

Sanctuary Home Care Limited

Hilltop House (Domiciliary Care)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Hilltop House (Domiciliary Care) is a domiciliary care agency which is registered to provide people with personal care. The service supports people who have a physical disability. Support is provided to people living in one of eleven self-contained flats in a single building. Staff support is available 24 hours per day. At the time of our inspection the service was providing personal care support to 11 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with physical disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff were exceptionally caring and encouraged people to live as full a life as possible and supported to live the life they wanted. Staff had formed positive relationships with the people they supported and looked for ways to make them feel valued. People were genuinely encouraged to express their goals and wishes, and the service looked for ways to make these happen. Staff knew people exceptionally well and used this knowledge to support them to achieve their goals. Staff were considerate of people's feelings at all times and treated people with the utmost respect and dignity.

People benefitted from a service that had dedicated leaders and staff whose experience was used to support people to lead full and meaningful lives. The values of the provider were consistently demonstrated by staff in their interactions with people and with each other. People's views were sought and acted upon. The provider worked with other organisations to enhance its service delivery. The management team analysed survey results with an openness and commitment to continuously improve. Auditing was directed at reviewing any lessons learnt to maximise people's safety and quality of life.

Care plans had been developed and staff knew the people they were supporting extremely well. Staff worked hard to promote people's right to make their own decisions about their care where possible and respected the choices they made. People's consent was always obtained.

People were supported by staff who had been safely recruited and who received the training and support to understand and meet their needs.

People had access to a wide range of personalised and group activities and were supported to have a say in all aspects of how the service was delivered.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 2 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Hilltop House (Domiciliary Care)

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in a supported living setting. Hilltop House is purpose-built single household accommodation in a single building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. A provider information return was not

requested. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all of the information gathered to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including the local service manager, registered manager, deputy head of service, senior care worker, and care workers and a visiting therapist.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported by staff who were trained to recognise abuse. One person told us, "I was thinking last night, staff make my life special and make me feel safe."
- Staff were aware of the provider's reporting system for safeguarding as well as how to contact the local authority safeguarding team if necessary.

Assessing risk, safety monitoring and management

- Positive risk taking was promoted to empower people. Risk assessments considered the independence of the person and supported people's wishes and choices.
- Care and support plans included guidelines for staff on how to minimise risks whilst respecting and promoting people's independence

Staffing and recruitment

- There were enough staff employed to meet the needs of people and support was planned and provided based on the individual assessment for each person.
- The service used a values based recruitment system which checked the values of the potential employee aligned with those of the service.
- Appropriate pre-employment checks continued to be carried out to ensure potential staff were suitable to work in the care sector.

Using medicines safely

- One person told us, "Staff manage my medication and never make a mistake."
- Medicines were safely administered, where this support was required. Regular audits were undertaken to ensure medicines had been administered appropriately.

Preventing and controlling infection

- Staff were trained in infection prevention and control and had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify if any changes were needed to people's care plans or if learning could be identified to keep people safe from similar incidents occurring in the future.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were complimentary about the care given. One person said, "All are very well trained. An expected standard of care."
- People's care needs were assessed when before they moved into the service. Care plans were reviewed each month by the person and their key-worker to ensure they continued to reflect the care the person wanted to receive.

Staff support: induction, training, skills and experience

- Staff were very positive about the training they received. A member of care staff said, "Across the board competent good training."
- Before staff began working in the service, they received an induction. Care staff told us the induction was comprehensive and equipped them with the knowledge they needed to meet people's needs.
- Staff received regular supervision meetings and were supported to develop within the service.

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

- Care plans contained comprehensive information about people's eating and drinking needs.
- Care plans also held details of who purchased people's food. For example, one person did a weekly shop with another person who used the service.

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

- The service supported people to access healthcare professionals such as social workers, GP's and dieticians when required.
- Information was shared appropriately to ensure people received a continuity of care. For example, where needed, people had a 'hospital passport' in place whereby relevant health and communication information about them was available if they needed to go to hospital in an emergency.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff were clear about their role under the MCA and were skilled in assessing people's capacity.
- Where people did not have capacity to make decisions this had been properly assessed. Any best interest decisions were always made in accordance with legislation and people's wishes.

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 the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service had a very strong person-centred culture. A person told us, "Everything is good. They care above and beyond, nothing is too much trouble." Another person said, "I like that this is free and easy not regimental. A bit of kindness goes a long way."
- Staff were highly motivated to offer care and support which was exceptionally compassionate and kind. A member of care staff told us they wanted to work in care to make a difference to people's lives and working at Hilltop enabled them to do this.
- The whole ethos of the service supported staff to build relationships with people and empower people to live the life they wanted.
- The service had facilitated a meeting for people to discuss their sexual expression. This enabled people to understand and ask questions about sexual terms, ways of expressing their sexual desires and mutual respect for differences and having a common language to communicate. This was empowering as well as protecting people.
- Staff had an enhanced understanding of people through established relationships and were creative in the way they included people in communication and activities to support them to do things they enjoyed.
- The development of long-term supportive relationships between staff and people had enabled people to overcome multiple health challenges to become socially engaged and manage their own daily lives.
- Staff demonstrated an excellent understanding of each person's individualised care plan and their personal preferences. They knew people and their histories very well. This led to a consistency of care which supported people to become more independent. A person told us, "They are all equally good. I don't favour one [staff member] against another."
- The service had held a disability day. People had nominated care staff to spend a day in a wheelchair to help them to empathise with people's day to day experiences. The registered manager said that the experience had, "Changed the way care staff approached the support they were delivering."

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

- There was a strong emphasis on involving people in their care and in the wider community. For example, one person required a specialist sling. They had been fully involved in the journey to find the best equipment and the exploration of different methods of transferring them in comfort given their condition.
- People and staff were champions in a particular area. One person was the service moving and handling champion and helped with the training of new staff. Another person was the social media champion.
- Staff and people wore a lanyard showing what the specialism was. Everybody wore their lanyard with pride. Clearly showing people's area of specialism enabled others to approach them for support and advice.

This empowered people and demonstrated they were truly central to the service provision.

- Staff offered information in ways that were individual to the person they were communicating with and were very patient and supportive. There were friendly conversations and interactions between people and staff. We observed staff consistently involve people in the discussions being held rather than talking over them or for them.

Respecting and promoting people's privacy, dignity and independence

- Staff were extremely committed to supporting people to retain and improve their autonomy and independence. The registered manager told us about a person who had moved into the service following a bereavement. They were very traumatised and had little understanding of how to live independently. Staff provided intensive support and encouragement and the person had now taken much more responsibility for themselves including managing their own finances and supported others living at Hilltop to access the local community.
- People were actively supported to maintain and develop their relationships with those close to them. When one person began receiving support at Hilltop, they had not been in contact with their family for over 20 years. As part of the care planning process staff identified the person wanted to get back in contact with their family. Staff supported them to achieve this. The person said, "To see them [family] again was amazing. Now that my parents have been to visit me, they can see for themselves how happy I am here."
- The service had a very good understanding of people's needs and recruited staff to meet these. The recruitment of a member of staff with a particular disability had enabled the service to anticipate and meet their needs as well as providing the staff team with a broader understanding of how the disability impacted on a person's daily life.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care plans included people's individual preferences, interests and personal history. Staff understood these and gave people as much choice, control and independence as possible. One person said, "Whatever I want to do, no matter how impossible they [staff] make it happen."
- A personalised care plan was developed for each person with their involvement or with their family members' involvement if appropriate.
- Care plans were regularly reviewed and updated following any changes in people's support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs. For one person who was registered blind written information was provided in large print.

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

- The registered manager and staff team worked creatively to ensure shift patterns and support visit times reflected people's social lives and choices.
- People's interests and chosen activities were prioritised by staff. One person told staff how they had felt left out at their school sports day as they were the only person in a wheel chair. Staff held a sports day attended by people receiving support and volunteers. Everybody enjoyed the day so much it is now planned to hold the event yearly.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which set out how a formal complaint would be managed.

End of life care and support

- The service was not supporting anybody with end of life care on the day of our inspection.
- The registered manager told us that some end of life care training had been provided by the local hospice and more was planned.

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 the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- All of the feedback about how the service was run was overwhelmingly complimentary. One person told us, "This is the best care facility ever," a relative said, "I have full confidence in the leadership."
- There was a commitment to provide person-centred, high-quality care by engaging with everyone using the service. For example, changes in the management of the service had been shared with people and when this had caused one person distress the management team had worked with the person to provide reassurance.
- There was an exceptionally strong person-centred culture shared by the provider and staff. People were actively supported and encouraged to be involved in the running of the organisation and offered plentiful opportunities to express their views and have a voice. One person using the service was the recruitment champion and participated in the interviews for new staff. The person told us, "I like doing interviews and showing people round." They take my view into account." Another person was the moving and handling champion. They supported with staff training in moving and handling ensuring staff were aware of how moving and handling techniques impacted on a person.
- There were high levels of satisfaction across all staff. The whole staff team were highly motivated and understood the provider's vision and values. A member of staff said, "We are in a good place. We are a unique team, tenant's and staff. Everyone willing to help out. There are good relationships within the staff team." An engaged and motivated staff team supported the delivery of high quality care.
- The systems and values within the service demonstrated a commitment to high standards of care for all people, this included challenging and supporting the wider community to engage with and treat people with dignity. They did this through supporting and empowering established groups and organisations to become involved with people using the service. For example, the involvement of a local school Duke of Edinburgh award scheme in the service sports day. This supported people to widen their social circles and engage with a peer group they may not usually encounter.

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 management team had good insight into their responsibility around duty of candour.
- Where needed and as a result of any incidents or accidents, staff learning, and development was implemented to help reduce the risk of a recurrence.

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

regulatory requirements

- Performance management processes were effective, reviewed regularly, and reflected best practice. Leaders and managers provided feedback to staff and there was clear evidence this led to improvement.
- Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Leaders and managers saw this as a key responsibility. Regular audits had been carried out including on people's plans of care, medicine records and behavioural incidents. Records showed where issues had been identified, appropriate action had been taken in a timely manner.

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

- There were consistently high levels of constructive engagement with staff and people who used the serviced. People had opportunities to be involved in and influence the running of the service. People met with staff as individuals with their key worker and as a group at tenant meetings. These various meetings were as formal as people wanted them to be. One person told us, "They take my view into account," a relative said, "Regular tenants' meetings are held, and everyone has a voice." The service recently received a donation to be used to improve the outside garden area. Staff and people worked together choosing the plants and furniture. This meant that everybody was able to use the garden and had felt a vested interest in maintaining it.
- The registered manager had an open-door policy and we observed people accessing the management team during our inspection visit. It was evident the management team knew people well and fully understood how people needed to be supported.
- The service was an integral part of the local community. Volunteers regularly visited people supported by the service. One volunteer said, "If I had somebody in this situation, I would be more than happy for them to live here. Everyone has been super friendly and cheerful, very inclusive."

Continuous learning and improving care; Working in partnership with others

- There was a strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements. Informal suggestions, views and opinions at keyworker and house meetings and the results of regular surveys all fed into the regular analysis of how the service could improve.
- The service worked with the local college to support students entering the care sector. We received very positive feedback from the college as to how the staff worked with them and supported students.
- The service had received a Highly Commended at the Suffolk Care Awards for their training opportunities and was the winner of the Putting people First award at the British Care Awards. One person told us how much they had enjoyed going with a member of staff to give a presentation when the service was being considered for an award.
- Providing feedback about the service a healthcare professional said, "The only downside is that they never have a vacancy."