

Sanctuary Home Care Limited

# Sanctuary Supported Living (Bromley 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	

## Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection to ensure the manager was available at the time of the inspection. We last inspected the service in November 2013 when we found the provider to be meeting the standards we inspected.

Sanctuary Supported Living (Bromley Care Services) provides 24 hour care to people living in their own

# Summary of findings

homes. It's services are for adults with learning and physical disabilities. At the time of our visit, the service was providing support for 17 people at two supported living locations.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with five people using the service and they were all complimentary about the support they received. People told us staff understood their support needs and provided the appropriate support they required. One person commented, "We are like a family unit." We found that people were supported to gain their independence. One person said they were in the process of moving out of the service to live independently and another person said they were working towards having their own flat to live independently.

We noted that staff knew people's individual support needs and we observed positive interactions between people and staff. People told us that staff were kind to them, thoughtful, involved them in decision makings and treated them with dignity and respect and our observations confirmed staff carried out these actions.

Where required, people, their relatives and advocates were involved in making decisions about their support needs. We found that health and social care professionals were involved in people's care and treatment to ensure that the care and support they received was safe and met their needs.

Staff had the skills, knowledge and experience to support people with learning disabilities and complex needs. They understood people's communication needs and supported people with their lifestyle choices.

People's support plans were specific to their needs and were written in formats that suited their understanding. The support plans also included guidance on how staff should support each individual in a safe and dignified way.

All the people we spoke with told us that they felt safe using the service and that if they had any concern they would report them to the service managers. We found that there were systems in place to protect people from potential harm or abuse. Minutes of tenants meetings we looked at showed that 'keeping safe' was discussed with people at these meetings to remind people of actions to take if they had any concerns. Staff knew of their responsibility to safeguard people using the service and had completed training to ensure they were confident of actions to take if they had any concerns of abuse.

People told us that they would complain to staff or to the service managers if they were not happy. However they told us that they had nothing to complain about because "staff do their job well." The provider carried out regular audits to monitor the quality of the service. Where issues were identified, appropriate actions were taken to ensure that people were satisfied with the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. The provider had procedures in place to safeguard people who used the service. Staff knew how to recognise and respond to signs of abuse. The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's human rights.

People who used the service had a support plan in place which included relevant risk assessments and action plans to minimise the risk and ensure a safe delivery of care.

There were safe recruitment process in place and staffing levels were sufficient and met people's needs.

Good



### Is the service effective?

The service was effective. Staff received appropriate support through the provider's induction, training, supervision, annual appraisals and team meetings. This showed that people were cared for by staff that had the appropriate skills, knowledge and support to meet their assessed needs.

People's nutrition and hydration needs had been assessed and monitored so that they received a balanced and nutritious diet.

Health care professionals such as general practitioners (GP), dentists, chiropodists, community learning disability teams, and psychologist were involved in people's care to ensure the care and treatment they received was safe and met their needs.

Good



### Is the service caring?

The service was caring. All the people spoke positively about the service. People said staff were "kind," "supportive," "good" and "brilliant." We observed positive interactions between staff and people using the service.

People were encouraged to make their views known about their care, treatment and support and these were respected.

People's privacy and dignity was respected and maintained.

Good



### Is the service responsive?

The service was responsive. People's support needs were assessed and kept under review. Where required staff responded to changes in people's needs and took action to ensure that the care and support provided met their needs.

People said they knew how to make a complaint if they were unhappy about the support they received. They told us that they had nothing to complain about but were confident that staff and managers of the service would respect their views and take appropriate action where required.

Good



### Is the service well-led?

The service was well led. There was a registered manager in post and they were supported by two deputy managers. Staff told us they were happy working at the service because their managers treated them with respect and as part of the team.

Good



# Summary of findings

Support was in place for the management team to ensure they would develop and drive improvement at the service.

There were systems in place to monitor the quality of the service. This included monthly, quarterly and annual. Where issues were identified these were actioned to improve the quality of the service.

# Sanctuary Supported Living (Bromley Care Services)

## Detailed findings

### Background to this inspection

This inspection was carried out by a single inspector on 21 August 2014. Before the inspection visit, we reviewed information we held about the service such as any statutory notifications we had received. We contacted the local authority contracts monitoring teams to obtain their views about the services they contracted.

The provider completed a Provider Information Return (PIR) as requested by Care Quality Commission. The PIR 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.

At our inspection visit, we spent time observing how people were being cared for, to help us understand the experience of people who could not talk with us. We visited one of the supported living accommodations where we spoke with five people and four staff; we also spoke with one administrative staff, two deputy managers and the registered manager.

During our visit to the service, we looked at three support plans, seven staff files which included recruitment, management and support records, a staff training matrix and other records relating to the management of the service. These included staff duty rosters, policies and procedures. We also saw the minutes of tenant, staff and management meetings and various audits.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. One person commented, “We feel safe here.” People said they had no concerns and knew the actions to take if they did not feel safe. One person told us if they had a concern they would report this to the deputy manager and another person said to the registered manager. Minutes of tenants meetings we looked at showed that ‘how to stay safe’ was discussed with people at tenants’ meetings to ensure people knew what actions to take if they did not feel safe. Information about staying safe was made available to people in formats to support their understanding. Some of the information covered ‘keeping safe in your own home’ including financial abuse. We found that a community police officer had discussed with people how to stay safe in the community to support people access the local community independently.

The provider had systems in place to ensure people using the service remained safe. This included policies and procedures such as safeguarding adults and whistleblowing policies to ensure staff were aware of actions to take if they had any concerns of abuse. Staff we spoke with knew of the different types of abuse and how to recognise them, and of their responsibility to report abuse to their line manager or registered manager. Staff told us that if their concerns were not taken seriously they would follow the whistleblowing protocols and report to external organisations such as the local authority and CQC. However, all staff told us they had no concerns to report. They told us that they were confident the service managers would respond appropriately to any concerns raised with them.

We found the requirements of the Mental Capacity Act code of practice were being met. The provider was aware of the recent Supreme Court judgement relating to the Deprivation of Liberty Safeguards, how they applied to people receiving support in their own homes, and knew of actions to take. The registered manager told us that in light with the recent court ruling, they were collaborating with the local authority to ensure that adequate assessments and support was in place for people using the service.

Support plans showed that people’s capacity had been assessed in regards to making specific decisions about their daily lifestyles, such as travelling independently. The support plans included a communication passport to

ensure staff understood people’s communication needs and provided the appropriate support required. Where people’s capacity had been assessed and they were found unable to make specific decisions for themselves, best interests meetings were held when required to ensure that the appropriate decision was made on the person’s behalf. We saw that people, their relatives, staff, health and/ or social care professionals were involved in these meetings to ensure the decisions made met the individual’s needs.

People’s health and social care needs were assessed prior to using the service to ensure their needs could be met. People’s support plans we looked at included risk assessments to identify possible risks to people. These covered areas such as the risk of falls, speaking to strangers, use of electrical appliances, access to the local community and safe food storage. Where potential risks were identified there were relevant action plans in place for staff to minimise these risks. For example, staff reinforced stranger-danger conversations with one person who did not know the danger of talking to strangers. A psychologist was also involved to support one person access the local community safely on their own. We saw that there was clear guidance in place for staff to follow to ensure the risk of falls had been minimised for another person.

The provider had appropriate systems in place in the event of an emergency. Each person had a personal emergency evacuation plan (PEEP) in place. We saw that the PEEP was in people’s rooms or flats in formats that met their needs. People who could access the local community independently had identification (ID) badges on them to ensure they could be identified and supported in the event of an emergency. People’s care plans included their emergency contact details to ensure staff had access to information of people they could contact in the event of an emergency. All staff we spoke with knew of actions to take in the event of an emergency. Staff told us they would contact the emergency services and then their managers and people’s next of kin to update them.

People told us there was sufficient staff to support their needs and that they did not have to wait for long to be attended to. One person told us, “They give priority to people going out, so that works well.” Staffing arrangements were planned taking into consideration the number of people using the service and the support they

## Is the service safe?

required. Staff we spoke with and staffing rosters we looked at for both supported living accommodations confirmed that the staffing arrangements in place were sufficient and met people's needs.

The provider had a robust recruitment and selection process in place. Staff records included declaration of health, criminal records checks, copies of identification

documents to demonstrate staff had the right to work in the United Kingdom and two references. The registered manager informed us that staff credentials to work at the service were regularly monitored and where staff were found to be unsuitable to work in social care, appropriate actions were taken to ensure that people using the service were protected.

# Is the service effective?

## Our findings

The registered manager informed us that all new staff completed a two week induction when they began work to ensure they had the right skills to support people using the service. This included introducing new staff to people using the service, completing mandatory training, shadowing experienced colleagues and familiarising themselves with the provider's policies and procedures. Staff told us they received an induction when they commenced work at the service and staff files we looked at confirmed this. During the first six months of employment, new staff were put on probation to assess their performance to ensure it met the standards required by the provider. We saw evidence of probation meeting minutes and probation report documents in staff files. This showed that staff employed permanently by the service had the right skills and approach to work with people with learning disabilities and complex needs.

The provider had identified a number of mandatory training courses each staff had to complete. This included areas such as medicines management, food hygiene, first aid, fire safety, health and safety, infection control and safeguarding adults. Support staff and the service managers also completed training specific to some people's needs including epilepsy, Asperger's syndrome and autism, self-harm, dementia care and managing challenging behaviours. Training records we looked at were up to date and refreshed in line with the provider's policy. We found that staff were supported to acquire professional qualifications in health and social care to promote their career development. This showed that people were cared for by staff that had the appropriate skills, knowledge and support to meet their assessed needs.

All staff we spoke with informed us that they received regular supervision from their line manager. Supervision records confirmed staff supervisions were carried out every two months in line with the provider's policy. At the time of our inspection, annual appraisals were on-going and had been undertaken for most staff in 2014. This showed that staff performance and progress were being monitored and appropriate support provided where required. Staff meetings were being held every other month at both supported living accommodations in line with the provider's policy. Minutes of staff meetings we looked at showed that topics covered included health and safety,

staff roles and responsibilities, training and development, staffing, medication, annual leave, wages and other organisational updates. All staff we spoke with felt they were adequately supported to perform the role which they had been employed to undertake.

People's nutrition and hydration needs had been assessed and monitored so that they received a balanced and nutritious diet. People told us they were satisfied with the nutritional support they received. One person commented, "The food is generally quite nice." Another person said, "I enjoy my food." One other person told us that they sometimes bought their own groceries and staff supported them to cook it. People said every now and then they contributed money together to cook and share a meal. We found that one of the supported living services had a garden where they grew their own vegetables such as carrots and sweetcorn which they used in cooking their own meals. People's weight was being monitored monthly and records we looked at showed that people had maintained a steady weight.

Risk assessments were in place where specific risks associated with people's nutrition and hydration had been identified. For example, risk assessments had been completed to improve people's fluid intake and this was discussed at tenants meetings to ensure people were aware and took appropriate actions to minimise the risk of dehydration during summer months. We found that one person was diabetic and staff we spoke with were aware of actions to take to support the individual's nutritional needs.

People told us that they had access to health care professionals when they needed them. Each person had a health action plan which detailed how they were being supported to manage and maintain their health. For example, health professionals such as GPs, dentists, chiropodists, community learning disability teams, physiotherapists, occupational therapists and psychologist were involved in people's care to ensure the care and treatment they received was safe and met their needs. We saw that health checks were being carried out annually to support people's health needs. Some people were capable of booking their own health appointments and were being supported either by staff or their relatives to attend which ensured that their health needs were met.

People told us that they were happy with the support they received and that staff were kind to them. People said they



## Is the service effective?

would speak to staff if they felt unwell and that staff had the skills to support them because they understood their needs. People told us that staff called the emergency doctor or took them for health appointments when required.

We saw that one person's medication was being reduced gradually. The provider told us that this process was in place because they had been unable to trace any records of the individual ever suffering from the medical condition for which the medicine was prescribed. The service was working with appropriate health professionals such as the

individual's GP to ensure safe care was delivered. Another person who had developed an additional health condition was diagnosed early because staff were aware of the symptoms of the condition. The person we spoke with told us about the support they were being provided to safely manage their condition. This included labelling items with pictures and diagrams to assist the individual to continue living independently. There was appropriate guidance in place for staff to follow and health professionals were also involved to ensure the individual received care and treatment that was safe and met their needs.

# Is the service caring?

## Our findings

We visited one of the two supported living schemes. The manager of the service showed us around and introduced us to the people living there; they asked people if they would mind us talking with them and people agreed. Everyone spoke positively about the service. People said staff were “kind”, “supportive”, “good” and “brilliant.” One person told us, “Staff are very supportive, willing to help us ...we are like a family unit.” Another person said, “If I have a problem, I will report to my mate, a member of staff.” People told us that they liked living at the supported living accommodation. During our visit, we observed positive interactions between people and staff and it was clear that people had a good relationship with staff.

People told us that their privacy and dignity was respected. People said staff shut their curtains when providing personal care, knocked on their doors before entering and called them by their preferred names. One person said, “They do not treat us like children.” Staff we spoke with were aware of how to maintain people’s privacy and dignity. One member of staff told us, “We treat them as we ourselves would like to be treated.” Another staff member said, “We always ask their permission before supporting them.” This showed that people using the service were treated with respect and their privacy and dignity maintained.

People told us that they felt listened to and that staff did not rush them to make decisions. The service manager told us that most people could plan their care and people we spoke with confirmed this. One person said, “I tell them what I want and they support me do it.” People’s support plans were person centred and included things they liked and disliked and the things that were important to them. Staff were aware of people’s support needs and told us about individual health or social care needs and the support that was in place for them. For example, one person was diabetic and another person had early onset

dementia, staff also said one person liked dancing and another the theatre. This showed that staff were aware of people’s needs and provided them with the appropriate support they required.

We found that people, their relatives and those that matter to them could visit them or take them out into the local community. Where this was not possible, there were arrangements in place for people to visit their relatives when required. People told us that staff encouraged them to maintain relationships with their friends and family. One person told us that their family took them out shopping sometimes. A care plan we looked at showed that one person was being supported to meet up with friends on a weekly basis to maintain the relationship. People we spoke with and the registered manager informed us independent advocates were used to support people make decisions that mattered to them where this was required. This showed that people were supported to maintain relationships with their family and friends, make decisions that mattered to them and their views were taken into consideration and respected.

People’s independence was being promoted. This included enrolling people onto community training courses such as cooking to improve their living skills. Some people had been supported to travel independently in the local community and others could manage their own finance or hold the key to their flats. The provider had a system where two people using the service with different capabilities could support each other to perform a task such as the laundering of clothes to promote each other’s independence. People told us that staff involved them in household tasks such as cooking, cleaning, laundering of clothes and shopping. Staff were aware of things people could do for themselves and told us that they encouraged and involved people who had the capability to perform certain tasks. One person informed us that staff were supporting them through training to be able to live an independent life in future.

# Is the service responsive?

## Our findings

People told us they knew what to do if they were unhappy. They said they would speak to the manager or a member of staff. The complaints procedure was available in formats to support people's understanding such as easy to read format with pictures to ensure available information met people's needs. All the people we spoke with told us that they had nothing to complain about. Some people said they were "happy" with the support they received. The provider informed us that they had not received any complaints and people we spoke with told us that they did not have anything to complain about because "staff do their work well." When we asked people if they had any concerns, they told us they had nothing to complain about. Two people informed us that the managers always assured them of their "open door" policy. The registered manager informed us that people were informed of the area manager's visit in case they had any concerns or complaints to raise with them. This showed that people were encouraged to complain if they were not happy about the support they received.

People told us that staff regularly asked them how they were. We found that feedback was sought through quarterly surveys, key worker and monthly tenants' or relatives' meetings to gather people and their relative's views about the support which was being provided. Minutes of tenants' meetings showed these meetings were used to remind people to access their support plans to find out information about themselves, activities people were involved in and activities they would like to participate in and the complaints policy. Where people had raised any concerns or suggested the type of support they would like to receive for example during the summer months, we saw that appropriate actions were taken to provide the support

including how this would be managed if everyone using the service was interested for example in a beach trip to ensure sufficient staff were in place to organise this. This showed that people's views were taken into consideration and appropriate action taken to ensure they were satisfied with the support they received.

We found that people also attended external events such as 'speak-up' and partnership boards to discuss issues that mattered to people with learning disabilities. This covered topics such as finance, education and empowering people to be involved in their local communities to eliminate social isolation. People were actively involved in their local community including attending church, college, day centres, and gymnasiums and volunteering in charity shops. People also took part in charity events such as 'race for life' and some people donated their unwanted clothes to charitable organisations. We saw that people were involved and contributed to their local community.

The provider organised cultural evenings where the culture of a chosen nation was discussed. This included for example, their food, clothing and music, and people participated in these events. Social events such as board games, karaoke, video nights, and nights out, discos, dance clubs, theatres and football clubs were being organised. Staff told us about how they supported everyone living at one of the services to a west end theatre and they told us that was a great experience for people. One person who liked music was supported to classical music concerts regularly to listen to the type of music they enjoyed. Another person was being supported to attend church to practice their faith. People were taken on day trips or to the holiday destination of their choice and one person told us, "I enjoyed it." This showed people were being supported to be involved in stimulating activities and access to their local community to prevent social isolation.

# Is the service well-led?

## Our findings

There was a registered manager in post who was supported by two deputy managers. People knew the management team and told us they felt comfortable speaking with them. When we asked people what they thought about the service managers, comments included, “I love them”, “They are really good managers,” and “They are always willing to listen to you if you want to speak to them.” One person told us the registered manager had told them “my door is always open to all of you”. People said all three managers were “good” and one person said, “managers are good to speak to because they always give you time... they take action when we raise any issues.” Staff told us their managers were approachable and treated them as part of the team. They said they could easily raise any concerns with their managers and were confident any issues would be addressed appropriately. Staff told us that they felt well supported in their role and that they did not have any concerns at the time of our inspection.

We found that the management and leadership that was in place assured that staff delivered high quality care which was centred on the needs of the people who used the service. Records we looked at confirmed that people’s care was individually led by well trained staff who demonstrated clear values in relation to involvement, compassion, dignity, respect, equality and independence. The provider had a service user guide on equality and diversity which covered areas such as age, gender and disability to ensure people using the service respected each other’s differences.

Monthly management meeting were organised by the area manager to support the registered manager and deputies. Minutes of the meetings covered areas such as safeguarding adults, training, human resource matters and other organisational updates. We saw that learning from other services was shared at these management meetings to ensure adequate support was in place for the registered manager to develop and drive improvement at the service. The registered manager was receiving one-to-one supervision from the area manager to ensure they were being supported to effectively manager the service.

People who used the service were involved in its development. For example, we found people were involved in recruitment processes and sat on interview panels to have a say in the selection of new staff. People were involved in developing feedback forms to ensure they were in formats that met the needs of people using the service. This showed that the people’s views were taken into consideration when planning and developing the service.

The provider had a system in place to monitor the quality of the service. These included monthly audits carried out by the registered manager and covered areas such as records management, complaints, support planning and delivery, equality and diversity, involving people, health and safety protocols, medicines management, safeguarding, whistleblowing and mental capacity protocols. A recent internal audit by the registered manager carried out in August 2014 showed that the service had achieved 99% compliance and was found to be meeting all standards at this time.