

Sanctuary Home Care Limited

High Worple

Inspection report

3-5 High Worple
Rayners Lane
Harrow
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Tel: 02088662867

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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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

High Worple is a care home for up to 5 adults with learning disabilities. People living there shared the same cultural heritage and their main language was Gujarati. All staff spoke Gujarati and understood people's culture and religious needs. At the time of our inspection, 5 people were living at the service.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: Staff supported people to have the maximum possible choice, control, and independence. Staff focused on people's strengths and supported people to have fulfilling and meaningful lives. Staff supported people to pursue their interests and to achieve goals. People were cared for in a safe, clean and well equipped, environment. The service made reasonable adjustments to support people to make choices. People were supported to access health and social care support. People were supported to have their medicines safely and as prescribed.

Right Care: Staff treated people well and promoted equality and diversity. People received kind and compassionate care. Staff understood how to protect people from abuse and poor care. There were enough suitably trained and skilled staff. People could communicate with staff who supported them with their individual communication needs. People could take part in activities which were tailored to them.

Right culture: People led inclusive lives and were empowered by the attitude of management and staff. People received good quality care and support. Staff understood best practice for supporting people with learning disabilities. People and their representatives were involved in planning care and making choices. Staff evaluated the quality of support and made adjustments to reflect people's needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 November 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

High Worple

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors.

Service and service type

High Worple is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. High Worple is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about this service.

During the inspection

We spoke with 4 people who lived at the service and staff on duty who included support workers, project workers, the deputy manager and the registered manager. Following the visit, we spoke with the relatives of 3 people on the telephone.

We observed how people were being supported and cared for. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records the provider used for managing the service. These included the care records for 3 people, records of meetings, audits, accidents and incidents. We also looked at how medicines were managed and the environment, including infection prevention and control.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to protect people from the risk of abuse. The staff undertook training to understand about safeguarding. This was also discussed in team meetings. Information about reporting and recognising abuse was shared with people using the service and their relatives.
- The registered manager and staff knew what to do if they suspected someone was being abused. They had information about local authority procedures. They regularly spoke with people using the service asking them if they had any concerns or needed to report anything they felt unhappy about.
- There were systems to help people manage their money safely and to reduce the risk of financial abuse.
- People using the service and their relatives told us they felt the service was safe.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed, planned for and mitigated. The staff completed comprehensive risk assessments which considered the benefits of certain activities and how to support people to be as independent as possible.
- Risk assessments and management plans were regularly reviewed, adapted, and updated when needed.
- The staff did not use any form of physical restraint. They worked with external professionals to plan ways to support people when they became unsettled or agitated. They monitored this and reviewed the strategies and techniques they used to help keep people calm and to identify any patterns and triggers for agitation.
- Risks within the environment and equipment were assessed and monitored. The staff and external companies carried out checks on health and safety. These included a fire risk assessment and plans about how to evacuate each person safely in the event of fire or another emergency. The provider had developed contingency plans to guide staff how to deal with different adverse events.

Staffing and recruitment

- There were enough suitable staff working at the service to keep people safe and meet their needs. People told us they had the support of staff when they needed it. Relatives told us they thought people's needs were well met.
- The staff team was consistent, familiar and knew people well. They were all Gujarati speakers and conversed with people in Gujarati. The staff told us they worked well as a team, communicating with each other, and making sure people were well supported.
- The provider had systems for recruiting staff. These included checks on their identity, knowledge, skills, and suitability. People using the service were involved in interviewing staff and were able to feedback their views. The provider had a human resources department who undertook a range of checks, including references and checks on any criminal records.

- New staff completed an induction, which included further assessments of their competencies.

Using medicines safely

- People received their medicines safely and as prescribed. The staff worked closely with prescribing doctors to help review and monitor the medicines people were prescribed. They had successfully reduced some people's medicines with a positive effect on their wellbeing and contentment.
- There were clear policies and procedures regarding medicines. Staff had training in these and understood about the safe management of medicines. The registered manager regularly assessed and tested staff regarding this.
- Medicines were stored safely and at the correct temperatures. There were systems for receiving and disposing of medicines safely. There were also audits to check medicines were safe and well managed.
- Staff kept clear and detailed records relating to medicines management.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included procedures, which had been updated in line with latest government guidance, legislation, and best practice.
- The service was clean and well maintained. Staff and managers carried out audits on cleanliness and infection prevention and control.
- There was enough personal protective equipment (PPE) for use when needed. The staff and people using the service were given information about preventative vaccines and where they could access these, including COVID-19 and seasonal flu vaccinations.

Learning lessons when things go wrong

- There were systems for learning when things went wrong. The staff recorded and investigated accidents and incidents. They discussed these and how they could have done things differently and whether changes were needed to the service to prevent this happening again.
- The provider also discussed incidents with people who were involved so they could reflect and learn from these.
- The registered manager attended meetings with other managers within the organisation and externally. They used these to share experiences and learn from each other.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before they moved to the service. The registered manager and staff met with people and invited them to spend time at the service. This helped the person familiarise themselves with the home and helped the staff to get to know them.
- People's families, and the health professionals involved in their care, provided information to help with the assessments.
- Assessments included looking at risks and how to best support people. They were used to develop care plans which were regularly reviewed with the person to make sure they reflected changes in their needs or wishes.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The organisation provided a range of training, both in person and online. The registered manager and staff discussed and evaluated learning so they could share ideas and to make sure they had the skills needed to care for people safely.
- The registered manager explained staff also accessed specialist training from healthcare professionals to meet people's healthcare needs, for example learning about diabetes and how to check blood sugar levels.
- The staff had undertaken training about learning disabilities and autism. This helped them to understand about best practice. Staff explained this had also helped them to understand the perspective of people using the service and their families.
- The staff told us the training was useful and enjoyable. They had opportunities to undertake vocational qualifications. The registered manager assessed staff knowledge and competencies in different areas following training, during inductions and at regular intervals.
- Staff were well supported and had opportunities to meet with their managers as a team and individually.
- The provider supported staff with additional needs, and those who did not have English as a first language, to access training resources and information. They helped to make sure these staff had the same opportunities for learning as other staff.

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

- People had enough to eat and drink. The staff were aware of people's healthcare conditions and how these impacted on their nutritional wellbeing. They provided appropriate support and guidance to help people make healthy eating choices.
- The service catered for people with Asian backgrounds and heritage. The staff helped to prepare culturally appropriate food which reflected people's needs and choices.

- People living at the service made choices about the food they ate and helped to plan, shop for, and prepare meals. They told us they liked the food and we saw they were involved in preparing special food for a religious celebration which was taking place on the day of our visit.
- The service was well stocked with fresh food and vegetables. Meals were prepared from fresh ingredients each day. There were plenty of healthy snacks, including fruit and vegetables, at the service.

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

- People's healthcare needs were assessed and planned for. The staff had training to help them understand about different healthcare conditions.
- People had regular appointments with external health professionals. The staff made timely referrals and followed the guidance set out by these professionals.
- Relatives told us the staff kept people healthy and monitored changes in their health and conditions.

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

- The environment was suitable and designed to meet people's needs. People had personalised their rooms and communal areas. They were able to choose décor and furnishing.
- The home was decorated with appropriate religious items to help meet people's needs and give them a safe space to pray and worship.
- Equipment to help keep people safe and to promote their independence was in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider was acting within the principles of the MCA. They had assessed people's capacity to make decisions. They had obtained their consent. They provided clear information to help people make informed choices.
- When needed, the provider had applied for DoLS. They had also liaised with people's legal and informal representatives to help make decisions in their best interests when they were unable to make these themselves.
- Staff undertook training about the MCA and consent and knew how to apply their learning.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They had good relationships with staff who they liked. People told us the staff were kind and polite. Staff spoke positively about people. We observed gentle, caring interactions which showed mutual respect.
- People living at the home shared the same cultural background. Staff were specifically recruited to understand this, to speak with people in their first language and to help them celebrate their culture and religion.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices and express their views. Everyone could communicate using words, be understood, and understand others who spoke Gujarati. The staff communicated clearly and offered people choices about how they spent their time and what they ate.
- There were monthly meetings where people discussed the service and voiced their opinions. Together they planned activities and developed menus. People participated in staff recruitment so they could give their opinions about potential staff.
- Each person had an assigned key worker. A special staff member who they regularly met with them to discuss their needs and plan their lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People had their own bedrooms and staff provided care in private and away from others.
- The staff knocked on people's bedroom doors before entering, offered people choices and respected their decisions. They used appropriate forms of address to speak with and about people.
- People were supported to learn new skills and be involved in maintaining the house. For example, shopping, cooking, cleaning, and other household tasks. They were also supported to develop skills for using the community safely, including independent travel arrangements.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. They told us they were supported to plan goals and try new things. Relatives confirmed this.
- Staff knew people well and understood their needs. Care plans were regularly reviewed and updated with changes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. They spoke Gujarati and staff could all speak this. This was used as the main language within the home. Staff used pictures, objects of reference and written information to help aid communication if needed.
- People were supported to speak and understand English so they could communicate with and understand other professionals involved in their care.
- The staff made use of different forms of technology to support people with their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to plan and pursue a range of educational and leisure activities.
- People undertook social and leisure activities in the community, visiting places of interest and following hobbies.
- The staff provided support to play games, undertake sport, craft, and educational activities at the service.
- People regularly saw friends and families. They attended social events and were encouraged to maintain relationships outside of the home.
- Religious and cultural festivals for all faiths were celebrated at the home. People were supported to attend temples and churches to celebrate their own faith. On the day of the inspection visit, it was the Hindu festival of Ganesh Chaturthi. The staff and people had begun the day with prayers and there was a shrine displayed in the lounge. Special meals had been prepared for the evening meal including traditional sweets.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints procedure, and people knew how to make a complaint and who to speak with. Relatives told us they felt happy speaking up if they had a concern and were confident these would be dealt with well.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a person-centred culture which reflected the values of right support, right care, right culture. People received personalised care and felt well supported. The staff listened to people and supported them to make choices.
- There was a focus on celebrating people's culture and religion. People felt safe and included. They were visible in the local community, and they took a pride in their home, welcoming friends, and families to visit them.
- People using the service and their relatives told us they had good relationships with staff. Staff explained they were well supported and enjoyed working at the service. Some of the comments from relatives included, "We are really happy, we have seen a lot of improvements" and "[Relative] is happy and I am happy, they have worked hard to develop life skills."
- The registered manager had introduced a range of innovations designed to enhance people's experience. These included regular meetings to involve families, improving the activities programme and cultural experience, improving the culture, and offering staff opportunities for personal development. They also facilitated opportunities for volunteers to work with the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They had procedures and knew they needed to investigate, respond to, and apologise for any complaints, accidents or incidents.
- The provider notified the Care Quality Commission and others of significant events when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was suitably experienced and qualified. They oversaw two registered care services and were supported by a deputy manager in each home. They understood their roles and responsibilities and had made positive changes at the service.
- Staff, relatives and people using the service knew the registered manager and felt confident speaking with them when needed.
- The provider had a range of policies and procedures. Staff were familiar with these and undertook a range of training to understand legislation and good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider helped make sure people were involved and had opportunities to give their views and opinions about the service. There were regular meetings and annual surveys for people using the service, staff and other stakeholders. The results of these were analysed and action plans developed to reflect the feedback.
- The staff undertook training to understand about equality and diversity. People's needs were recorded in care plans and staff understood how to meet these.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included consultation with stakeholders and a range of audits and checks.
- The registered manager liaised with senior managers to make sure they had a good overview of the service.
- When areas for improvement were identified, the provider acted to address these.

Working in partnership with others

- The staff worked in partnership with other professionals to develop care plans and to monitor people's care and needs.
- The registered manager worked closely with other managers to share good practice and to develop an understanding of regulatory requirements and legislation.