Sanctuary Home Care Limited

Sussex 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 inspected Sussex Care Services on 23rd March 2016. The service provided support to people living in their own accommodation within four communal houses in Brighton and Hove. The service supported 30 people on the day of our inspection. The service provided support to people with mental health issues and used the Recovery Star which is a tool that measures change and supports recovery by providing a map of the person's journey to recovery, it is a way of plotting the person's progress and planning actions. The service aimed to support people for 18 months before people moved to more independent living arrangements. People received care and support at four separate locations across the city. The Care Quality Commission inspects the care and support the service provides, but does not inspect the accommodation people live in.

This inspection was announced which meant people, the registered manager and staff knew we were coming shortly before we visited the service. The provider was given notice because there are different locations with staff providing support for adults who are often out during the day. There is a main office from which the service is managed and we needed to be sure that someone would be in and people would be available to talk with us.

A new manager had started in post in November 2015 and was in the process of registering with the Care Quality Commission. '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 told us they felt safe and were happy with the support they received from Sussex Care Services. One person told us, "I feel safe, the staff are good". People were safe as they were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. People were supported to manage their medicines safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

We saw people were supported by staff that knew them well, gave them individual attention and looked at providing additional assistance as and when required. Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively.

Staff, the registered manager and locality managers were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

The staff team were responsive to people's social needs and supported people to maintain and foster interests and relationships that were important to them. People were central to the practices involved in the planning and reviews of their support and guided by the Recovery Star Model which places the person at the

centre of their care. People were encouraged to be as independent as possible and to plan to move to a more independent living arrangement. A staff member said "Everything is about the client; we're really good at being flexible and responsive to people's needs and wants".

People received regular assessments of their needs and any identified risks. Records were maintained in relation to people's healthcare, for example when people were supported with making or attending GP appointments.

People told us that staff were kind and caring. One person told us about staff, "They care, they let you get on but are there for support ". A relative we spoke with said of staff "I have nothing but good things to say about them". We observed staff treating people with dignity and respect and involving them in their care.

The service was well led and had good leadership and direction from the registered manager. Staff felt fully supported by their manager to undertake their roles. A person centred culture was promoted and embedded. There were robust quality assurance systems in place to ensure a high quality of care and support was provided.

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 felt safe. There were appropriate numbers of well-trained and appropriately recruited staff available to provide the care and support people needed.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The registered manager assessed risks and gave staff clear guidance on how to protect people.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately.
People were supported to manage their medicines safely.

Is the service effective?

Good

The service was effective. People received support from staff who understood their needs and preferences well. People where needed were supported to cook for themselves and make health choices.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

The service was caring.

Staff knew people and their preferences.

Staff were respectful and polite when supporting people. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

People were fully involved in decisions about their care and support.

Is the service responsive?

Good

The service was well led.

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities provided by the service and in the community. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Good

People and their relatives were asked for their views. They and staff could approach the management team with their queries and they were listened to so that improvements could be made.

The management team were visible and approachable and we received positive feedback about the management of the service from people, their relatives and staff.

Audits were carried out across a wide range of areas and this showed that the provider monitored quality and performance regularly.

Sussex 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.

The inspection was carried out on 23rd March 2016. The provider was given notice because there are different locations providing a service for adults who are often out during the day. There is a main office from which the service is managed and we needed to be sure that someone would be in and people would be available to talk with us. The inspection was carried out by two inspectors.

The provider had 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.

Before the inspection we checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the home is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We visited the central office and two separate locations where care and support was provided. We observed care and spoke with people, relatives and staff. We also spent time looking at records including six care records, four staff files, medication administration record (MAR) sheets, a service improvement plan, staff training plans, complaints and other records relating to the management of the service.

We contacted local health and social care professionals including a representative from the local authority to ask for their views. On the day of our inspection, we spoke with eight people using the service and one relative. We spoke with the registered manager, a deputy manager, a specialist practitioner and three project workers.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care and support from Sussex Care Services. People told us that this was because of the supportive relationships they had with staff. One person said "I feel safe, the staff are good". Another person said "If I needed something I know they would help".

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. Staff told us that knowing people well enabled them to identify possible signs of abuse. One member of staff said "We get to know clients really well and notice changes in behaviour". Staff were aware of the need to report concerns to a management colleague as soon as possible. One staff member told us "I would pass it on straight" away to a manager". Staff knew the process for referring safeguarding concerns to the local authority. There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. We saw that in the offices where staff worked from there was a clear flow chart of what to do and who to contact should any concerns of a safeguarding nature arise. Staff told us they had received training in safeguarding and that there was a written procedure to follow. Safeguarding was discussed on a regular basis with staff and recorded.

Clear and detailed risk assessments were recorded for people and we saw that these were updated regularly. Any changes in behaviour or health issues that occurred were discussed daily and handed over between staff. Signs of a relapse in people's mental health were recorded for example an increase in the person's alcohol consumption or a change in their eating habits which indicated increased risks of deterioration in mental health. Strategies to minimise these risks, as well as risk in regards to people's physical health were recorded and informed how staff supported people. People were independent and supported to take everyday risks to enhance their goal towards full independence and feel in control of their own lives. Staff educated people about potential everyday risks in their everyday discussions and in their weekly keyworker meetings.

We saw that accidents and incidents were recorded in detail. These were completed by members of staff, signed off by the registered manager and then sent to the quality assurance team for oversight. Clear actions were recorded on the incident forms and the registered manager had oversight of them to identify any trends. We saw the recent collation of incidents and saw that where needed the registered manager had been involved to support with addressing issues and where needed had sought advice from a medical practitioner. Alongside detailed daily recordings and effective communication risks to people and potentially others were managed and people were supported to take positive risks and engage with the community. One example of positive risk taking was supporting a person to access lessons so that they could learn with how to ride a moped as it was their dream. The person, the staff team and the psychiatrist had been working in partnership in a planned way to achieve the goals needed to get to the point that the person could buy and start riding the moped. We saw that the person was well on their way to achieving this.

People told us that there were enough staff on duty to ensure that people were safe. Although people had their own license agreements there was a staff member available between the hours of eight o'clock in the morning till eight o'clock at night. Outside of these hours there was a support helpline that people could contact and if needed an on call manager was available. People told us that they were happy with this arrangement and that staff were always available when needed. Staff told us that there were enough of them to keep people safe. We observed that people had an allocated time for support and that people received this support in a way that was bespoke to them ensuring that their identified needs were met.

People were supported to manage their medicines safely. One person told us "Staff help me with medicines and I feel I can go to them". Staff did not administer medicines to people but prompted some people with this task. Each person kept their own medicines in a locked cabinet in their room. Risk assessments were in place that detailed people's abilities to self-administer their medicines. Where someone was identified as being at risk managing their own medicines a plan was put in place and the person supported. For example for one person who was at risk of taking an overdose staff kept the key for the medicines cabinet and the person accessed this when needed and took their medicines under supervision. The person had agreed to this arrangement and Medication Administration Record (MAR) charts were completed for these people. The registered manager was working to an action plan they had devised to implement improvements in the area of managing medicines. This included providing locked cabinets to store medicines until people collected them on the day of delivery and updating medicines training for all staff.

Staff had been recruited through a recruitment process that ensured they were safe to work with vulnerable people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service, records confirmed this.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person said "Staff seem well-trained." "Another said, "Staff are pretty on the ball, got their heads screwed on". A third person said "Staff seem well qualified, they've got a mental health background". Staff told us that they received enough training to support them to carry out their roles and that this training addressed the specific needs of the people they supported. It included training in the Recovery star model to support people with their mental health needs and training to support people with a dual diagnosis which addressed the needs of people with mental health and substance misuse issues.

Staff undertook an induction programme at the start of their employment at one of the supported housing locations. The registered manager made sure staff had completed an introduction to the project and had time to shadow more experienced staff and get to know people. Staff were booked onto the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people alone. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. A member of staff who had recently started employment with the organisation, told us that they'd had "The option of more shadow shifts if I felt I needed them and management checked that I was confident to carry out the role". This was particularly important as staff were often on shift on their own and needed to feel confident to lone work.

Ongoing training was planned to support staff's continued learning and was updated when required. Most staff had additional health and social care qualifications to support their work and in most cases these people were keyworkers for people. Staff were not allocated as a keyworker until they had completed the appropriate training in the Recovery Star model. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Staff felt supported by a regular system of supervision which considered their role, training and future development. Observational supervision and annual appraisals were carried out by one of the management team.

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. Staff were fully aware of their responsibilities under the MCA. They were able to tell us about the principles of the Act. For example one staff member told us the need to protects peoples human rights and that when considering whether a person had capacity to make a decision "It's about this decision now" and that any best interests decision made were "The least restrictive". Records confirmed that people's consent was sought in relation to staff disposing of unused medicines, consent to share information with a third party and consent for master key access in the event of an emergency. All people using the service had capacity to make decisions for themselves.

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. The application procedures for this in care homes, hospitals and in supported living settings are called the Deprivation of Liberty Safeguards (DoLS). The registered managed informed us that no one was subject to a DoLS but was aware of the need to refer if identified. The nature of the needs of the people living at the locations made it unlikely that staff would be supporting people with a level of need indicated by a DoLS.

Key workers supported residents with identified issues such as maintaining a balanced diet, budgeting or menu planning. People were expected to cook for themselves in the shared communal cooking areas but where people needed support with this it was identified. For example, one person who needed support to increase the amount of dishes they cooked and their nutritional intake they prepared and cooked meals with the support of their keyworker twice a week. A staff member gave us an example of implementing GP advice for someone with an eating disorder. They explained that the person had improved their nutritional intake by following a structured plan with support and encouragement from staff. Care plans relating to this were completed and goals and objectives discussed in people's weekly keyworker meetings. Sussex Care Services also provided training groups for people to support their rehabilitation and move on to more independent accommodation. This included cooking groups that people could choose to participate in to improve and enhance their skills in this area.

People told us that they received the healthcare support that they needed. People were linked in with relevant mental health professionals including social workers and community psychiatric nurses. People's physical health needs were identified and people were supported to address these. Staff supported people to attend GP and health appointments where needed. One staff member told us "We have good contacts with local GPs, we encourage people to do well-man and well- woman checks and support them with carrying out recommendations".

Good

Is the service caring?

Our findings

People told us that staff were kind and caring, one person said "They care, they let you get on but are there for support "; "I'm happy here, it's done me the power of good"; Whilst a third said "All the staff are kind, decent people". People told us that staff were approachable and helped them when needed. One person said "All I have to do is walk a few yards to the office and they'll help me, they're there if you need them". A relative said of staff "I have nothing but good things to say about them". One member of staff told us "I'm friendly and open, people are aware they can talk to me." Throughout the inspection we observed kind, patient interactions with people. Staff were in tune with people's verbal and non-verbal communication so they noticed when people needed support or wanted company. Care records detailed how to communicate with people so they understood staff and the approach to use.

The organisation promoted a culture of empowerment and people were fully involved in their care and support. The organisation provided therapeutic groups as part of the rehabilitation program. One staff member who was a counsellor and specialist practitioner told us that the staff team "promoted empathy, with good active listening, reflection and some challenge". They told us that part of their role was to "Try and give people a voice in the groups".

Weekly therapeutic groups were held at the different projects with a 'Focus on developing emotional resilience in individuals and giving them space to explore their current feelings'. There were also house meetings that were held weekly that focused on household issues that offered people the opportunity to express their views on the running of the house and putting forward any suggestions for changes. These meetings were chaired and recorded by people living in the locations. These meetings were also a forum for people to resolve any issues within the house that had arisen as a result of communal living. The registered manager told us that people had chosen the names of the four different locations where people received support as part of a consultation process in the residents meetings. To reflect the recovery star model people had decided to name the different houses after star constellation such as Orion and Sirius.

People told us that staff treated them with dignity and respect. One person said "Staff are nice, very friendly, they make you feel human, it is like talking to one of your mates". Staff gave us clear examples of how they treated people with dignity and respect. One staff member said "We always knock on people's doors, always say good afternoon and always ask what the client wants. A relative told us that staff were exemplary at ensuring their family member was treated with dignity and respect. They said "[my family member's] dignity is massively respected at all times. Staff consistently told us about how they promoted peoples independence. This approach was embedded in the aims of the project in supporting people to increase their levels of skill and confidence to be able to live more independently. Another staff member said "We listen to them and respect their wishes." Another staff member told us of their approach when supporting people "I hold back and allow the person the opportunity to do the task for themselves"

One person told us of how they had become more independent and able to manage their day to day life and complimented the staff on supporting them to achieve this. They told us "I'm hoping to get low supported accommodation. I've woken up I don't need to be told what to do, staff have really helped me". People had

access to advocates and signs were clearly displayed in communal areas with details of who to contact if people wished to do this independently.

People and relatives told us they were supported to maintain relationships with those who mattered to them and that staff supported with this where needed. One relative said that staff had respected their family member's wishes regarding contact and only contacted them with their permission. They told us that staff have "Become part of our family".

Good

Is the service responsive?

Our findings

People were directly involved with their care and support through the use of the Recovery Star Model which looks at the different areas of a person's life such as managing mental health, living skills, social networks, self-esteem, trust and hope. This model allows the person to identify where they are in relation to these areas and identify if needed the support to achieve these goals. The registered manager told us "This is a person centred approach that aims to give the resident a voice in how their support is provided". Goals and objectives were discussed on a weekly basis with the person's keyworker. We saw that these were completed and that keyworker sessions happened regularly. On person told us "It's good that I have a keyworker meeting every week. We go out to costa and have a chat". This was an example of how staff found creative ways to engage people in discussions about their care and support and the goals they wanted to achieve. Regular reviews of people's care took place which involved the person and an evaluation of their goals

An individualised support plan was agreed within one week of admission and then this was the plan that was worked to and updated as the person met or changed their goals. The care records we saw were detailed and reflected the person's individual care needs. We saw that people had been involved in rating themselves on the pictorial map of the recovery star. One person told us about how they were going to start a detox programme to address their issues with alcohol. They told us that as a result of the support they'd received "I've woken up I don't need to be told what to do". They expressed confidence in the responsive nature of staff "If I needed something I know they would help".

The provider had an allocated worker responsible for running and co-ordinating groups within the projects. The worker was a qualified counsellor specialising in person centred practice. They were also responsible for supervising peer- support workers who have had personal experience of living with mental health issues and who had been previous residents in one of the houses. There was a separate building in one of the gardens of the houses which was a group meeting area. It was a calm inviting space that people used to carry out activities. There was a computer club, arts and craft group and a history group. These groups took place weekly and were run by peer support workers or current residents. People told us that they valued these groups and one person told us how pleased they were that staff had "Connected me up with lots of groups, I've been happy since I've been here". People were also connected with groups in the community and the recovery college.

Staff knew people well and were aware of their goals and supported people to find solutions to needs they may have, for example one person who was from overseas did not have English as their first language, a peer support worker became part of their care and support to help their language skills. Staff helped and supported him where necessary with relevant documentation.

Support plans documented people's wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported. Staff told us "We provide a service delivering needs assessed care and promoting peoples independence within a homely environment". We observed staff talking to people in a person centred way offering choices and support that promoted

people's self-determination. People worked towards achieving greater independence with a view to moving to less supported accommodation.

Staff told us about the person centred approach they took. One staff member said "We're really good at being flexible to people's needs and wants, we always encourage our clients to hope". The coordinator of the groups that took place told us "We find out what people's passions are and develop them". They gave an example of someone who was interested in history and was going to run a history group for other people to participate in. They told us that their aim was "To develop confidence and skill share". Another staff member told us that "Staff are recovery focused and their role is to enhance people's interests and passions."

People we spoke with told us that they would be happy to raise concerns if they had them. One person told us "Staff are very helpful", another person said of staff "they're there if you need them". A relative told us that they felt comfortable talking to staff if they had a concern and was confident that they would resolve any issues swiftly and professionally. They said of communication with staff "If I needed to know something we would always be told". People all told us they were encouraged to raise concerns informally or through the residents meetings. These were used for people to share their views and experiences of the care they received and discuss the running of the home.

The provider had a policy and procedure in place for dealing with any complaints. This was made available to people and professionals. The policy was clearly displayed in the different locations. The registered manager demonstrated that formal complaints had been managed in accordance with the organisations policy.

Good

Is the service well-led?

Our findings

People we spoke with were happy with the way the organisation was run. One person told us "The managers are really nice and staff are really helpful". People we spoke with on the phone said "We want you to know that everything is great here". A relative we spoke with spoke highly of the organisation's management and staff "I can't speak highly enough about them, I have nothing but good things to say about them, they have been a rock to the whole family".

Staff told us that the organisation was well run and staff were happy with the management support they received. Comments from staff included "Excellent"; "I've worked here for 5 years and always felt appreciated"; "The manager is very good, compassionate, good with people and staff." "[the registered manager] has been brilliant, he really knows his stuff", "I can go to the [registered manager] to ensure my practice is always safe".

There was a clearly defined culture and ethos that people and staff worked from. The Recovery Star model clearly informed how people identified their needs and structured the way goals were set and worked towards. The registered manager told us "It is a client centred assessment tool". There was an emphasis on a therapeutic and practical approach to supporting people with their mental, physical and substance misuse issues. The registered manager told us about their approach and style "My style is person centred in terms of clients and staff and I have an inclusive management style. I think the team are very client centred and in any discussion I have with them it's very clear." The registered manager also appreciated that although their role had an operational component and they needed to be fully aware of the needs of people and staff they also understood the need to step back look at the needs of the service as a whole. They said "I have to have a wider view and get a balance between my operational and strategic role".

Our observations, conversations with people and staff and the records we looked at confirmed the person centred nature of the care and support being provided for people. This was instilled and modelled by the management team and the organisation as a whole.

People and staff were involved in developing the service. Staff meetings were held every week and alternated between a focus on people's needs and discussions regarding policy and procedure. For example we saw in a meeting at the beginning of March restrictive practice was discussed and that in the minutes there was a link to the local authority's procedures for further reference. When people's care was discussed we could see from the minutes of the meeting there was a focus on people's goals and their plans for moving on to different accommodation. The registered manager met with the two deputy managers regularly which ensured that the management team had a clear forum for communicating any issues and finding solutions to any challenges identified.

Satisfaction surveys were conducted that encouraged people and professionals to be involved and raise ideas that could be implemented into practice. The registered manager had carried out a survey soon after they had started in post and some people had identified that they weren't aware of the safeguarding policy and what to do if they thought they were being abused. The registered manager had taken this as an action

point and requested staff to discuss the section in the resident's handbook and at the next residents meeting. We saw that the organisation had a tool that included a quiz that staff could use with people to help increase their knowledge in this area. The next questionnaire would identify if this had worked at increasing people's confidence and knowledge.

Regular audits were carried out to review the quality of the care and support being provided to people. The registered manager carried these out on a quarterly basis and the regional manager carried out a monthly audit in a chosen area. There was a service improvement plan in place that detailed areas of practice that the registered manager was working towards. Being new in post they had identified areas for continued improvement. This included areas of practice such as medicines management and ensuring care records were clear and up to date. We could see that this document was a work in progress with some actions completed and other areas ongoing. This showed us that where areas for improvement were identified a clear plan with timescales was in place to address these. The registered manager was very clear about the areas of practice that needed ongoing work and was committed to delivering a high quality service. Other organisational systems were in place on an IT portal that ensured oversight from the organisation of safeguarding concerns, accidents and incidents and complaints which meant that the registered manager was supported to identify trends and patterns in practice that may need addressing and to prompt the registered manager if action needed taking.

The registered manager had been in post for four months and told us that they had been supported in taking on the new role. They told us they received regular supervision and that managers from across the region met regularly to discuss their roles, their practice and new developments in delivering care and support which ensured the registered manager was supported to lead on providing good quality care and support.