Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Clapham

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

This inspection took place on 10 and 11 May 2017. The inspection was announced.

Sanctuary Care provides personal care for tenants living in self-contained flats. At the time of the inspection the service was delivering domiciliary support to 39 older people, people with mental health needs and people with a learning disability.

This was the provider's first inspection since registering to deliver personal care at this location.

The service had a registered manager at the time of the 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 were safe because staff received training and understood how to protect people from abuse. Staff also knew what to do if they suspected people were at risk of abuse. People had risk assessments in place to reduce their risk of avoidable harm. There were enough vetted staff available to support people safely and people received their medicines as prescribed by their GP.

People received care and support from staff who had been inducted, trained, supervised and appraised. People were treated in accordance with the Mental Capacity Act 2005 and their consent was sought before care was delivered. People's nutritional needs were met and staff supported people with timely access to healthcare services.

People living in the service were supported by kind and caring staff. People's privacy was respected and they were treated with dignity. People's family and friends visited and people were supported to maintain the relationships that mattered to them. Staff ensured that people received the support they required to maintain their independence.

People received care that met their assessed needs. People were supported with reassessments when their needs changed and health and social care professionals participated in these. Staff had guidance on meeting people's needs in care records. The provider actively sought the views of people about their experiences of care and support. The provider acted on this feedback as well as on all complaints received.

There was an open management culture within the service and the staff felt supported by the registered manager and team leaders. The quality of the service people received was subject to audits and action by the registered manager. The provider supported the manager in their role and the service worked in partnership with external agencies.

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 were protected from abuse and avoidable harm.

Staff were recruited through appropriate vetting and selection processes.

Staffing was arranged to ensure there were sufficient numbers to keep people safe at all times.

People received their medicines safely.

Is the service effective?

Good

The service was effective. Staff received induction and on-going training.

Staff received training and supervision from their line managers.

People gave their consent before care was delivered.

People had enough to eat and drink

Staff supported people to see healthcare professionals whenever they needed to.

Is the service caring?

Good

The service was caring. People told us that they felt staff were caring.

People received the support they required to maintain the relationships that mattered to them.

Staff promoted people's independence.

Staff treated people and the property with respect.

Is the service responsive?

Good

The service was responsive. The care and support people received met their individually assessed needs.

People had care plans which guided staff as to how their needs should be met.

The provider gathered the views of people and acted on their feedback

People understood how to raise concerns and complaints.

Is the service well-led?

Good

The service was well led. Staff felt supported by the registered manager and leadership team.

There were robust quality auditing processes in place.

The registered manager was supported in their role by the provider organisation.

The provider worked collaboratively with other agencies to ensure positive outcomes for people.

Sanctuary Home Care Ltd - Clapham

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 10 and 11 May 2017 and was announced. The provider was given 48 hours' advance notice because the service provides domiciliary care within an extra care setting and we needed to ensure that staff were available to speak with us. This meant the provider knew we were coming.

Prior to the inspection we reviewed the information we held about Sanctuary Care - Clapham including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with eight people and two relatives. We also spoke with five staff, two team leaders and the registered manager. We reviewed 12 people's care records and risk assessments and 18 medicines administration records. We looked at documents relating to staff and management. We reviewed nine staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we contacted four health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and receiving support from staff. One person told us, "I am happy here. The staff are good." Another person said, "I am safer here. On the street it can be rough and dangerous. The staff keep me safe and keep the bad things outside."

People's safety was enhanced because staff had knowledge and procedures to protect people from abuse. Staff received safeguarding training and understood the actions they should take if they suspected a person was at risk of abuse. Actions included, reporting concerns to the registered manager and whistle-blowing if the manager did not take action to keep people safe.

The risk that people might experience avoidable harm were reduced. Staff supported people with risk assessments and plans were developed to reduce identified risks. For example, one person's risk of falling was reduced by the installation of a toilet seat raiser and grab rails in their bathroom. Another person wore a pendant alarm at all times to alert staff if they fell. In the care records of a third person we read, "[Person's name] needs staff to be present as they are not always steady on their feet so is at risk of falls." People's falls risks were regularly reviewed by staff and healthcare professionals to ensure the guidance to staff in care records was up to date.

People were protected from the risk of malnutrition. People were supported to have a nutritional assessment to identify their eating and drinking needs. Assessments included identifying where people required support with shopping. Where people were unable to shop for food independently and relatives were unable to bring food, staff shopped for them. Where staff were concerned about people's appetites or weight loss a referral was made to healthcare professionals for an assessment.

At the time of our inspection, the provider informed us that they were not delivering support to people with known swallowing risks. However, staff told us that if they were concerned that somebody was at risk of choking they would inform their GP and make a referral for a swallow safety assessment by a speech and language therapist. One member of staff told us, "After the assessment we might have to thicken drinks or moisten food."

People were protected from financial abuse. People who were at risk of financial abuse were supported to have their money and purchases monitored. For example, we found that on a number of occasions people who had their finances managed by relatives had the food stocks in their flats monitored. Where people had not received sufficient food, toiletries, clothes or cash, the provider had passed on their concerns to the local authority's safeguarding team for investigation.

There were staff available in sufficient numbers at all times to keep people safe. The provider adjusted staffing levels to meet people's needs. The service made use of a pool of bank staff to cover planned and unplanned staff absences including sick leave and annual leave. People received timesheets which showed them which staff were scheduled to deliver their care and support each week.

People received their care and support from staff who had been safely recruited. Staff had submitted applications and been interviewed. Successful applicants completed health declarations and criminal records checks, supplied references and presented proof of identity, address and eligibility to work in the UK.

People were supported to receive their medicines safely. The support people required to take their medicines was assessed and stated in care records. Staff ensured that people's medicine administration records [MAR] charts were correctly signed to show that people had taken the right medicines at the correct times. The registered manager audited people's medicines and MAR charts each month. We checked 18 people's medicines administrations records and found there were no gaps in recording.

The service undertook checks to ensure the equipment used in the delivery of care and support was safe. Specialists regularly serviced equipment including lifts, hoists, electrical and fire fighting equipment. The registered manager coordinated a visual inspection of equipment by staff and audits noted when the last maintenance checks had been carried out and when the next was scheduled.

Good

Is the service effective?

Our findings

People had confidence in the capability of staff. People told us that staff were knowledgeable and skilled. One person told us, "They [staff] seem to know what they are doing." Another person said, "They wear a uniform. They're trained to do what they do."

People's care and support was delivered by staff who were trained. Staff received training which included, manual handling, fire safety, safeguarding vulnerable adults, basic life support and medicines. The provider also had an e-learning academy to support staff training. The academy provided online training to staff which included data protection, mental health and nutrition. Staff received refresher training when required and the registered manager audited staff training to ensure staff skills and knowledge were up to date.

New staff joining the service completed an induction programme. This included four days of training and a period of shadowing colleagues to observe good practice in delivering support to meet people's needs. During the induction phase new staff familiarised themselves with people and their care records. This meant people received care from staff capable of meeting their needs.

People were supported by staff who were supervised and appraised. Staff received regular supervision from team leaders and the registered manager. Supervision meetings were used to discuss people's changing needs. For example, one staff member's supervision record noted them being asked, "Are you aware of any tenants that have had a recent change of need?" Appraisal meetings were arranged annually and were used to review the performance of staff in the delivery of care to people and to plan staff development including training needs. This meant people's care was delivered by staff who were evaluated and given support to improve.

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 gave they consent to the care and support they received. One person told us, "They staff always ask me what I want." A member of staff said, "I always say, 'ask first'. That way you're on the right path. I ask what help someone wants to dress and then what clothes they want to wear. People signed their care records to consent to the support planned. Where people declined to accept aspects of support in line with their care plans there decision was respected.

People received the support they required to eat and drink enough. Staff undertook nutritional assessments to identify people's needs and care records stated how people's nutritional needs should be met. For example, one person's care records stated, "I would like staff to support me to heat and serve the daily meals that my [relative] cooks for me and leaves in my fridge." Another person's care records stated, "I need staff to prepare my supplement drink and leave it for me to have in my own time." There was a cafeteria in the ground floor of the service. 19 people regularly chose to use the cafeteria for lunch. Of the 19 people, six went to the cafeteria to eat whilst the other 13 people had their meals brought to them in their flats by staff.

People were supported to maintain their health. Staff supported people to access healthcare services when required. Staff arranged appointments and hospital transport for people and made timely referrals to health and social care professionals. People's care records stated their health needs the healthcare professionals involved in their care and treatment. Care records also noted people's allergies and any health associated risks.

The design layout and features of the service met people's needs. People had their own flats within the building with their own kitchen, bathroom, living and bedroom areas. There were communal areas for people to socialise in. There were lifts for people to use if they chose not to use the stairs. The doors to people's flats had spyholes at two heights. This meant that people who were standing or using wheelchairs could see who was at their doors.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, "When I came out of hospital lots of staff popped round to ask how I was and how I was feeling. That was nice." Another person told us, "The staff are good people. For instance, this morning a member of staff fixed my saucepan. It was a bit loose and she tightened it. They didn't have to. It's not their job, but they did."

People were supported to maintain relationships with family and friends. People told us that their relatives were made to feel welcome when they visited. People also said that the staff kept relatives informed of important events when requested to. Positive relationships were being nurtured between people and staff. People were supported to develop personalised documents entitled "My Life Story". These included information about people's families, childhood, working life, momentous life events and wishes for future care. One member of staff told us, "This background information helps us get to know people. Our chats become more substantive because we know where people are coming from and what they've been through." Another member of staff said, "It's important to get to know people so you can pick up the subtle hints that a person is low or down or depressed".

People were supported to maintain their independence. Where people were able to undertake activities independently this was stated in care records. For example, one person's records noted them as saying, "I can feed myself and wash my upper body." The support that people required to remain independent was stated in care records. For example, one person was quoted in their records as saying, "I like my zimmer frame next to my bed so that I can get up in the mornings or night and support myself." Another person's care records stated, "I would like my frame left close to me so that I can access other rooms in my flat."

People's privacy was respected. People told us that staff knocked their flat doors or rang their door bells and waited before entering. One person we spoke with said, "No staff have never just walked right in. No, not even once. That wouldn't be on at all." People signed an agreement enabling staff to use a master key to gain entry into their homes in exceptional circumstances. These included during an emergency such as an escape of gas or water, if the person had activated a call alarm, or if the person was suspicion that the person was missing.

People were supported to develop advanced care plans. These identified people's preferences should they require end of life care. Whilst none of the people receiving a service were on the end of life pathway at the time of our inspection, we found the manager, team leader and staff had experience of supporting people's end of life care needs. They emphasised the importance of peoples' choices, involving relatives and end of life specialists, and remaining pain-free.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs. People told us that staff provided support as agreed. One person told us, "The social worker, me and [staff] discussed and agreed my support. My [relative] was there too. Everyone wanted me safe. I wanted my own space and privacy." Another person said, "The staff come to see me three times a day and it works out alright."

People's needs were assessed prior to receiving a service. People arrived at the service with an assessment and care plan from the local authority. Further needs assessments were undertaken by the provider with people. These covered a range of areas including people's mobility and personal care needs, mental health and risks. When people's needs changed they were supported with reassessments. For example, when one person was observed to be unsteady on their feet staff made a referral to their GP and an occupational therapist.

People were supported with care records which included guidance to staff on meeting people's needs. The duration of support people were assessed as requiring was stated in care plans. For example, in one person's care plan it was stated, "I need double-handed care four times a day, this consists of 45 minutes in the morning, 30 minutes for lunch, 30 minutes in the evening and 30 minutes in the night." Double handed care is the term given to when a person is supported with their personal care by two staff at a time. Care records stated the support that people required during their care calls. This included, support with personal hygiene and preparing meals.

The provider made activities available for people who chose to participate in them. People told us there were fish and chips evenings, coffee mornings, quiz evenings and bingo. There was a day centre on the ground floor which people could access if referred by the local authority. One person told us, there are things to do sometimes but I think they [staff] could put on more." Another person we spoke with said, "I like to do my crosswords and puzzles in my flat. I like it when my family and friends visit me." A number of people told us that they preferred the privacy of their own flats and preferred not to socialise. One person's care records stated, "I would like my choice of staying in my flat to be respected."

Peoples' views were gathered during review meetings, spot checks and surveys. The provider analysed survey results. We read that in the most recent survey people were asked if they agreed with statements including, "Overall, I am happy with the services I receive", "I am happy with the staff who provide care/support" and "I am treated with dignity and respect." People's responses were collated and converted into percentages. For example, 89.5% of people agreed with the statement, "I can speak to staff about any problems I have." The provider took action to address issues raised by people. For example when people said they wanted to be kept better informed about changes such as staff changes, the provider responded by creating a process which involved the manager or a team leader phoning people to inform them on occasions when an alternate member of staff would be supporting them.

People were supported to have resident's meetings. These were used to obtain people's views and suggestions. Additionally, the service used these forums to provide people with information. For example,

we read that people were reminded to, "Never let any unknown visitors through the main front door." Staff maintained minutes of residents meetings so that people who did not attend could see what was discussed. Informally, people's views were gathered at weekly coffee mornings.

People understood how to raise a complaint if they had any concerns. We read the provider's complaints records and found that complaints were dealt with in line with the provider's policy. When required, the provider forwarded complaints to the local authority for investigation as a safeguarding concern.

Good

Is the service well-led?

Our findings

People and staff told us that the management of the service was good. One person said, "I know the registered manager. She's nice and friendly." A member of staff told us, "The registered manager is fair. She listens and she supports us." A second member of staff said, "The registered manager is very easy to approach."

Staff were clear about their roles and responsibilities and those of their colleagues. The registered manager was supported in their role by team leaders. Speaking about the team leaders one member of staff said, "They are very open if you don't know something. They tell us that it is better to ask them, than to get it wrong." A second member of staff said, "They [team leaders] are very good at explaining things and directing us." Team leaders were supported by the registered manager to develop in their roles. One team leader told us, "I have done team leader training which involved care planning, information sharing, safeguarding, training to deliver supervision and undertaking spot checks." Two tiers of on-call managers were available by phone at night time and weekends to ensure that staff had continuous access to management support and direction.

The provider undertook a range of quality audits. The registered manager checked the quality of service delivery by monitoring a number of areas. These included checks of care plans, daily logs, training, medicines records, repairs, and pendant alarms. Where audits identified shortfalls the registered manager took action. For example, an audit of emergency procedures noted that one person's personal emergency evacuation plan (PEEP) had not been included in the service's emergency grab bag. The registered manager took action and ensured that a copy of the PEEP was placed in the emergency bag and available in the event of an evacuation.

The registered manager spoke with a sample of people each month to ask them about the care and support they received. Feedback from these meetings and the observations by team leaders were fed back to staff in team meetings and supervision. The registered manager tested staff knowledge regularly. On a monthly basis the registered manager spoke with a sample of staff and asked them questions about care and support. For example, the registered manager asked questions about first aid, medicines and safeguarding. This meant the quality of care people received and the training of staff delivering it was under continuous review.

The registered manager received support from the provider and their own line manager. The provider's registered managers met monthly to discuss good practice in delivering care to people. The registered manager received supervision from their line manager and was appraised. The registered manager's appraisal identified the training they had completed and further developmental requirements and training needs.

The registered manager worked in partnership with others to achieve positive outcomes for people. For example, the service regularly worked jointly with healthcare professionals, social workers and commissioners. The registered manager understood the legal responsibilities of their registration with CQC

and the requirement to keep us informed of important events through notifications when required.