Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Gloucester

Inspection report

Middleton House
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 8, 9 and 10 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that managers were present.

This was the service's first inspection since it was registered with the Care Quality Commission (CQC) in March 2014. This service took place in Middleton House where people own or rent their own accommodation which consists of 49 two or one bedroomed flats. People can purchase different types of support and we inspected the domiciliary care service. This service manages all aspects of a person's care needs, for example, personal hygiene, nutritional support, support with medicines and organising help with other health care related needs. Visits from the care staff are planned and varied from one to four visits a day. The provider also offered what they called "extra care" at Middleton House. This meant people could call for support in-between their scheduled care visits for an additional charge. Examples of this so far had been people feeling unwell or needing to use the toilet before their next care visit.

In June 2015 a manager was registered with the CQC, but they stopped managing the service on 19 November 2015. 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. The provider had therefore put temporary management arrangements in place until a new and permanent manager could be recruited.

People receiving care told us they were very happy with the service provided. They told us they felt safe, trusted the staff and their needs were responded to well. People received their care visits more or less when they expected to. Some visits had been late and the reasons for this were being addressed. People told us this had not, so far, had a negative impact on them. The care people wanted to receive was planned with them and they gave their consent before any care or treatment was delivered. Where people were not able to do this, due to a lack of mental capacity, the principles of the Mental Capacity Act 2005 were adhered to and people received their care lawfully. Some improvement to the recording of this process was needed and senior managers had already identified this. People received the support they required in order to take their medicines. Some improvements were needed to how the medicines system was monitored but again, this had been identified by senior managers who were improving this. People told us their dignity and privacy was maintained and staff were caring and compassionate.

Staff told us they felt supported by the senior managers and they had received appropriate training to be able to meet people's needs. It had already been identified that some staff would need additional training and guidance to be able to meet some new responsibilities which were planned for their role. Robust recruitment checks ensured people were protected from those who may not be suitable. The use of agency staff had reduced over the last 4 months but where there was still a need for this, senior managers tried to get the same agency staff back so as to avoid too much change for people.

There were arrangements in place to ensure people's areas of dissatisfaction and complaint were managed effectively. The provider's quality monitoring arrangements were effective and had identified shortfalls in some of the service's systems and processes and these were being proactively addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe. People were protected against risks that may affect them.

There were enough staff to meet people's needs although additional staff were needed so that an additional service called "extra care" could be delivered without having an impact on people's scheduled care visits.

People received support where needed to take their medicines.

People were protected from abuse because staff knew how to identify this and report any concerns they may have.

There were enough staff to meet people's needs and robust recruitment practices protected people from unsuitable staff.

Is the service effective?

Good

The service was effective. People received care and treatment from staff who had been trained to provide this.

People who lacked mental capacity were protected because the principles of the Mental Capacity Act (2005) were followed.

People received appropriate support with their eating and drinking in order to maintain their well-being.

Staff ensured people's health care needs were met when they required support to do this.

Is the service caring?

Good

The service was caring. People were cared for by staff who were kind and who delivered care in a compassionate way.

People's preferences were explored and met by the staff where possible. Staff delivered care which was tailored to each individual's needs.

People's dignity and privacy was maintained.

People who mattered to those who used the service were made welcome by the staff and given support where this was needed.

Is the service responsive?

Requires Improvement

The service was not as responsive as it should be. The provider had already made and was still making improvements to ensure staff could be responsive at all times and under all circumstances.

Care plans sometimes lacked the detail to ensure staff delivered consistent care and safely. This however had not resulted, so far, in anyone's needs not having been met.

The complaints process had recently been looked at and improved to ensure people's areas of dissatisfaction or complaints were acknowledged, investigated and resolved.

Changes in some staff roles and how they were to be deployed were planned so that staff could be as responsive to people's needs at all times.

Is the service well-led?

Good

The service was well-led. People had been protected by the provider's effective monitoring systems. Actions were being taken to address identified shortfalls and to make the improvements the provider wanted to achieve.

Senior managers were providing support and guidance to staff and had been open and inclusive when discussing their plans for the future.

Staff were committed to providing a good service and were working collaboratively with the management team to ensure this remained the case.

The management team were open to people's suggestions and comments and people's views and ideas were sought and welcomed.

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Detailed findings

Background to this inspection

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

The inspection took place on 8, 9 and 10 December 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Information we held about the service was reviewed before the inspection. This included any significant information the provider had informed us about. We asked commissioners of the service for any relevant information they had about the service.

We spoke with eight people about the service they received. We spoke with four care staff and two senior company managers about their work. We observed interactions between people who use the service and the care staff. We reviewed six people's care records which included their care plans and risk assessments and where relevant their medicine administration records. We reviewed three staff recruitment files which included a selection of induction training records, competency checks and other training certificates. We requested a copy of the services electronic training record which was provided.

We also reviewed a selection of records pertaining to the management of the service. These included several recorded spot checks, two recent audits and the service's on-going improvement plan. We looked at one policy and reviewed this for relevant information and guidance. We inspected the complaints log, record of compliments and read the satisfaction questionnaires people returned in August of this year. We inspected care staffs' schedules of daily visits.

Requires Improvement

Is the service safe?

Our findings

Arrangements were in place to keep people safe and without exception, all the people we spoke with told us they felt safe and secure at Middleton House. Comments included, "I feel so safe" and "Yes, I feel safe, security is excellent". Security arrangements meant only those invited had access to the areas where people's private accommodation was. People found these arrangements reassuring and confirmed there were no inappropriate restrictions applied to them because of these arrangements.

People told us staff met their needs and for the majority of the time there were enough staff on duty to ensure this. Some problems had arisen however when there had only been one member of the care staff on duty. This had been predominantly in the afternoons. Middleton House also provided a service which the provider called "extra care". This meant people could call for additional help in-between their scheduled care visits. This was provided for an additional charge and recent examples had been when someone felt unwell and another person needed help to use the toilet. The problems had also arisen when care visits had been scheduled back to back with no spare time in-between. Staff confirmed a combination of a person requiring "extra care", the scheduling being back to back and only one member of care staff on duty was difficult to manage and sometimes care visits ran late. One member of staff said, "There is no wriggle room". Two people said, "They (staff) can be a little late" but both told us this had not been a problem so far. One said, "I know they will turn up". A senior manager explained, where the provider's scheduling had been introduced in other services the numbers of staff on duty had accommodated this. However, suitable arrangements had not been successfully implemented at Middleton House. One senior manager confirmed that the recruitment of additional care staff had begun. This would enable there would be care staff available to respond to the "extra care" calls.

People were protected against potential abuse and harm. People told us, if the need arose, they would feel able to report any concerns they had about how they were treated. The service had a safeguarding policy which contained procedures which staff were aware of. Staff were also aware of the local county council's wider safeguarding policy and protocols. They understood what their responsibilities were in protecting people from abuse. They knew how to and felt confident in, reporting and escalating any concerns they had, both in their own organisation and with relevant external agencies. Staff had received appropriate training and knew what constituted abuse and how to manage allegations. Staff gave us several examples of situations they had been in or which had been reported to them, where they had needed to be aware of the possibility of abuse. For example, people saying they had lost some money or people producing unexplained bruising. We had received appropriate notifications from the service in relation to safeguarding people.

People were protected from those who may not be suitable to care for them. Robust recruitment processes and the safe use of agency staff helped to achieve this. People told us they felt safe with the staff. One person said, "I trust the staff 100 percent". Staff recruitment files showed appropriate checks were carried out before staff were employed. This included checks through the Disclosure and Barring Service (DBS). A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References

were also sought in order to get feedback on staffs' past working history, character and reliability. Employment histories were requested and the reasons for any gaps in employment explored. The service used agencies which they trusted when additional staff were required. Where possible, they requested that the same staff return so they had staff they knew and trusted and to avoid too much change for the people receiving care.

People's medicines were administered safely. People required different levels of support with their medicines and care was tailored to meet individual needs. One person said, "They (the staff) hand me my tablets and I can then give these to myself". Another person was unable to tell us when they needed their medicines and how they took these. This person's medicine administration record (MAR) showed that the staff administered these. Some people organised the re-ordering and delivery of their own medicines and others needed the staff to do this. Staff had received up dated training in June of this year on the safe administration of medicines. They were aware of their responsibilities in relation to the different levels of support people required. Where risks to people had been identified, for example, where it would not be safe for a person to have access to their own medicines, arrangements were in place to keep their medicines secure.

All equipment used in the care of people was maintained and serviced. This was done by the provider having contracts in place with specialised contractors to ensure this was the case. Similar arrangements were in place to maintain the call bell system, emergency lighting and the fire safety systems.

Good

Is the service effective?

Our findings

The service was effective. People had their needs assessed and met by staff who had the skills and knowledge to do this. People said "The staff are very good" and "On the care side of things they are brilliant". One member of staff told us their induction training had been good. In particular they had found being able to shadow a more experienced member of staff "really helpful". One of the senior managers told us the company had implemented the new care certificate. This lays down a framework of training and support which new care staff can receive. Its aim is that new care staff will be able to deliver safe and effective care to a recognised standard once they have completed the training. Another member of staff told us that the "on the job, everyday support" was good. Staff told us they felt well supported by the senior managers. Although this support was in place the senior managers wanted to see improved support for staff with more opportunities for one to one support sessions with staff. These sessions would be opportunities for staff to discuss future training and developmental needs. We observed one member of staff receiving support and guidance from one of the senior managers. This was to carry out tasks which eventually the managers wanted to be the responsibility of senior care staff.

The service's training record showed most staff were up to date in subjects related to the needs of those they looked after. Where initial training or update training was needed this had already been identified and planned. When staff spoke with us they were able to demonstrate an understanding of people's needs including those who lived with dementia. Some staff had recently completed training in dementia care. They told us since the training they had been better able to understand why people who lived with dementia exhibited certain behaviours.

People were asked to consent to their care and where they were unable to do this they were protected under the principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. These arrangements and understandings ensure people receive their care lawfully.
People we spoke with knew the contents of their care plans and had consented to receiving the care stated in them. Staff had received training on the MCA and understood that care can only be delivered lawfully if it is with the person's consent or where the MCA's code of practice has been adhered to. We were told by staff that one person could not give consent for their care and treatment because they lacked mental capacity. However, a mental capacity assessment had not been completed to demonstrate this had been formally assessed and there was no reference to what was being delivered in the person's best interests. When we spoke to the staff about how they delivered this person's care it was evident the person's best interests were being protected. The provider had highlighted the need to record a mental capacity assessment and document best interest decisions in a recent audit. In this case, one of the senior manager's was going to complete the mental capacity assessment and make it clear what care was being delivered in the person's best interests following the inspection. The majority of people were able to make independent decisions when it came to their care and treatment. There were no restrictions in place through the Court of

Protection at the time of the inspection. Where some people required day to day support, with simple decision making, staff provided the required support.

People were provided with the support they required to eat and drink. People decided on what they wanted to eat. One person said, "They prepare whatever I want". People required different levels of support and this was outlined in their care plans. People's weights were monitored with their permission and any concerns relating to this, or in relation to people's appetites were referred to the GP. One person required specific arrangements in order to maintain a healthy intake of food and drink. These arrangements were personalised to the individual's needs and included one to one support from staff at meal-times. The needs of another person meant they required a drink to be left where they could reach it. The person confirmed that the staff did this.

People had access to health care professionals. Some people organised this themselves but others needed staff to do this for them. One person told us the staff escorted them to their health appointments. Community nursing teams visited people who required their health needs to be met by a qualified nurse. For example, assessing their risk in developing pressure ulcers or monitoring and managing a wound. Staff told us they were able to call on the advice and support of the community nurses as well as other health care professionals such as occupational therapists (OT). This had been the case for one person when they had been at risk of developing a pressure ulcer. An OT had carried out a re-assessment of how the person was being moved and the equipment used to do this. Advice had been given and equipment provided to help reduce further pressure ulcer development but the person had declined its use. Staff also helped people to access specialist health care professionals by discussing their options with them or organising a referral through their GP.

Good

Is the service caring?

Our findings

People received caring and compassionate care. People said, "I'm very satisfied, all my carers are very kind". Another person said, "I cannot fault the care staff". Another person who lived with a lot of pain told us staff were particularly compassionate. They told us about how staff demonstrated this when they delivered their care. They said, "They make sure I'm warm and are particularly aware of my pain. They really put themselves out". People told us staff always treated them with dignity and respect. One person said, "I was asked if I was happy with a male carer delivering my personal care". This person told us they had appreciated being asked this question. People mattered to the staff who were looking after them. One person said, "They (the staff) are interested in me and talk with me". One member of staff said, "I would say the staff here really care". This member of staff told us they would be happy for their own mum to be looked after by their colleagues. Satisfaction questionnaires returned by 28 people in August of this year all rated staffs' attitude and approach as either "very good" or "excellent". One person had particularly commented that staff were "nice towards older people".

We observed a member of staff taking time to communicate with one person in a way they could understand. This person lived with dementia and was clearly happy to be in the member of staff's company; they were at ease and talking freely. The staff member gave this person their undivided attention by smiling at them, listening to what they said and following the person's conversation. Where needed they helped the person find the thread of what they were saying when they momentarily lost this. In this person's case, staff had learnt about the person's life history and they used this to help them have meaningful conversations with the person. The person enjoyed reminiscing about their career and their past work, which held positive memories for them. Staff told us this person's behaviour could however alter and they needed to be flexible in their approach. They had an understanding of what may trigger a change in behaviour so they maintained a certain routine which helped ensure the person's well-being. They were aware of the things that helped this person remain relaxed and happy and these were recorded in the person's care plans and implemented.

People told us they were involved in planning their own care and making changes to this when their needs altered. People told us their physical abilities could sometimes vary and staff allowed for this by adjusting their level of support. One person said, "They (the staff) do things for me that I could do for myself but which would be difficult for me and they (the staff) recognise this". This person did not feel that the staff were taking away their independence when they did things for them but told us they felt staff went "above and beyond" in order to help them.

People were able to receive visitors when they chose to without any restrictions and those we met said they felt welcomed.

Requires Improvement

Is the service responsive?

Our findings

People told us staff were able to respond to their needs. The provider's satisfaction survey in August 2015 showed nearly all people were satisfied with the level of staff response, although some comments said this could be "slower" at night.

People's care plans were in place and provided staff with guidance to help meet people's needs. They were personalised to individual people's needs and included their preferences, likes and dislikes. We were told the care plans had been reviewed in the last three months to ensure they were relevant. In November 2015 an audit of these had been carried out on behalf of the provider and some shortfalls were identified. The service's on-going action plan had included actions to address these and these had started to be completed. We also found, one person's care plans were generally very detailed like everyone else's and gave a clear description of how some aspects of their care should be managed. However, by talking with staff we learnt this person also exhibited frequent episodes of behaviour which could be perceived as challenging. Staff told us how they managed these episodes of distress and how they could usually obtain a positive outcome. The person's care plans and risk assessments made no reference to these episodes and therefore gave no formal and agreed guidance for staff to follow. There was also no guidance on what to do if a positive outcome could not be achieved. This could potentially lead to inconsistent or unsafe care. We fed this back to senior managers who told us they would address this straight after the inspection.

People had information on how to raise a complaint and support was available if people needed it to do this. People told us they felt able to raise areas of dissatisfaction or concern and that there was one particular member of staff they all felt they could do this with. They said, "(name) would "get it sorted". The provider had a complaints policy with procedures and there were several ways a complaint could be raised; verbally, in writing or electronically by email. Staff told us people could raise complaints in person or anonymously. Senior managers were keen for areas of dissatisfaction to be identified, discussed and resolved before people felt they needed to submit a complaint. Recently a new form had been introduced to make this easier, which we saw available around the building. One person referred to this and said, "I like the new grumble form because sometimes you do not want to make a formal complaint but you want something sorted out". This person shared with us a dissatisfaction which, with their permission, we fed back to one of the senior managers. Senior managers had been unaware of a simple decision having been made by one department, to resolve one issue, which in turn had had an impact on this person. This was addressed by the senior manager before the end of the inspection to the person's satisfaction. The person told us this was an example of where the new form would be helpful.

Senior managers told us the provider had in place arrangements for people's complaints to be listened to, recorded, investigated and responded to. They told us although they had felt positive about not having any complaints reported to them from Middleton House they had also been suspicious of this. The provider's audit in November had found the services complaints file to be missing. This was replaced and we saw a complaint which had been received in November recorded in it. Confirmation of receipt of this complaint had been given to the complainant the following day and by day six one of the senior managers had met with the complainant to discuss their issues. Following an investigation the complaint had been partially

upheld because one of the person's needs had not been successfully communicated to the staff and therefore not addressed. This complaint did not relate to personal care. In this case, the provider's complaints procedures had been followed and the complainant had been satisfied with the outcome. The senior manager informed us that the learning from this complaint was; staff responsible for completing an initial assessment of needs must ensure these are fully recorded and communicated to the staff. We found two recorded areas of dissatisfaction/concern within two people's files which had no evidence of having been acknowledged, investigated and resolved. We made senior managers aware of these, which they had not been and they confirmed the issues would be investigated. The actions taken by the senior managers showed that they wanted to make it a simple process for people to raise areas of dissatisfaction or complaint and to ensure these were acknowledged, investigated and resolved.

Good

Is the service well-led?

Our findings

The provider was making sure that the service was well-led and staff received the leadership they required. The registered manager had recently left so new and interim management arrangements were in place. One member of the provider's area management team was managing the service until a new permanent manager could be recruited. They had only been doing this for just over a week at the time of the inspection. There had been additional support from the provider's regional management team.

A monitoring system was in place to assess and measure the service's performance against the provider's expectations and relevant regulations. Weekly reports from the previous manager had been submitted to the provider but senior managers confirmed these had lacked some detail. An audit carried out by the provider in November 2015 had found shortfalls in some of the systems and processes at Middleton House. Actions to address these had been added to the service's on-going improvement plan and some had already been completed. The senior managers responsible for supporting the service were therefore aware of what needed to be implemented and resolved. Some of these issues had been discussed with the staff who were working collaboratively with them to resolve these. A meeting had been held with people who use the service so that the senior manager responsible for managing the service could be introduced and have an opportunity to discuss the future plan. People who had met the senior managers involved told us they had found them easy to talk to and friendly. Staff were providing people with the usual services and familiar faces provided reassurance and continuity. One particular member of staff was well known to all those we spoke with and people trusted this member of staff in particular.

Work had already started on the areas that required more immediate attention. For example, the recruitment of additional staff, how the medicines system and records were monitored, improvements to the contents of care plans and ensuring mental capacity assessments were completed when appropriate. These actions showed that the provider's monitoring system was effective and improvements could be implemented when needed. Senior managers were open and transparent about the shortfalls during the inspection and were adopting a positive and inclusive approach in resolving these.

People's views on the services provided and their ideas had been sought through the distribution of satisfaction questionnaires in August 2015. The information from the questionnaires had not yet been collated, fedback to people or included in the service's on-going improvement plan. Seeking people's views and ideas was an on-going process however, through informal conversations with people and through regular more formal meetings. Monthly "resident" meetings were held and an invite with a proposed agenda was seen advertised in one of the main lounge areas. When we spoke to people some confirmed they attended these and where they had not they had received a copy of the minutes. We read the contents of all 28 questionnaires which had been returned. These had asked for people's feedback on various services provided but also for example, how responsive they found staff and about the attitude and approach of the staff. The feedback from these has been reported on in this report already.