

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Barnet

Inspection report

Goodwin Court
52 Church Hill Road, East Barnet
Barnet
Hertfordshire
EN4 8FH

Tel: 02084475300

Website: www.sanctuary-group.co.uk

Date of inspection visit:

22 March 2017

24 March 2017

Date of publication:

14 June 2017

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 the 22 and 24 March 2017.

Sanctuary Home Care Ltd –Barnet is a registered domiciliary care service that provides personal care to people who have a variety of needs. The service is registered at Goodwin Court an extra care service consisting of 63 flats. At the time of our inspection there were two vacant flats and three people were in hospital.

There was a registered manager in post who was familiar with the service. 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.

At our last inspection on the 30 March and 7 April 2016 we found three breaches of the regulations. At our inspection in 2016 we found breaches in staffing as staffing levels had not been reviewed to meet people's increased needs. As such people were not always receiving the hours of support they were assessed to receive. At our visit in 2017 we found that people had been reassessed and some people had moved to more appropriate care settings where for example, their nursing support needs could be met. People were now receiving the support hours they were assessed to receive. However people told us staff were "always rushed" in particular at weekends. We found there had been some staff shortage due to staff sickness and difficulty in finding staff to work at short notice at the weekend. The registered manager had taken steps to address this by recruiting staff specifically to work at the weekend.

At the last inspection we found that some people with complex support needs had not been risk assessed to minimise the risk to themselves and others in a timely manner. In our inspection in March 2017 we found that risk assessments were thorough, detailed and updated to reflect changes in people's circumstances.

In our inspection in 2016 we found that medicines were not always stored in a safe manner. At this inspection we found that there had been a change in the medicine administration and storage procedure. Medicines were now stored appropriately in people's own flats and medicine administration guidance was clear and updated on a regular basis.

In our inspection in 2016 we found staff had not received appropriate training to support them in their role. During our visit in 2017 we found that staff had received training to support them and that they were receiving regular supervision sessions with their team leaders.

People told us they felt safe and staff demonstrated they knew how to report safeguarding adults concerns appropriately. The registered manager demonstrated they learned from safeguarding adult concerns and implemented new guidance for staff for instance when there had been medicine errors.

The registered manager was aware of their responsibility to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care records reviewed demonstrated that people were asked their consent, and mental capacity assessments and best interest meetings took place appropriately.

People were supported to access the appropriate medical services in a timely manner and were supported to eat a nutritious diet and to remain hydrated.

People described staff as caring and the service promoted people's diversity support needs through written guidance and people's care plans. Care staff were able to tell us how they respected people's dignity and privacy. People had detailed person centred care plans that identified their support needs and how they wished to be supported. Staff supported people to attend communal activities within the service.

People told us they felt safe to complain and we saw that complaints had been recorded, investigated and apologies were written when appropriate.

The service had good lines of communication between management and staff. In addition to a number of ways people could feedback with regard to their experience of care given. The service quality assured the service given by the use of audits and recruitment checks.

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. People told us that sometimes staff were rushed in particular at the weekends. We found that the registered manager had taken steps to recruit staff to work specifically at the weekend.

We found that risk assessments were thorough, reviewed and updated to reflect changes in people's circumstances.

People had been reassessed and people were receiving their scheduled support hours from staff.

People told us they felt safe. Staff demonstrated they could identify abuse and knew how to report safeguarding adult concerns appropriately.

Since the last inspection the service policy with regard to medicines had been changed and people now kept their medicines in their flats. Staff received training to administer medicines appropriately.

Good ●

Is the service effective?

The service was effective. Staff had received training and supervision to support them in their caring role.

The service demonstrated they were aware of their responsibilities under the MCA and DoLS. Staff could demonstrate they gained people's consent before providing care and support.

People were supported to access the appropriate medical services in a timely manner.

People were supported to eat a nutritious diet and to remain hydrated.

The service was purpose built and accessible to people.

Good ●

Is the service caring?

Good ●

The service was caring. People found staff caring and staff told us how they worked with people to provide a caring service.

Staff told us how they upheld people's dignity and privacy. The service kept people's written information securely.

The service gave people information that told them their rights not to be discriminated against and promoted diversity in people's care plans.

People and their relatives were involved in their care planning and reviews

Is the service responsive?

Good ●

The service was responsive. People had person centred care plans and support identified was specific to their needs.

There were communal activities that people were supported by staff to attend.

People told us they felt safe to complain. We saw that complaints had been recorded, investigated and apologies written when appropriate.

Is the service well-led?

Good ●

The service was well-led. Most people spoke highly of the service and the registered manager.

There were good lines of communication in the service. People were enabled to voice their views in a number of ways including a service user survey. The registered had improved staff communication to ensure shared information was acted on.

The service under took spot checks and audits to ensure the service provided was of a good quality.

The service was working in partnership with the commissioning body.

Sanctuary Home Care Ltd - Barnet

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 checked 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 the 22 and 24 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people who live in their own flats. We wanted to be sure that people and staff would be available to speak with us.

The membership of the team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During our visit we spoke with eight people using the service and one person's relative. We reviewed five people's care plans and associated documents this included risk assessments, medicine administration records and daily notes.

We looked at four staff personnel files this included their recruitment, training and supervision documents. During the inspection we spoke with two support staff and a team leader. We also spoke with the registered manager, the service manager and the housing manager.

Following the inspection we spoke with two health and social care professionals and the commissioning

body.

Is the service safe?

Our findings

During our inspection in 2016 we found that some people were not receiving their assessed hours support. In addition some people's support needs had increased significantly and they had not been reassessed. As a result the service was providing increased hours support but the staffing levels had not increased to meet people's increased needs. During our visit in 2017 we found that people were receiving their visits from staff and people had been reassessed. In some instances people had moved following reassessment to services where increased care such as nursing care could be provided.

Some people told us "No rushing at all, I have two staff hoisting me using my own hoist and sling". However a number of people expressed concerns that staff were rushed. "Mostly always in a hurry, I don't always need the entire time, they are always rushing, they don't have enough staff". People told us that there were not always enough staff at the weekends. For example one person said "sometimes they are short on Sundays" and another "They are rushed off their feet bells ringing ...weekends no one wants to work, weekends they say oh yes and don't turn up". Several people told us call bells were not answered quickly at times at night and people were told to wait. "They will tell you to switch your bell off and try it again as they're busy or will come in 5 or 10 minute, weekends they are very short". This we were told by one person resulted in them having to wait to use their toilet.

All staff we spoke with told us that most of the time there were enough staff, explaining there was a turnover of staff but that it was only when people phoned in sick the numbers had dropped on occasion. One staff member told us "staffing levels are much better than before" they confirmed that sometimes at the weekend they had been missing one or two staff but stated the service was recruiting specifically for weekend staff to address this and felt there had been an improvement. The registered manager confirmed that there had been times at the weekend when they had been unable to get cover for staff phoning in sick in particular around Christmas. However they had taken action to address this. They had advertised and interviewed for bank staff to work specifically at the weekend which they had identified as a time when it was sometimes difficult to get replacement bank staff at short notice. The registered manager told us that the night time staffing had remained the same despite there being less people with high needs and Sanctuary Care Ltd – Barnet continued to fund one of the posts to ensure there was a good service during the night time.

The registered manager told us they monitored the call bell response. They explained if a bell rang for a longer period the call would be automatically transferred to a central external call centre run by Sanctuary Home Care. This was an emergency response service who would then contact the service to establish if there was a reason for the delay. We brought to the registered manager's attention that if call bells were switched off by staff and a person asked to wait then this would not show up as a long response time when call bells were monitored. The registered manager told us they would address this matter with staff and ask that people bring this concern to her attention if it occurs.

We saw that there were robust recruitment procedures to ensure staff were safe to work with vulnerable people. Prospective staff completed an application form, attended an interview and the service undertook Disclosure and Barring Service Checks (DBS) and obtained references. In addition staff were required to

produce photo identity verification and proof of address prior to commencing their post.

During our inspection in 2016 we found that some people with complex support needs had not been risk assessed to minimise the risk to themselves and others in a timely manner. In our inspection in 2017 we found that people now had up to date, robust and detailed risk assessments. Assessments were specific to the risks relevant to the person and included smoking, nutrition, bed rails, medicines, finances, mental health and falls. We found for example people's moving and handling risk assessments were up to date and corresponded with their care plan information. They specified the number of staff required, what type of hoist and sling was to be used and flagged associated risks such as fragile skin.

Each person had a personal emergency evacuation plan that specified the support they would require should they need to evacuate the service. There was a 'grab' bag in the office that contained items staff would require such as first aid equipment, wind up torches and a quick reference list of people living at the service. The service evacuation plan had identified a safe location to take people in the event of such an emergency.

The service carried out the necessary safety checks such as gas and portable appliances testing. These were carried out by the service maintenance officer under the management of the Housing Manager who also ensured the fire alarms were tested on a weekly basis and undertook environmental checks and basic repairs. We noted that several alarm call cords were missing from call alarms in the corridors. We brought this to the registered manager's attention who explained one person had removed them and they were in the process of being replaced. Following the inspection we received confirmation these had been replaced.

In our inspection in 2016 we found that medicines were not always stored appropriately. During our visit in 2017 we found that the service had changed the medicines administration and storage procedure. People's medicines were no longer stored in a communal medicines room now appropriately people kept their medicines in their flats. People's different arrangements were stated in their care plan dependent on their support need. Some people ordered, collected and administered their medicines themselves or with the support of their family. People who required support had that support specified in their care plan and staff prompted or administered as stated. We checked some people's medicine administration records (MAR) and found no gaps or omissions. The registered manager showed us that when there had been a medicines administration error they had changed the procedure as part of the learning from that error. People's PRN (as and when needed) medicines had guidelines as to their use.

People told us they felt safe in the service one person told us "The staff are nice and so are the kitchen staff I think they are kind, I feel safe here". The 'service user guide' told people what safeguarding adults was and how to identify abuse. The guide told people how they could raise concerns. Staff had received safeguarding adult training and could tell us how they might recognise signs that abuse was occurring and how they would report concerns appropriately. We saw that the service had raised a number of safeguarding concerns to the appropriate body in a timely manner and had conducted investigations to establish what had occurred. We saw evidence that the registered manager had taken appropriate actions as learning from safeguarding outcomes.

The service was clean and well maintained. We saw that staff used protective equipment such as gloves but we noted that staff wore uniforms but were not using protective aprons when providing support. All people we talked with confirmed staff did not wear aprons when providing personal care. We brought this to the registered manager's attention who agreed to address this.

Is the service effective?

Our findings

During our inspection in 2016 we found that staff had not received adequate training to support them to undertake their role. During our visit in 2017 we found that staff had received appropriate training. For example basic life support, medicines administration, safeguarding adults, professional boundaries, moving and handling, mental health awareness and managing behaviours that challenge the service. Senior staff had also attended training in MCA assessments, risk assessment, pressure ulcer care and conducting supervision. Some staff had attended training specific to the people they worked with for example dementia awareness and PEG stoma care. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. This was to allow staff to administer medicines via the PEG feed. Staff told us they felt well supported and confirmed they received supervisions sessions that they found helpful and could request a one to one with their supervisor if they needed advice or support. We found that supervision sessions were planned in advance and a matrix filled in once the staff had received the supervision session.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us they were given choice by staff. "They always ask what clothes you want to wear and they get 2-3 (items of clothing) out and ask you what you want to put on". A staff member told us "We have to assume people have capacity for decisions unless they have been assessed as not having capacity". Another staff member told us "I don't demand people take their tablets, I ask would you like to take your medicine?" and described if someone says "No" they will come back and try a little later and explain why they have been prescribed the medicines by the doctor. We saw that people had a mental capacity assessment and a best interest meeting when appropriate to ascertain for example if bed rails should be used and to determine if they required support with their finances. We saw that the registered manager had made DoLS authorisation requests appropriately to the statutory body.

Most people told us they were supported to access the medical services "The first thing I do is push the button and they ask do you want us to phone the GP and if you feel worse do you want an ambulance. One carer will stay with you until the ambulance comes". One person was not confident staff knew about their changed medical condition and support needs. They told us when they came out of hospital they were not asked what support they required and would like staff to look at their medical folder when they visited. We brought this to the registered manager's attention.

Staff we spoke with were able to tell us about the people's health needs that they supported. We found care plans detailed people's health information. We saw evidence that people were supported to access their GP and district nurse. For example an occupational therapist assessment was requested when a person's moving and handling needs had changed. We saw that when people had a diagnosis of diabetes they had in their care plan an explanation for staff of the condition and symptoms for both Hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar) and what action should be taken. Staff were aware of people's mental health support needs and could tell us about people's diagnosis. We saw that appropriate services were called when people's mental health fluctuated.

People were supported to eat a nutritious diet. There was a communal dining area and people could come down to eat there if they chose or cook in their flat. There was a choice of menu and the kitchen catered for people's dietary requirements as stated in their care plan. For example one care plan stated "I am vegetarian no meat, eggs or fish" and the staff knew about this when asked. One person told us "We've got a good chef" and another person told us "They come at lunchtime to get me down, I've not cooked since I've been here, nice vegetables that they've cooked fresh". People's care plans stated if they had a specific preference for example "loves savoury snacks - toasted pitta bread with humous and cheese". Staff supported people who required support to eat. Staff also took meals to people who were not able to come down to eat and supported them in their flats".

People's hydration needs were noted in their care plans for example one person was assessed as at risk from dehydration the care plan stated "prompt for water, tea and coffee" the plan gave the symptoms of dehydration and action to take if the person became dehydrated. One person had in their care plan they drank from an adapted cup and we observed this was made available to them at lunch time so they could drink independently. People's care plans stated if they required a drink to be left near them in their flat. This was specific to each person for example "small bottles of water within reach" for another person "a bottle of sparkling water" and for another "A jug of water and a glass".

The building was purpose built as such corridors were spacious to accommodate wheel chairs and there were lifts to all floors. Individual flats were also accessible for people using mobility equipment and were fitted with shower rooms. There were also communal bathrooms that people used when they wanted to have a bath. Several flats had been fitted with automatic doors that opened with a fob so that the person with a physical disability could enter without needing staff support to use a key. There was a comfortable communal lounge and conservatory leading to an accessible garden.

Is the service caring?

Our findings

One person told us "The service is fine, everyone is good, very nice and very helpful" and "Carers are very good at their job always polite even before they go they ask if there is anything else I need." And "Some always say good morning, try to be happy and respect your wishes".

A staff member told us "I like speaking with people; you might be the only person they have seen all day" other staff said "I smile when I talk to them and ask them how they are" and "I speak to people like I or my mum would like to be treated". People told us that they did not have the same support staff each day but confirmed new staff were usually introduced to them before they started offering care and support and that staff usually wore identity badges that stated their name.

We saw care plans prompted staff to respect people's privacy by stating for example "Staff are to ring my bell before entering my flat". People confirmed this took place. Staff told us how they maintained people's dignity and privacy by "Making sure doors are closed and if they want privacy to close the door and wait outside" describing that they say "I'll wait until you call me when you are ready". We saw that people's written records were kept in a confidential manner and the service told people in the 'service users guide' how they would manage their confidentiality and data protection.

We saw that people and their relatives were asked their views as to how they wished to be supported prior to commencing the service. The service carried out regular reviews of people's care and had discussed changes to people's support need in the reviews. When people had family support and if appropriate, family members had been invited to their review. People or their relatives, if people lacked the capacity, signed their care documents to show they agreed with them.

People commencing the service were given a "Guide to Equality and Diversity" that specified people should not be discriminated against for any reason and included examples like being homosexual, bi-sexual or heterosexual. The guide stated in bold "Remember, it's okay to be yourself. All staff and service users have a responsibility to make sure nobody feels bullied, left out or discriminated against". This was a good way to let people know their diversity rights would be promoted at the service. To identify people's diversity needs we saw that people's care plans gave people's place of birth, their language of choice and their cultural and religious support needs. These included religious dietary requirements and stating for example "Staff to respect [X] prayer time and [Holy book] reading time". The service also noted when people may be observing specific times such as Lent and Ramadan. People's plans described if they wanted to go to their place of worship and how this would take place. Religious and cultural festivals were celebrated for example Diwali, Easter and Christmas. There were different cultural activities such as henna painting and a sari wearing demonstration.

Some people's end of life wishes were captured in their care plans for example one person's review highlighted they wished to discuss their end of life plans whilst other people's plans recorded they did not wish to discuss this at the present.

Is the service responsive?

Our findings

People's care plans were thorough and detailed. They were person centred and gave a personal history describing events important in people's lives. This gave the support staff a good sense of the person, for example who was important to them in their circle of family and friends. It enabled support staff to understand a person's actions or behaviours, even if they had significant memory problems.

Most people confirmed that support staff read their care plans "Yes they all read the care plans, when the new ones (support staff) come in they read the care books". People's care plans detailed the times people required support and what tasks should be undertaken during those times. This included small time slots for example being supported to the dining area for lunch and longer time slots for offering personal care. Care plans stated how people wished to be supported and described the support a person required detailing the assistance to wash, dry and dress and specified what brand of aftershave they liked to use. People's preferences for showers or baths was captured and described what equipment should be used including shower chairs and hoists. Care plans contained people's staffing requirement and preferences around support stating for example "One female member of staff" for support with showering. Care plans also described when people had support from other agencies during the day.

Care plans contained a section for 'Social inclusion and access to the community' we saw that people's social welfare was included to ensure people were not lonely or isolated. For example one person's record stated at review "Has made friends at Goodwin Court and they come and see [X]". The service had a part-time activity co-ordinator and some volunteer organisations that came into the service to facilitate activities. For example we observed a game of bingo where people had bingo cards in large print as well as regular size so people who had deteriorating eyesight could play independently. Other activities included a flower arranging group and coffee mornings.

All people we spoke with said they felt able and safe to complain. One person told us "I've complained two or three times. They let you know what's going on and how they are going keep you informed". All people said their complaints were answered however one person said the length of time it had taken to be resolved had been too long. People were told how they could complain in the 'Service User Guide' and in poster information. There was a complaint's policy and procedure and we saw a number of complaints that had been addressed through the complaints process. The process was staged and dependent on the nature of the complaint the registered manager or the service manager investigated and responded to the complainant. We saw that apologies were written when appropriate, analysis and learning from complaints took place.

Is the service well-led?

Our findings

There was a registered manager who was well spoken of by all staff who described them as "supportive" "compassionate" and "approachable". There was mixed feedback from people we spoke with. Some people spoke very highly of the registered manager saying "We all find her approachable" and "[the registered manager] is excellent very passionate, does everything and is simply the best" however several people did not always find the registered manager available to speak to when they wanted to and did not feel issues they raised were addressed speedily.

During our inspection in 2016 we found the registered manager's office was situated on the first floor and was not sign posted, as such some people did not know where to find them. During our visit in 2017 we found the registered manager's office had been moved to the ground floor close to the other offices. The registered manager told us she had done this to be closer to the communal areas and more accessible to people. In addition since the inspection in 2016 a deputy manager post had been created and part of the deputy remit was to be out on the floors and point of contact for both staff and people.

The service asked people for feedback at their reviews and we saw written for example in one person's review "I am very happy at Goodwin Court and all the staff are lovely". In addition there were service user meetings every two months. These were advertised at the beginning of the year in advance so people could make time to attend and minutes were distributed following the meeting. We saw actions resulting from people's comments at meetings were flagged up on a notice board when they were achieved. For example people had asked for a large TV in the communal lounge and this was now in place. There was a 'Service Users Guide' that gave information about Sanctuary Care Ltd – Barnet for people's reference. There was also a Sanctuary Home Care (the provider organisation) 'Guide to getting involved' that gave details of tenant action groups, helping with complaints and giving feedback on customer publications in the wider organisation that people could be part of if they wished.

All staff spoken with enjoyed working for the service and one staff member told us "It is much better organised, there is no doubt about this, everything is clear – this has changed a lot". There were good lines of communication in the service, there was a daily staff handover and a communication book as well as the daily notes in people's records that kept staff up to date with people's changing circumstances. Since our last inspection in 2016 we saw that the registered manager had introduced a 'Staff concern sheet' that was completed by a staff member if there was a concern about a person. This was given to the team leader who would take the necessary action and complete the form stating the action taken and the outcome. This meant the staff member and other team members knew the concern had been raised and addressed. This was an improvement to the effectiveness of communication in the service. Staff told us they could speak up to the team leaders, deputy manager and registered manager if they wished to. We noted that Sanctuary Care Ltd - Barnet did not have a yearly staff survey however the staff voice was heard through informal meetings, one to one supervision sessions and team meetings that were held every two months. We saw that the registered manager had started an employee of the month award they explained to boost staff morale and recognise good practice.

The service carried out quality assurance in a number of ways. There was a registered manager's audit each month that looked at different areas such as medicines administration and care plans in addition to a monthly care standards audit that looked at two care standards. As such areas including people's understanding of safeguarding adults and complaints was scrutinised. The registered manager attended regular meetings with other registered managers at the provider's locations and learning was shared from the outcome of these audits in each service to improve the overall quality of each service. All audit actions were checked by the regional manager to ensure accuracy and timely improvement. Audits undertaken by the provider service had occurred quarterly and were clear in their findings and recommendations. For example in November 2016 it was identified that the service was not looking at trends affecting the service effectively and we saw this had been implemented.

The service worked in partnership with the commissioning body and had participated in provider forums.