to meet people's needs

- The service was wheelchair accessible, on three levels, with upper floors accessible by lift. The service was purpose built.
- People's flat had level access showers and there was a range of one and two bedroom flats available for rent.
- There was a garden for people to sit out in, with a conservatory opening out onto the garden. This provided a safe, inside space for people to sit with others during the lockdown period.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care records showed that detailed information was on file regarding people's medical conditions including symptoms to look out for. This was particularly important for people at risk of getting urinary infections or pressure areas.
- We saw that appropriate health professionals had been notified when appropriate. This was confirmed by a relative who told us "They got the speech and language therapist recently as they were worried that she wasn't swallowing properly."
- Health and social care professionals spoke very positively about the service offered to people, and we could see partnership working to provide consistent, timely, quality care.

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. This key question remains 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; equality and diversity

- People told us the majority of staff were kind and caring. Comments included, "In my experience they are very kind and caring to me" and "We have been here [X] years and they are kind and very caring."
- Relatives also told us they found the care staff to be kind and caring, and said, "They are very good and kind" and "From what I have seen in the past they are kind and caring to him and treat him respectfully."
- However, several people told us there were one or more care staff who were on occasion abrupt or rushed them whilst offering support. We spoke with the registered manager regarding this as they were not aware of these views. Neither a recent provider survey nor six monthly reviews had highlighted this as a concern. Remedial action to address these concerns is further discussed in the Well-Led section of the report.

- Care plans were detailed and set out clearly people's cultural or religious needs. We were told, "I don't eat anything from the pig and they make sure I am not ever given any of that." One relative told us, "Mum is [religion name] and that is all in her care plan." Staff told us they had all the information regarding people's dietary and religious requirements in the care plan, and we could see this was the case.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were involved in care planning decisions. Comments included, "We were involved in the care plan at the start and they follow it as much as they can" and "I was asked questions at the start about what my needs were and that is in my care plan. From time to time I am asked to sign it." A relative told us, "I was involved in her care plan and it's all done as it should be."
- Records showed people's care planning and support was reviewed every six months so we could see that people's needs were being met.
- Care records set out what people could do for themselves, for example, brushing their teeth or dressing the top part of their body. One person said, "They do their best to make me feel independent and a carer will come to the shops with me as I can't go on my own."
- Staff told us they treated people with dignity and respect. Staff commented, "Being respectful and not judgemental regarding their views or their different religions" and "Respect their wishes, promote independence; cover their intimate parts and by listening to people."
- Tenants' and leaseholders' meetings had not taken place since the start of the COVID-19 pandemic, but the registered manager told us people came to the office to talk with staff and they sent out a regular bulletin to provide updates.

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. This key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- We found the registered manager was clear regarding their role and that of the care and maintenance staff.
- We found all the documentation related to recruitment, care planning, maintenance and infection control were all detailed and up to date. Medicine audits took place and remedial action was taken with staff to prevent any future errors.
- Reviews of people's care took place regularly and it was clear people and their relatives were involved in this process.
- The provider recently completed an annual survey, and we saw the local results for Goodwin Court as part of this inspection. 90% of people said they felt safe and secure; 80% people said they felt listened to and treated with dignity and respect and 75% said they said staff worked with them to achieve their goals. At the time of the inspection an action plan was in the process of being developed.
- As a result of the low response rate to the survey (approx. 20%) and issues raised by this inspection, regarding the attitude of some staff, the registered manager planned to seek further feedback locally from people using the service. The registered manager planned to arrange one to one meetings with tenants to get individual's views on the care offered.
- Tenants were kept informed through a regular bulletin, and the registered manager told us they had a 'talking tile' facility in the communal area which, prior to lockdown, provided information on the day's activities and lunch menu. They hoped that with the easing of lockdown, this would once again be in use, as would meetings for tenants and leaseholders. The registered manager also ensured people could easily visit her at the office if they wished to discuss anything.
- Staff told us they were able to contribute to the running of the service through team meetings which had recently resumed and through regular supervision. Information was also shared through use of a communication book.
- People, their relatives and friends, and staff told us the service was well-led. Comments included, "I have been here 18 months and it is well managed" and "I feel it is very well managed and I have a good connection with the team leaders."
- The registered manager was well regarded by people at the service, their relatives, staff and health and social care professionals. We were told, "Oh yes, it's a really nice place to work. Very calm and organised. I could definitely talk with a team leader or the manager," and "I know who the manager is and she seems quite good."

- The registered manager had processes in place to notify the local authority and CQC of significant events, when required.

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

- Records showed, and people told us the service offered person-centred care to them, and it was clear talking with the registered manager this was a priority for the management team. We were told, "I am able to tell them about anything that I need so that works."
- Despite the lockdown, the service had celebrated important events creatively, and involved tenants and leaseholders through sharing of food and other activities on a monthly basis.
- We found the registered manager open and transparent during the process of this inspection.

Working in partnership with others; Continuous learning and improving care

- The registered manager acted promptly to remedy issues raised at the inspection.
- A health and social care professional told us the registered manager had acted quickly when an issue had been raised recently, and others commented on a good working relationship with the registered manager.