

Sanctuary Home Care Limited

Sanctuary Supported Living (98 Old Milton Road)

Inspection report

98 Old Milton Road
New Milton
Hampshire
BH25 6EB

Tel: 01425638212

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14 March 2016
16 March 2016

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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

The inspection took place on 14 March 2016. It was unannounced. We returned on 16 March 2016 to complete the inspection. The inspection was carried out by one inspector. This was the first inspection of the service since it was registered in July 2014.

Sanctuary Supported Living (98 Old Milton Road) is registered to provide accommodation, care and support for up to five people with a learning disability. At the time of our visits four people were living at 98 Milton Road and they had lived there for a number of years. Sanctuary Supported Living (98 Old Milton Road) is also registered to provide personal care to people in their own homes. At the time of our inspection staff were providing personal care to people living in flats in the same location as the registered care service and at one other house in the area. Eight people received a regular personal care service. People living at the flats and other locations could choose if they wanted the personal care support from Sanctuary Supported Care or another agency although they all chose to be supported by staff employed by Sanctuary Supported Care. They were happy with this arrangement.

There was a registered manager in post. They had been in post for a number of years. They demonstrated a dedication for their job and knew every person's support needs very well. 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.

We found the service was complying with legislation and was providing safe, effective, caring and responsive care and support to a consistently good standard.

People were safely cared for because they were supported by sufficient numbers of suitably skilled staff who knew them well. Staff communicated with people clearly and effectively which helped to ensure people's care and support needs and wishes were very well understood and fulfilled.

Staff liaised effectively with health care professionals to make sure people's health needs were addressed and they remained in the best health possible.

There was a friendly atmosphere in the residential care home and staff in both the care home and in the supported living scheme treated people with kindness and sensitivity and respected their privacy.

People were encouraged and supported to be as independent as possible and to be involved in community life.

The service was well led with a clear management structure and with good systems in place to monitor quality.

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.

Staff followed policies and procedures to keep people safe from any abuse or identified risks. There were sufficient numbers of carefully recruited staff employed to meet people's needs. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to ensure they met people's needs effectively.

People were supported to make their own decisions and staff had a good understanding of the requirements of the Mental Capacity Act 2005.

Liaison with health care professionals was good which helped to ensure people's healthcare and nutritional needs were met in a timely way.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew and understood their needs and preferences.

There was a caring, compassionate and person-centred culture in the home which enabled people to express their needs and wishes.

Staff respected people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive

People were supported to maintain their independence and staff had a good understanding of their needs and wishes.

People were supported to participate in activities of their choice
People were confident any concerns they had would be listened to and addressed.

Is the service well-led?

Good ●

The service was well led
The home had an inclusive and open culture.
The registered manager led by example and ensured people's needs were central to the way care and support was delivered.
Quality assurance systems ensured the service maintained a good quality of care.

Sanctuary Supported Living (98 Old Milton Road)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 March 2016 and was carried out by one inspector . The same inspector returned on 16 March 2016 to complete the inspection.

Before the inspection we looked at all the information we held about the service.

the provider had completed a Provider Information Return . 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

During the inspection we spoke with four people living in the residential care service and with five people receiving the personal care service. We spoke with the registered manager, the deputy and with four care staff.

We observed staff supporting people in communal areas of the residential service. We looked at the care records for six people and at two staff records. We also looked at other records to gather evidence about the quality of the service provided, such as staff training records, quality assurance documents and completed questionnaires.

After the inspection we spoke with one health care professional who had visited both the residential and supported living services to ask them what they thought about the quality of the service provided.

Is the service safe?

Our findings

People said they felt safely cared for and we observed they were comfortable around the staff who were supporting them.

Staff received training in safeguarding vulnerable people and in whistleblowing. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff were able to describe their role and responsibilities in terms of safeguarding adults and said they were confident managers would listen and respond to any concerns they had. Staff said they discussed safety with people who used the service, for example, stranger danger. This helped people respond in a safe way to people they did not know. Keeping people safe and reporting responsibilities were also discussed at staff meetings and during supervisions. Staff supported some people to manage their money. There were suitable arrangements in place to ensure this task was carried out safely. Any cash held was securely stored and staff could only access this while the person concerned was present. Staff made sure people obtained receipts whilst they were out shopping with them and records of money spent was regularly checked to ensure it balanced with the amount of cash people held.

Personal risk to people was assessed. We saw there were up to date risk assessments relating to daily routines such as using the kitchen and going shopping as well as risk assessments relating to health care needs such as risk of falling or nutritional risks. Risks were reviewed with the person concerned to ensure they agreed which what was being said and risk assessments were recorded in pictorial form to facilitate communication. Staff were provided with guidance about how to minimise risk of harm and how to support people safely. Action had been taken when a person's safety had been compromised, for example, staff had lowered the height of person's bed to reduce the risk of them hurting themselves through falling. They had also fitted an alarm so they were alerted if the person had left their bed. This had been done with the person's consent. A record was kept of any accidents and incidents. These mainly referred to trips and falls with no resulting injury and any action taken to reduce the risk of reoccurrence was recorded. This helped to monitor any potential trends.

Risk assessments were also in place and updated regularly for the people using the personal care service. Where necessary people had emergency call pendants they could press to alert staff if they needed help quickly.

There were arrangements in place for foreseeable emergencies for example; people had Personal Emergency Evacuation Plans (PEEPs) in place. These recorded what measures should be taken for each person if they needed to leave the building quickly. The fire evacuation procedure was reviewed regularly with people to ensure they were clear what would happen in the event of a fire.

People had a medication care plan to guide staff when they needed support to take their medication. Any allergies to medicines were clearly recorded. Medicines were securely stored in people's bedrooms. Consideration was given about how people could take their medicines in the most comfort, for example one person had their tablets crushed and put in food to help them to take them with more ease, another person

had their medicine prescribed in a liquid form. Staff ensured they explained what medicines were and why they were giving them and so medicines were administered with people's knowledge and consent. Staff did not administer medicines until they had been trained and deemed competent to do so. Any medicines administered by staff were recorded on a medicine administration record. Those we checked showed staff had recorded that medicines had been administered as prescribed. Staff ensured any unused medicines were disposed of safely.

People liked the staff. One person said for example "The staff are very, very good. I like them all "There was an established staff team. As both the residential and personal care services were relatively small staff had the opportunity to get to know the people they supported well. This meant staff had a very good understanding of people's needs and preferences. The registered manager said staff teams worked either in the registered care home or as part of the personal care service although when needed staff who had the experience could work across the services. The deputy and registered manager worked in this way which meant any shortfalls in the service could be met by staff who knew and understood the needs of people using the service. Staff in the supported living service said sometimes they needed more time to meet people's changing needs and the registered manager had responded by increasing staffing hours and she was in the process of recruiting more staff members.

There was a robust staff recruitment procedure and people who used the service said they were consulted about future prospective staff. They had at times taken part in the recruitment process by being involved in interviews. Staff described the recruitment process as thorough and staff had provided satisfactory references and completed other pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

Is the service effective?

Our findings

Staff had the knowledge and skills to support people effectively. Staff described the range of training provided as "pretty good" and we saw they were provided with training courses to help them to effectively meet people's needs. Training completed included health and safety subjects such as fire safety, food hygiene and moving and handling as well as training which related specifically to people's health or care needs such as training in dementia awareness and epilepsy awareness. Staff applied the knowledge they had acquired through training courses to assist people to live independently for example they changed the colour of carpet of a person with a cognitive impairment to make it easier for them to navigate around. There was a record kept of staff training and to ensure they were being provided with updates in a timely way. Staff received support through team meetings and supervisions and appraisals.

Staff working in both the residential service and the personal care service had received training in the Mental Capacity Act 2005. The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff demonstrated they had a good understanding of people's rights under this Act. We observed staff respected people's choices, for example if they refused care at a particular time this was respected and staff ensured they had people's agreement for example to enter their rooms. Staff supported people to make their own decisions by discussing options with them and by using easy read and picture prompts to enhance communication.

Staff said people living at the residential service all had capacity to consent to the care and support provided. The service was acting in accordance with the deprivation of liberty safeguards. The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive a person of their liberty when they lacked capacity to consent to their care and treatment in order to keep them safe from harm.

Staff had a good understanding of people's nutritional needs and followed advice from health care professionals where needed about how people's meals should be prepared and presented to them. For example one person needed to have food in soft lumps and we saw staff ensured this advice was followed consistently. People were provided with equipment to help them to eat and drink as independently as possible, for example some had straws and adapted beakers for their drinks. Staff were able to describe in detail what people liked to eat and what they did not and we saw people were provided with meals they enjoyed. Staff encouraged people to drink regularly and when they were at risk of becoming dehydrated they monitored people's fluid intake to ensure they were drinking in sufficient amounts.

Staff knew about people's medical conditions which helped to ensure they understood the care and support people needed. This information was included in people's care plans to provide guidance so staff could support people consistently. For example one person had a particular medical condition. Staff were provided with information about the condition and what action they needed to take to keep the person safe and well. People had a health action plan in pictorial form which provided information about people's general health and included a list of people supporting them to maintain optimum health. This also discussed what support people needed to attend medical appointments. Staff described how they had worked in cooperation with healthcare professionals to prepare a person for a medical procedure. By

carefully explaining and giving the person time they had managed to reduce the person's anxieties about this.

Health action plans were updated regularly to ensure they remained current. People had regular health checks with their GP and staff ensured appointments were made and kept with other health and social care specialists when needed such as with opticians, dentist, chiropodists and the community learning disability team. A health care professional described the service as "very good". They said staff were approachable and contacted them and followed advice appropriately.

Is the service caring?

Our findings

We asked people if they were happy with the service and they gave positive responses. One said for example "Yes of course I am!" People appeared very comfortable around staff. One person said "I've known them for years!" Another said "Nice people here" People said their independence was promoted, one person said "they (staff) do the extras I can't do myself"

Staff described how they were part of a dedicated and caring team where the needs of people using the service came first. Staff went out of their way to ensure the service ran smoothly for example by covering for each other in the event of staff sickness.

People had lived at the residential service for a long time. People receiving the personal care service in the supported housing scheme had also received support for a number of years by the same staff. This meant staff had a very good understanding of people's preferences and knew how to interact with them in a meaningful way, for example they used pictures to help them establish conversations with them. Staff described clearly what people could do for themselves and what they needed prompting with. They understood people sometimes needed time to change from one activity to another and they gave them space to do this.

Staff respected people's interests and people's rooms in the residential service were decorated in a way to make them happy and to reflect their interests.

Staff provided discrete support, for example in the residential service they had permission to clean a person's room whilst they were out so they would not be too obtrusive. They were aware of how to approach each person to enable them to support them effectively.

Where staff were providing a personal care service only, they observed people's privacy and did not intrude upon their space unless at an agreed time or unless people contacted them to request assistance.

Staff respected people's choices. Staff supported a person with great sensitivity when they had a family bereavement, giving them space and time to talk when they wanted to and telling them it was ok to feel sad. Staff had gathered some information about people's own end of life wishes so in this event they would be able to honour people's preferences and views.

Staff encouraged and supported people to remain in contact with friends and relatives and where family members could not visit staff had escorted people to see their family, even when this was a distance away. Staff accompanied people on medical appointments and had stayed all night in hospital when one person was admitted to ensure they were being properly supported. People had hospital passports, which are documents containing information about people's needs and wishes to help health staff to support people in the way they prefer if they ever needed to stay in hospital.

People who lived in the residential service had personalised folders with photographs of family members, and of memorable events and things that were important to them. Staff assisted people to update these from time to time and we observed people took pleasure in going through these.

People could be involved in the staff recruitment process if they wanted to be. This helped to ensure they would be comfortable with newly appointed staff and they knew a bit more about them. People had asked staff questions such as "How would you help me to know my options for healthy eating?" This helped to ensure people were involved in the running of the service. We observed some interactions between staff and people living in the residential care service. These were friendly, patient and caring, with staff encouraging people in their hobbies. Staff made sure they included everyone in their general remarks and conversations.

We observed staff assisting people in the supported living service also did this with sensitivity, respect and where required, a gentle understanding which helped people who could not easily express their views to do so.

Is the service responsive?

Our findings

All people in the residential care service and in the supported living service had been living there for many years and so their needs were very well known. People's needs were also clearly documented and there were regular reviews to ensure care plans remained current.

Staff communicated with people simply and effectively in short sentences which helped them to understand clearly people's needs and wishes. Staff discussed people's care needs with them when they were writing and updating their care plan to ensure they agreed the content. Families were also involved where this was the person's wish. Care plans prompted staff to ensure people remained as independent as possible for example, staff were told put toothpaste on a toothbrush so the person concerned was able to brush their teeth themselves.

Staff and people who used both the residential and the personal care service knew each other well. Staff were able to clearly describe what help people needed and whether they needed staff to support them or needed prompting to manage things by themselves. Staff had a good understanding of people's preferred daily routines. S

Staff had a good understanding of what people liked to do and we saw they were supported to access these interests for example one person particularly liked musicals and staff had arranged for them to attend the theatre to see a show. People lived near local facilities and made good use of these. Staff described the local community as friendly and welcoming and people who used the service were known and welcomed by local shop and café staff. People attended a day centre, a college and local clubs. People at the service had previously raised funds for local community appeals and so took an active part in community life. People were encouraged to participate in daily living activities for example people took turns to assist with cooking and food shopping. Some people also helped in the preparation of food.

People told us staff listened to their views and said they were confident staff would listen to them if they had any concerns.

People were asked in questionnaires if they would feel able to tell someone if they were unhappy and people had all responded "yes". There was a complaints procedure in place which was accessible to people because it was also in pictorial form. No complaints had been made about the service.

Is the service well-led?

Our findings

People we spoke with were happy with the service they received. We observed staff communicated well and effectively with people.

There was a charter of rights which had been devised in consultation with people living at the service or those receiving personal care from the service. In the charter people had specified what was important to them for example in one house where people received personal care they had recorded things that were important to them as being; choice, privacy and respect as well as the ability to say no as long as this did not adversely affect the lives of others receiving the service. People receiving the residential care service said they wanted their house to be friendly and relaxed, with privacy respected, to be encouraged to join in and be able to ask why and have things explained. Staff were observed to be working in accordance with these values and behaviours.

There were house meetings for people who lived at the registered care home These provided a forum for people to have a say in the way the house was run, for example at the most recent meeting in March 2016 people were asked to give their views about if there was anything particular they would like to do over Easter. People who used the service were also encouraged to complete annual quality assurance questionnaires which asked their opinion about the quality of the care and support they received.

There was an established registered manager in post who was well supported by a deputy who had also been in post for a long time. The registered manager talked about the service with a deep commitment. They said for example "for me it is not a job it is a vocation" The deputy manager also described their role with pride and were clearly committed to fulfilling their role well.

There was a clear structure of responsibility with identified senior members of staff on call at all times. Senior staff also lived locally so were able to come to the service to support in the event of an emergency if this was needed.

Staff described the service as a happy one with a nice feel to it. One said staff morale was "pretty good "and described staff as "an honest bunch" Staff we asked said they would be happy if a relative was placed at the service saying "I know they would be well looked after" Care staff also had regular meetings. Staff said they learned a lot during these meetings and they were able to have their say about how the service was run. For example they discussed how to support people as they were getting older and their needs were changing.

There were regular audits for example of care plans and medicines to ensure staff continued to provide the care and support people needed. There were also regular quality monitoring visits which were conducted by senior members of the organisations to ensure the service was maintaining standards and was compliant with legislation. We saw a report which had been written as a result of the most recent visit. This showed the service was meeting its aims and objectives. Any minor shortfalls identified had been quickly addressed.