

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Enfield

Inspection report

Skinner's Court
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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

This inspection took place on 21 April 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present to provide the information and documents necessary for the inspection.

This was the first inspection since the service registered with CQC in October 2015.

Sanctuary Home Care Ltd – Enfield is registered to provide personal care and support to people living in their own apartments in an extra care housing scheme based in Palmers Green, Enfield. At the time of the inspection, Sanctuary Home Care Ltd – Enfield was providing personal care to 14 people living in the scheme.

The service had a registered manager. 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.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for people using the service. Risk assessments in place were reviewed and updated regularly. Risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person whilst supporting their independence.

Medicines were managed safely and effectively and there were regular medication audits in place. We found one medicines error during the inspection which was reported to the registered manager who took action to remedy the error. Staff had completed medication training and the service had a clear medication policy in place which was accessible to staff. Risk assessments specific to medicines were in place for people who were supported to take medicines.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who used the service.

We saw evidence of a comprehensive staff induction and on-going training programme. Staff were also safely recruited with necessary pre-employment checks carried out. Staff had regular supervisions and annual appraisals.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood the importance of always gaining consent from people.

People were supported to maintain good health and had access to healthcare services.

People were encouraged and supported to access the community.

The provider had an effective and comprehensive quality monitoring system to ensure standards of service were maintained and improved.

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. There were sufficient staff available to ensure that people's needs were met.

Staff were aware of different types of abuse, how to identify abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who used the service were identified and managed effectively.

Is the service effective?

Good ●

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role effectively.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

Is the service caring?

Good ●

The service was caring. We observed caring and positive interactions between staff and people who used the service.

People were treated with dignity and respect.

People were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred and regularly reviewed.

People's needs and wishes from the service were assessed and support was planned in line with their needs.

The service had a complaints policy in place and people knew how to complain if they needed to.

Is the service well-led?

Good ●

The service was well led. The quality of the service was monitored.

The service had a positive open culture which continuously strived to improve.

Relatives and staff spoke positively of the registered manager and how the service was managed overall.

Sanctuary Home Care Ltd - Enfield

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 21 April 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider which included the provider information return pack that the home sent to us to tell us how they managed the service under the five key lines of enquiries.

During the inspection we spoke to three people who used the service and four relatives. We also spoke with four support staff, one team leader and the registered manager.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans and risk assessments.

We reviewed four staff files. We looked at other documents held at the home such as medicines and quality assurance records.

We received feedback from the local placing authority prior to the inspection.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, "Yes I am quite safe." A relative told us, "It is going quite well. [My relative] is extremely lucky to be where he is."

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse and concerns outside of the organisation to the local safeguarding authority and the Care Quality Commission (CQC). A member of staff told us, "We are safeguarding and protecting vulnerable residents from abuse and neglect, for example signs of neglect such as a bed sore not reported. If I have a concern, I document it, report it to the team leader or registered manager. I have a phone number for [local authority], high management and CQC." A second staff member told us, "Safeguarding is to control and prevent abuse. If I have concerns I report it to the team leader or the registered manager." Staff confirmed that they knew what whistleblowing was and they would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. A staff member told us, "If something was happening and nobody was doing anything about it. I would whistle blow to CQC."

Potential risks to people's health and wellbeing had been assessed and each person had personalised risk assessments in place. These identified the risks people could be exposed to and the support they needed to minimise the risks. Risk assessments had been reviewed regularly with people and their relatives. Individual risks to people such as falls, moving and handling, health conditions such as asthma, diabetes and risks associated with living with dementia were assessed and guidance had been provided to staff on how to keep people safe whilst ensuring their independence was maintained and promoted. One person's risk assessment advised on protective clothing to be worn when they went out alone to ensure their safety after dark. Another person's risk assessment noted that at due to tiredness at certain times of the day they required assistance from staff with mobilising.

People were supported with sufficient staff with the right skills and knowledge to meet their individual needs and promote person centred care. Staff told us they were not rushed in their duties and had time to chat with people. A person told us, "They are always having a chat with me."

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK.

Medicines were handled safely and each person was supported to receive their medicine in a way that was suitable to their needs and abilities. We saw that medicines were administered by staff who had been trained and assessed as competent to do so safely. When asked if they received their medicines on time, people responded positively. The medicine administration records (MAR's) we looked at showed that people

had been given their medicines as prescribed. When we checked medicine stock for one person, we found that the person had not been Gabapentin as prescribed on one occasion. Gabapentin a medicine also used to treat nerve pain. We brought this to the attention of the registered manager who investigated and addressed the error with staff involved. The registered manager also advised that they contacted the pharmacist to request that the particular medicine was included in the person's medicines blister pack moving forward. The registered manager told us that moving forward, as opposed to a weekly stock check of medicines not contained in blister packs, they would check these medicines on a daily basis.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. Accidents and incidents were monitored by the registered manager to look for emerging trends.

Is the service effective?

Our findings

We received overall positive feedback from people and their relatives regarding staff and how they were skilled to meet their needs. A person told us, "They [staff] are always good." A relative told us, "They [staff] do a really good job. [My relative] can't walk far. They help him. They are really good." A second relative told us, "[My relative] is always clean, has food and is warm." A staff member told us, "Our manager tries her best to make sure we have the training and knowledge to supply care."

Staff had the knowledge and skills which enabled them to support people effectively. Records confirmed that new staff completed an induction which included shadowing an experienced support worker prior to being signed off as competent. A staff member told us when asked about their induction, "I did three days and shadowed for one week. I asked for more shadowing and the manager said if you want more time." A second staff member told us, "I done training when I first started; moving and handling, medicines and food safety."

Training records showed that people had completed training in areas that helped them to meet people's needs. Mandatory training for all staff included; medicines, safeguarding, first aid, basic life support, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), equality and diversity, infection control, dementia and nutrition. A staff member told us, "Yearly and I am due my refresher. The manager makes sure she lets us know." A second staff member told us, "Regular training in the main office. If you don't do your training, you don't get a shift."

Staff told us they received an annual appraisal and records viewed during the inspection confirmed this. A staff member told us, "The manager is very open. She says you need to improve yourself to move up, do courses. We are encouraged to be educated, learn more and move up."

Staff also told us they received supervisions on a regular basis and they felt supported by the management team if they had any concerns. Records confirmed that supervisions and spot checks took place on a regular basis and were themed around certain areas such as medicines administration.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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. We checked whether the service was working within the principles of the MCA. The service provides personal care to people living in their own homes within a supported living facility. People receiving personal care services were not subject to orders made by the Court of Protection.

The registered manager and staff had a clear understanding of the MCA and had attended training. We saw people were asked their consent before care was provided. A staff member told us, "We ask permission. We always give respect. They have the right to be respected." When asked, people told us staff asked permission before providing care. People's care files contained a care plan consent form which had been signed by the

person or appropriate relative.

Where necessary, people were supported with meal preparation which was detailed in their care plans. People's likes, dislikes and meal preferences were noted. Allergies and foods which counteracted with prescribed medicines were also clearly recorded on people's care records. The registered manager told us that most people supported used ready meals delivered on a regular basis which were prepared by support staff. However, where people had been identified as at risk of malnutrition, the service had recently started to prepare homemade meals to support weight gain. The registered manager told us that they were cooking Caribbean food for one person and so far it was working well as the person enjoyed the food. People told us they were satisfied with the support they received with eating and drinking. A relative told us, "[My relative] has dinners. They [staff] cook him breakfast and they leave him a light lunch."

Some people told us that they were supported to access health services. However, many people and relatives we spoke to did not require assistance from the provider to access healthcare services. The service supported people to get ready for health appointments and attend day activities. A relative told us, "They help [my relative] get ready when he needs to go to hospital appointments." Where people had accessed healthcare, their care records were updated accordingly.

Is the service caring?

Our findings

People we spoke with were very complimentary about their support workers. Feedback received from people included, "Staff are okay. They are chatty to me", "The [staff] are always good" and "Friendly yes." One relative told us, "I think they are very good. They work around [my relative]. They treat [my relative] as normal. [My relative] says they are good to him."

We observed staff and the registered manager engage with people in a caring and patient manner. We observed a good rapport and friendly banter between people and staff. Staff spoke of ensuring they spent time talking with people when they visited them. The registered manager explained to us that they recently introduced a new initiative called 'Resident of the Day'. On a set day every week the registered manager and team leader would visit a person to, "Check on them, reach out, see what they want and build life history." A staff member told us, "I have time to chat. Some people are so lonely and even if I spend five minutes chatting, they are so relieved. We have now introduced resident of the day and we have one hour just to chat with them. Ask them questions and get to know them."

People told us staff respected their privacy and dignity. One person told us, "I am respected." A second person told us, "Yes they close the curtains." Staff demonstrated an understanding of how to protect people's dignity and privacy and could give examples of ways they ensured this happened, for example, closing doors and curtains and covering exposed areas of skin.

The provider had an equality and diversity policy in place and records confirmed that staff had received training around equality and diversity. Staff confirmed that they adhered to people's preferred customs when entering their homes such as removing their shoes or wearing shoe covers, when necessary. A staff member told us, "We have an open culture. We try to give everybody what they want. We respect cultures; food, clothing. We give people a choice and we respect it."

People were encouraged to be independent. A person told us, "I used to live on my own. I've got my own scooter. I go out." Care plans detailed the support people required for certain tasks and what people could do for themselves. A care plan noted that to ensure a person was supported to remain independent they could use their hands for tasks such as using the washing machine and dryer, and manoeuvring their mobility aids. Another person's care plan stated, 'Regardless of dementia, I am still a very loving and happy person and always ready to make the most of my life and remain as independent as possible.'

We reviewed compliments received from people and relatives who use the service which thanked the service for their help and support.

Is the service responsive?

Our findings

People received consistent and personalised care and people indicated they were satisfied that the care they received met their needs. A person told us, "Everybody is okay and everything is okay." A relative told us, "They are really good. They are first on the phone with me if there are any problems."

Care plans were person centred, detailed and reviewed on a regular basis. Care plans detailed people's life history, favourite past-times and hobbies, favourite television shows and cultural or religious beliefs. Care plans provided staff with detailed guidance regarding people's support needs and care tasks. Care plans were reviewed on a regular basis and feedback from the person or their relatives was incorporated into the reviews and care plans were updated accordingly.

Some of the people supported by the service were living with dementia or a mental health condition. Care plans detailed how the person's health affected them and provided guidance to staff on how to work with the person should they become upset or anxious. A person's care plan noted that staff should prompt the person to write the date every day. Their care plan further explained in detail the symptoms of their dementia and how staff should support them through times when they may become upset or anxious.

The service had a complaints policy in place and we saw that complaints were logged and investigated promptly with a response from the registered manager provided. Complaints were analysed for emerging trends. We saw that in the past twelve months, the service had received two formal complaints. People told us they had no complaints and explained that they could raise a concern if necessary and that they would be listened to. A relative told us that when they had concerns, these were resolved and overall there were no complaints.

Care plans detailed whether people engaged in activities such as day centres and accessed the community and staff provided support for this such as arranging transport or assisting people with dressing. Within the supported living complex, people could attend a regular coffee morning and evening activities such as quizzes. A relative told us, "[My relative] could go down to the coffee mornings. They do ask [my relative] to go. They do say to [relative] but they won't push."

Is the service well-led?

Our findings

People, relatives and staff we spoke with told us they felt the service was well-led, with some relatives detailing how the service had made improvements under the current registered manager. A relative told us, "I have to say I found it has improved since [registered manager] has been there. She tries to keep everything on an even keel." Another relative told us, "[Team leader] and [registered manager] run the office very good. They are very kind."

Staff felt supported by the manager and were happy working for the provider. One staff member told us, "I really like it. It's going well. I like Sanctuary. The manager and team leader are supportive." A second staff member told us, "It's brilliant. The flexibility, it's easy to talk to someone. Communication is smooth and easy." A third staff member told us, "Yes, supportive. If I have a problem, I wouldn't hesitate to tell [management] and I would get a response. I would recommend."

There was a clear management structure in place and throughout the inspection we observed staff and people access the office and queries were responded to promptly by the registered manager and team leader. The registered manager told us that the team leader role was a recent development which was working well for the service especially out of hours and at weekends as they were supernumerary to support staff and provided management assistance.

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager completed regular monthly audits of medicines and care plans. We saw that where recording errors had been noted in MAR's, the registered manager addressed this with the staff member responsible which was recorded on their staff record. The registered manager told us that regular medicines audits had reduced the volume of medicines recording errors. The registered manager also completed regular documented spot checks.

The provider also completed a quarterly audit of the service which was assessed against the CQC five key questions. The results from the registered manager and provider audits fed into a service improvement plan which identified actions to improve the quality of the service people received. Actions included reviewing care plans to ensure life histories were incorporated, devising a training and appraisal matrix, improving the management of medicines and ensuring the service was compliant with mandatory training. During the inspection we saw that the registered manager was working to complete these actions.

In addition, the local placing authority had also completed regular quality monitoring checks of the service and where actions had been identified; the registered manager had worked to address.

Staff meetings took place on a regular basis which were documented. Topics discussed included medicines management, safeguarding and the duty of candour. Staff told us that they benefited from regular meetings. One staff member told us, "We had one a few weeks ago. They are useful. We talk about the overall service. We talk about problems and [registered manager] will take on board." Team leaders also had regular meetings specific to their role which addressed spot checks, risk assessments, care planning and

safeguarding matters.

Residents meetings took place on a monthly basis in the supported living complex which the registered manager attended. In addition, the registered manager held a monthly surgery for people to attend should they have any concerns or issues to address.

The provider obtained feedback from people and relatives once per year with the next feedback survey due in May 2017. The results were collated by the provider. However the results individual to specific locations were not identified which would assist the local manager to address any concerning feedback received relating to their location.