

Mrs Christine Ann Hotchin

The Sanctuary Office

Inspection report

3 Glade Close
Burton Latimer
Kettering
Northamptonshire
NN15 5YG

Date of inspection visit:
11 January 2017
13 January 2017

Date of publication:
16 February 2017

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

This announced inspection took place on the 11 and 13 January 2017. The Sanctuary office provides a personal care service to people who live in their own homes. At the time of our inspection the service was supporting eight people.

The provider was also the registered manager 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.

People received care from staff that were friendly, kind and caring; passionate about providing the care and support people needed and wanted to enable them to stay in their own homes.

Staff had the skills and knowledge to provide the care and support people needed and were supported by a provider who was visible and approachable, receptive to ideas and committed to providing a high standard of care.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. People told us that they felt cared for safely in their own home. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

The provider was closely involved in the day to day running of the agency and continually monitored the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to and acted upon.

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.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that compassionate and committed to providing good care and support.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was

protected and promoted.

Staff had a good understanding of people's needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The provider was committed to leading a service which supported people to live in their own home for as long as it was safe to do so.

The provider effectively monitored the quality and safety of the service.

The Sanctuary Office

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 announced inspection took place on 11 and 13 January 2017 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we visited three people and spoke to two people by telephone that used the service, a relative, three care staff, the registered provider/manager and a health professional.

We reviewed the care records of two people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People told us they felt safe in their homes with the staff that supported them. One person said "I feel safe in the house with all the staff and they always make sure the front door is properly shut and locked when they leave; we know which staff to expect." Another person told us "I feel comfortable with the staff, they are all very nice." The staff knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. Staff told us that if they had any concerns they would report it straight away to the provider. The staff had confidence that the provider would take the appropriate action. There was an up to date safeguarding procedure in place which included the contact details of the local safeguarding team. We saw from staff records that all staff had received safeguarding training.

There were risk assessments in place to reduce and manage the risks to people's safety; for example we saw that there was a risk assessment in place for someone with a known allergy to penicillin, there was information for the staff to ensure any risks were mitigated. The provider reviewed the care plans and risk assessments regularly.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and the provider had tested their competency and records confirmed this. There was information available which detailed what medicines people were prescribed.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the agency.

People told us that they felt there was a sufficient number of staff to meet their needs. People said that staff arrived on time and stayed for the time allocated. One person told us "They [staff] pretty much always come on time and always do what you ask of them." Another person said "[Name of care staff] always comes on time; we have a nice chat; sometimes I have to say isn't it time you were going." A relative commented "They [staff] are totally reliable; they have never missed a call nor been late." No one felt rushed and people spoke about having the opportunity to talk to the staff that came. The provider explained that the staff rota was based around the needs of the people and the geographical area people lived in to take account of the travel time between calls. The provider only took on new people if they had sufficient resources available to meet the care and support required. The staff confirmed with us that they had regular people they went to and always had enough time to support them.

Is the service effective?

Our findings

People could be assured that they received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that the provider always introduced any new staff to them and worked with any new member of staff which ensured they knew what they were doing. Staff confirmed that they had all been introduced to the person they would support before they started working with them and that the provider guided them on what was needed. One member of staff said "[Name of provider] introduced me first and then I shadowed them for a few times until I was confident to take on the visit."

The staff spoke very positively of the support and training they had been given. There was an induction programme in place which ensured that all new staff completed mandatory training which included manual handling, health and safety, safeguarding and medicine administration. New staff worked alongside the provider before they had worked alone. One member of staff told us "[Name of provider] is very supportive; they helped me gain confidence and encouraged me to look at more training."

Staff felt valued and listened to in their roles. The provider took time each day to speak to the staff individually which gave the staff the opportunity to discuss any issues or concerns they had and ensured the provider fully understood the needs of the people which enabled them to instruct the staff in various techniques to support people individually. It also enabled the provider to ensure the care plans in place were up to date and relevant. In addition the staff received regular supervision and a programme of appraisals was in place for all staff who had worked for the provider for over 12 months. One member of staff told us "My supervision is good, it is an open forum, but structured; good opportunity to discuss everything [name of provider] takes on board things and will make changes to things if it helps."

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 and we saw that they were. Staff told us they sought the consent of the individual to complete everyday tasks and people confirmed this. One person told us "They [staff] always ask me what I want or need." The provider had ensured that if a person had been deemed to lack the capacity to give their consent that the appropriate steps had been taken to ensure decisions were taken in people's best interests. At the time of the inspection the majority of people were able to give their consent.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking. One person told us "They [staff] make me my lunch, they always encourage me to eat and ensure I have a drink; they will also leave me a drink ready as they go."

People's healthcare needs were carefully monitored. Records detailed people's medical history and known

health conditions. People confirmed that they were supported to attend their local GP and other health appointments. One health professional told us their experience of the Sanctuary was that it was well organised and ensured that people attended appointments and kept up to date with their medicines. We saw in one record that advice had been sought from an Occupational Therapist in relation to a person's mobility needs.

Is the service caring?

Our findings

People described the staff that supported them as very kind; caring and willing to do anything they needed. One person told us "The staff are excellent, they could not be any better." A relative said "I trust them entirely; they are very caring and helpful. The provider effectively monitored the quality and safety of the service."

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their support to be given. One person told us the staff always asked them to choose what they ate. Another person said "I will always tell them if I want a shower or not, they do as I ask." The provider had ensured that people had the same regular care staff who delivered consistent care. One person commented "The benefit of this service is that you have the same carer, at the same time; the continuity helps you to build up a relationship which is valuable to older people."

People received their care in a dignified and respectful manner. People told us that they felt they were respected and that their dignity was protected. One person said "Without any doubt at all [name of care staff] treats me with respect and waits for me to ask if I need help." Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. One person told us "The staff are very discreet; they never talk about other people with me." The registered provider and staff spoke daily to ensure all relevant information was shared between them, this was conducted in private.

At the time of the inspection the majority of people receiving personal care were able to express their wishes and were involved with their care plans. People told us that the staff spent time talking to them. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. There was no information readily available about advocacy for people however, the provider agreed to ensure information would be included within the information pack which people received as they commenced the service. At the time of the inspection one person had the support of an advocate.

Is the service responsive?

Our findings

People and their families met with the provider to talk about whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed and their expectations of the service. This information was then used to develop a care plan for people. The provider made sure there were sufficient resources to meet people's needs before people were offered a service. This ensured that people's needs were consistently and effectively met.

The care plans detailed what people needed and when they wanted support. They were regularly reviewed and updated and we saw that if people needed to make changes this was accommodated. Daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. Staff spoke daily to the provider which ensured that information remained up to date.

There was information about people's cultural and spiritual needs. We saw that people were supported to access services to meet their spiritual needs; for example the provider had arranged for a minister from a local church to visit one person each week which ensured that the person maintained their religious practice. Staff were aware of people's cultural needs and explained if they were to support anyone who had different cultural needs that this would be detailed and explained in the care plans. At the time of the inspection there was no one who had any specific cultural needs. People were supported to undertake activities or pursue any interest they may have; for example people were supported to go shopping and access local activities in the community such as a singing group for people with Alzheimer's.

People and their families were given information about what to do if they had a complaint or needed to speak to someone about the service. The provider had ensured that there was always someone people could contact. People told us that they would speak to the provider or any of the staff if they had a complaint. One person told us "I would speak to [name of provider] if I had a concern; they want the service to be as good as it can be." However, the majority of people we spoke to had not had any occasion to raise a complaint and had nothing but praise for the care and support they received. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. There had been no complaints in the last 12 months.

Is the service well-led?

Our findings

People benefited from receiving care from a team of staff who were committed and enabled to provide consistent care they could rely upon. The provider was passionate about providing the best possible care to people and was visible and approachable.

The provider was actively involved in the service and routinely monitored the quality and safety of the service provided. As this was a small service they were able to address any issues as they arose and deal with them effectively. The provider was aware that as the service grew they would need to be proactive about the development of the quality assurance processes.

'Spot checks' were undertaken by the provider which ensured that all staff delivered the care as detailed in the individual care plans and at the standard required. Daily records and the medicine administration record sheets were monitored and any shortfalls in recording addressed. The visits to check on the staff also gave the provider an opportunity to gather feedback about the service.

People had been regularly asked for their feedback about the agency and the provider had ensured that there was always someone available for people to contact if they needed to. One person who had only recently received a service said "[Name of provider] said they would be coming back to see me and check how things are going, it is early days yet but I know they will as they always do what they say; they are very sincere about their work." We read one comment from a family which read 'Thank you for taking such good care of [name of relative]. We are all so appreciative of the love and care you continue to offer them.' The comment confirmed to us what people had said about the agency and how the staff spoke of their work and pride in working for the provider.

The culture within the agency was open and transparent, focused upon supporting people's well-being; it enabled people to live as independently as possible for as long as possible in their own home. One person told us "I am not lonely anymore; I am very very happy, the service is excellent." A relative told us "The service is a life saver." All of the staff we spoke with spoke of providing a service that was person-centred and focussed on the outcomes for people.

Staff felt valued and listened to. There were regular staff meetings. Staff told us that the meetings were a great opportunity to come together, share their experience and learn from each other. One member of staff told us "We have a staff meeting once a month, they are very good, lots of information sharing and we share ideas and suggestions." Staff told us about one meeting when it was discussed about the need for a larger bin in a person's bathroom the provider had gone out and replaced the bin which had solved the problem.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were able to demonstrate their understanding of their role and responsibilities specifically in relation to safeguarding and whistleblowing. The provider ensured that whenever any policy or procedure was updated that the staff were informed and an up to date

copy sent to them.

The provider led a team of staff who provided a service which was tailor made to meet the individual needs of people and support them to live as independent and fulfilled life as possible