

Sanctuary Oasis Limited

Sanctuary Oasis Limited

Inspection report

Town Hall, Creed Street
Wolverton
Milton Keynes
Buckinghamshire
MK12 5LY

Tel: 01908322839
Website: www.sanctuaryoasisltd.com

Date of inspection visit:
28 June 2019
02 July 2019
03 July 2019
04 July 2019

Date of publication:
26 July 2019

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

About the service

Sanctuary Oasis Limited is a domiciliary care agency providing personal care to a range of people living in their own homes. At the time of the inspection 27 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they received safe care. Staff fully understood safeguarding procedures. Risks within people's lives were assessed to ensure people and staff providing their care were safe and protected from harm.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. The staffing levels matched people's assessed support needs.

Staff received induction training and ongoing refresher training to keep up to date with current good practice guidelines. Staff received suitable supervision and support and felt confident in their roles. The staff felt well supported by the registered manager.

People were supported to eat and drink enough to meet their nutrition and hydration needs. Staff closely monitored any changes in people's health and well-being and supported people to access to health professionals as required.

Staff treated people with kindness, dignity and respect. The care plans reflected people's likes dislikes, needs and preferences. People and their representatives were involved in planning their care as much as possible.

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 provider had a complaint procedure, which was used effectively. They were open and honest, and worked in partnership with outside agencies. The registered manager understood their regulatory responsibilities. The rating from the previous inspection was displayed within the service and on the providers website. Notifiable events had been submitted to the Care Quality Commission (CQC) as legally required.

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 (Report published 6 December 2016).

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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Sanctuary Oasis Limited

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission (CQC). 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

The inspection activity started on 28 June 2019 and ended on 4 July 2019. We visited the office location on 2 July and made phone calls to people and staff on 28 June, and on 3 and 4 July 2019.

What we did before the 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. We used the information the provider sent us in the provider information return. 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 used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service, five relatives, four staff members, the care co-ordinator and

the registered manager. We reviewed a range of records. These included three people's care records and three staff recruitment and supervision files. We also reviewed other records in relation to the management of the service, including the providers policies and procedures.

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 were safe using the service. All the people we spoke with felt that staff supported them in a safe manner. One person said, "I feel safe very safe with all the staff that provide my care." A relative said, "[Name] would definitely tell me if they had any concerns about their safety."
- All staff were trained in the safeguarding procedures and knew what to look for to protect people from harm or abuse. They felt confident to raise any concerns to the registered manager or if required, directly to the local safeguarding authority. Records showed the registered manager had responded appropriately to safeguarding concerns that had been brought to their attention.

Assessing risk, safety monitoring and management

- Risk assessments were used to identify and manage risks, whilst enabling people to retain as much independence as possible. The assessments included areas such as, the home environmental, moving and handling, and personal safety risks. Staff followed the guidance within the risk assessments to keep people safe.

Staffing and recruitment

- There were enough staff employed and deployed to meet people's assessed needs. People told us the staff usually arrived on time, and their care was provided consistently by the same carers.
- Safe staff recruitment procedures were carried out by the service. The staff files contained evidence of background checks having been completed. For example, proof of identification and right to work in the UK, a disclosure and barring service (DBS) check, professional and character references. These checks ensured only suitable staff were employed to work at the service.

Using medicines safely

- People received their medicines safely. Many people managed their own medicines or had support from family. When staff did administer medicines for people, medication administration records (MAR) in use were accurate, and regularly checked for any errors or omissions.

Preventing and controlling infection

- Staff were trained in infection control. Personal protective equipment (PPE), such as disposable aprons and gloves, were available for staff to use when providing personal care and food handling. People and relatives also confirmed the staff used the PPE when providing care.

Learning lessons when things go wrong

- Accidents and incidents were monitored, and action taken to address any identified concerns, to reduce

the risk of any repeat incidents.

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.

Staff support: induction, training, skills and experience

- Staff told us they received induction training before starting work in the service, and they felt confident to carry out their roles.
- Staff received regular supervision and support from the registered manager which included regular spot checks.

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

- People had their needs assessed prior to receiving care from the service. This ensured the service only supported people with needs they were able to meet.
- Staff understood people's individual preferences, and routines. They confirmed they had time to read people's care plans and any changes to people's needs were communicated to them effectively.

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

- Where the provider took on the responsibility, staff supported people to eat and drink enough. One person said, "I have frozen ready meals, I choose what I want, and the staff microwave the meals for me."
- People's care records reflected the level of support people needed to eat and drink, and any food allergies.

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

- The registered manager and staff worked in partnership with health and social care professionals to maintain people's health and well-being. They worked in collaboration with community nurses occupational therapists and doctors as and when required.
- Staff we spoke with had a good knowledge and understanding about people's healthcare requirements, and told us they worked with people's relatives to ensure people got the support they required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The service worked within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. One relative told us they had lasting power of attorney over their family members finances and healthcare. They said they had made best interests' decisions regarding their family members care, and the partnership working with the service had enabled their mother to remain in her own home, which was her wish.
- People had signed consent forms within their files, and people told us the staff always gained their consent before carrying out any care tasks.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt well cared for and respected by the staff. One person said, "We get on very well, I like all of the staff, we have a laugh and a joke." A relative said, "So far so good, the staff all seem very courteous, professional and polite." Another relative said, "I am around when the staff attend, I hear the way they speak to [name], they call [person] by their preferred name, they explain what they are doing and always respect [names] wishes."
- Staff spoke about people with respect and knew about each person's needs and preferences.

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

- People and relatives were involved in the planning of their care.
- People consistently told us their preferences as to how they wanted their care delivered was listened to and accommodated.
- Systems were in place to seek people's opinions and feedback through questionnaires and spot check visits.

Respecting and promoting people's privacy, dignity and independence

- People confirmed the staff respected their privacy and dignity.
- The staff told us they maintained people's privacy and dignity, for example, by ensuring personal care was delivered in private, behind closed doors and curtains.
- People's personal information was stored securely at the office location, and only shared with appropriate health and social care professionals. Staff were aware of following data protection keeping information safe.

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

- People received personalised care and support. Information about people's backgrounds, likes, dislikes and preferences were available within their care plans.

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.

- People's communication needs were identified and recorded within their care records. Staff were aware of people's communication needs and adjusted the care and support to ensure they communicated effectively with people. A relative said, "Many of the staff don't have English as a first language, but they know to talk clearly and softly to [name] so they can fully understand what they are saying."

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

- Staff understood the importance of promoting people's independence. A relative said, "I am very impressed with the way the staff always ensure they take [name] out for a walk in the garden. This has maintained their mobility and ensured she get fresh air, I don't think there are many care agencies that would do this."

- The service had a multicultural team of staff who supported people to follow their cultural and religious beliefs.

Improving care quality in response to complaints or concerns

- People and their relatives were encouraged to raise concerns. Complaints had been thoroughly investigated and resolved to people's satisfaction in line with the company's policy. People and their relatives told us, should they have any concerns they would not hesitate to raise these with the registered manager and felt confident they would be promptly resolved.

End of life care and support

- People were supported to remain at home at the end of their life if this was their wish.
- Staff were motivated to providing the best possible end of life care to people and the registered manager said they accessed end of life training through a local hospice.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff team ensured people were involved in all decisions about their care.
- People told us the service achieved good outcomes. A relative said, "I am very happy with this service, they seem very caring and dedicated in what they do."
- People told us they thought the service was well managed and they could contact the registered manager at any time. This was evident on the day of inspection when the registered manager took several calls from people requesting to change their call times.
- The registered management and staff provided good quality care that focussed on people's needs and preferences.

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

- People and their relatives told us, the registered manager was open and honest in their communications with them.
- Systems were followed to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff told us they felt any concerns about people's safety they may have would be listened to and acted upon appropriately by the registered manager. They were also aware of the 'whistle-blowing' procedures to follow when raising any concerns directly to the local safeguarding authority and the Care Quality Commission (CQC).

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

- The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The location was compliant in these areas.
- Effective systems were in place to monitor the quality and standard of the service. The provider had established audits relating to the running of the service. These included but were not limited to care planning, health and safety, training and medicines. These enabled the registered manager to continuously drive improvement.
- Staff were clear about their roles and responsibilities in meeting the needs of the people they supported.
- People, relatives and staff consistently gave positive feedback regarding the registered manager.

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

- Feedback was routinely sought from people, relatives and staff, and the results were reviewed and analysed to make any required improvements.
- Staff were able to express their views to the registered manager and felt the communication systems were good.
- The registered manager sent regular communications to the staff team to inform them of any changes or actions that were required.

Continuous learning and improving care

- The provider identified improvements needed by consulting with people, relatives and staff and through quality assurance systems and processes.

Working in partnership with others

- The registered manager worked with the local authority and commissioners, who fund some people's care. They were able to review people's care, monitor quality, and feedback on improvements that were required. For example, people requiring the input of an occupational therapist to assess for suitable moving and handling equipment and aids.