

Sanctuary Home Care Limited

High Worple

Inspection report

3-5 High Worple
Rayners Lane
Harrow
HA2 9SJ

Tel: 02088662867

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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

We undertook this unannounced inspection on 5 October 2017. High Worples is registered to provide personal care and accommodation for a maximum of 5 people. The home is a detached house and accommodation is provided on the ground floor and first floor of the building. At this inspection the home had five residents with learning disabilities from an Asian background.

At our last comprehensive inspection on 6 November 2015 the service met the regulations we inspected and was rated Good. At this inspection we found the service remained Good.

The service had arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse. Risks assessments had been carried out and risk management plans were in place to ensure the safety of people. The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs were met. The arrangements for the administration of medicines were satisfactory and medicines administration record charts (MAR) had been properly completed.

The premises were kept clean and tidy. Infection control measures were in place. There was a record of essential maintenance of inspections by specialist contractors. There were fire safety arrangements. These included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

The service worked with healthcare professionals and ensured that people's healthcare needs were met. The dietary needs of people had been assessed and arrangements were in place to ensure that people received adequate nutrition.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS.

Care workers worked well as a team and there was effective communication among them. They had received a comprehensive induction and training programme. There were arrangements for support, supervision and appraisals of care workers.

Care workers prepared appropriate and up to date care plans which involved people and their representatives. The home had a varied activities programme to ensure that people received social and therapeutic stimulation. The service worked at encouraging people to be as independent as possible.

The service listened to people who used the service and responded appropriately. There were opportunities

for people to express their views and experiences regarding the care and management of the home. Regular residents' and relatives' meetings had been held. Complaints made had been carefully recorded and promptly responded to.

Comprehensive checks and audits of the service had been carried out by the registered manager and area manager to ensure that the service provided care of a good quality.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

High Worple

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.

The inspection took place on 5 October 2017 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by the local authority. The provider completed and returned to us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were five people living in the home. We spoke with four people who used the service and three of their relatives. We received feedback from a social care professional. We spoke with the registered manager and three care workers.

We looked at the kitchen, laundry, medicines room, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for four people, four staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

On our arrival at the home, we were greeted by the registered manager. People told us that they felt safe in the home and they were well treated. One person said, "I am perfectly happy here. I am well treated." A second person said, "I feel safe here. It's alright here. No problems." A relative said, "The staff are careful about security. My relative is safe in the home. There are enough staff." A second relative said, "My relative is well cared for and safe in the home. Whenever I visit my relative is clean."

During the inspection, we observed that people were cleanly dressed and appeared well cared for. Care workers were attentive, welcoming and interacted well with people.

The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the dining room the home. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. A small number of safeguarding concerns were notified to us and the local safeguarding team. The service had co-operated with the investigations and followed up on agreed action.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks when associated with travelling, medical conditions such as diabetes and anti-social behaviour. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency.

There were arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy. We examined three medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. Audit arrangements were in place. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range.

There were arrangements for ensuring fire safety. The home had an updated fire risk assessment for providing guidance on managing potential risks. The emergency lighting had been checked monthly by care workers and annually by specialist contractors. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out monthly. Fire procedures were on display in the home. Care workers had received fire training and were aware of action to take in the event of a fire. The registered manager stated that the fire authorities had inspected the premises in 2015 and no recommendations were made.

The hot water temperatures had been checked weekly by care workers. We noted that the temperature of the water prior to people being given a shower or bath had not been recorded. The registered manager

stated that people were orientated and capable of checking the temperature themselves prior to having a shower or bath. We however, noted that this was not recorded in their care records. Following the inspection, the registered manager confirmed that the care records now contained the risk assessments.

The service had a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. Bedrooms we visited had window restrictors.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of four records of care workers. We noted that all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. The registered manager informed us that they had a low turnover of staff. This meant that they could provide consistency of care to people.

People and relatives informed us that the staffing levels were adequate. On the day of inspection there were a total of five people who used the service. The staffing levels during the day shifts normally consisted of the registered manager and two care workers. During the night shifts there was one care workers on duty. The registered manager informed us that dependency levels of people were monitored to ensure that there was adequate staffing.

People informed us that their bedrooms were cleaned daily. The premises were clean and tidy. No unpleasant odours were noted. The home had an infection control policy together with guidance regarding infectious diseases. Gloves and aprons were available. There was a hand sanitizer by the front door. There were suitable arrangements for the laundering of soiled linen and this included provision of red bags for transporting it.

We reviewed the accident records. Accidents forms had been fully completed and signed. Guidance for care workers on how to prevent a re-occurrence was in the care records.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People using the service told us that care workers were competent and they were satisfied with the care provided. One person said, "The staff help me when I need help. I go shopping with staff. I can cook different foods." A relative said, "My relative had a health problem and got medical help. It has now cleared up with treatment."

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their mental state or behavioural problems. Appointments with healthcare professionals had been recorded. We saw evidence of recent appointments with healthcare professionals such as people's medical consultant, chiropodist, optician and GP.

Arrangements were in place to encourage healthy eating and ensure that the nutritional needs of people were met. The registered manager stated that they encouraged people to eat fresh fruits and vegetables and have a balanced diet. People's needs had been assessed and this was recorded in their care records. Care workers were aware of the special dietary needs of people such as those needing diabetic diets and low potassium diets. We observed one person having their lunch and spoke with them. This person told us they were satisfied with their meals. This was reiterated by other people who used the service. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records.

Care workers confirmed that they had received the appropriate training for their role. When interviewed, they were aware of their roles and responsibilities. The company had a clinical development manager responsible for ensuring that essential training was provided for all care workers. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, Mental Capacity Act and safeguarding.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager stated that the home had a low turnover of staff. We noted that no new staff had been recruited in the past twelve months. The staff records indicated that one care worker had completed the Care Certificate. This course is comprehensive and has an identified set of standards that care workers work through with their trainer. The registered manager stated that new staff would be enrolled on the Care Certificate if required.

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed that these took place and we saw evidence of this in their records.

We checked whether the service was working within 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked capacity, details of their advocates or people to be consulted would need to be documented in the assessments. The registered manager informed us that all people in the home had capacity to consent regarding their care, support and treatment.

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. The registered manager informed us that no one required DoLS authorisation.

Is the service caring?

Our findings

People spoke highly of care workers and informed us that they were caring. One person said, "The staff treat me nicely. They knock on the door before coming in." Another person said, "We have meetings here. We can make suggestions about the menu to staff- all nice staff." A relative said, "They have vegetarian food for my relative. They also celebrate Asian religious and cultural events."

We observed that care workers interacted well with people. Care workers smiled and talked with people in a friendly manner. People looked comfortable with care workers. We saw that people could go into the kitchen and prepare drinks and snacks they wanted. Care workers treated people with respecting their dignity. We saw care workers knocked on people's bedroom doors and waited for the person to respond before entering.

The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. The food menu was varied and reflected the ethnic choices of people such as chick pea curry, onion salad, lentils and rice. Although most people were vegetarians, non-vegetarian meals were also available. The registered manager stated that cultural and religious events both Asian and non-Asian such as Diwali, Holi, Janmastami and Easter and Christmas were celebrated in the home. People were also enabled to attend the local Hindu temple for worship. The registered manager informed us that a person who had difficulty communicating while in another home had improved significantly after coming to this home as this person could easily communicate with the care workers who spoke the same language.

Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. Regular meetings had been held where people could express their views and be informed of any changes affecting the running of the home such as activities and meals provided were discussed. One to one meetings between care workers and people were carried out on a monthly basis to encourage meaningful discussion and review of support planning goals as well as identifying new needs.

Effort had been made to provide a pleasant environment for people and help them feel at home. The garden at the back of the home was well maintained and seating was available for people. The lounge had comfortable seating. There were plants and flowers in the home. The bedrooms were well-furnished and had been personalised with people's own ornaments and memorabilia. The registered manager informed us of an example of good practice. She stated that people were involved and encouraged to choose the furniture and decoration of the home. She stated that one person wanted to paint their room blue and was supported them to do this by care workers who assisted them in painting the room.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tell organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager stated

that the service had care workers who spoke the same language as people who used the service. Information such as menus, minutes of meetings and care plans were in pictorial form. This was seen by us. The registered manager also stated that they had purchased a Photoshop package and had set up a working group with Easy Read champions. They now had 20 policies in easy read pictorial format and they would continue to increase the number.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities in the home. One person said, "I like going to the holiday centre. I like the walking and the food was nice. I also went to the temple." Another person said, "We get enough activities. We do Asian dancing and gardening. I have made improvements here." A relative said, "The care home is very good in terms of what they do. There are enough activities." A second relative said, "I am quite happy with way my relative is treated. They have reviewed my relative's care. I attended the review." A third relative said, "I have no complaints at the moment. I have not complained in the past. I am aware of who to ring if I need to complain."

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their mobility, mental health, nutritional needs and communication needs. Care plans were then prepared by care workers. People and their representatives were involved in planning their care and support. Care records contained photos of people so that they could be easily identified by care workers. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of how to care for people.

Two people in the home had diabetes. We discussed the care of people with diabetes. Diabetes care plans were in place for people who needed them. Care workers were aware of the dietary needs of people and potential complications which may be experienced by people with diabetes. We noted that the care of the people concerned had been reviewed with their GP and the diabetic nurse.

We also discussed the care of people with another medical condition a person had. This person required regular monitoring and a special diet. We noted that care workers were aware of this person's needs and there was documented guidance for care workers about the medical condition. They were also aware of the potential risks this person may be exposed to.

Formal reviews of care had been arranged with people, their relatives and professionals involved in their care to discuss people's progress and any problems which may be experienced. We also noted that the home carried out its own regular evaluations of care plans to ensure that the care provided for people was appropriate.

The home had a varied and regular programme of activities to ensure that people received adequate social and therapeutic stimulation. Activities people had chosen to engage in were documented in their care plans. Activities provided included outings to the cinema, bowling, and an Asian social club for people with learning disabilities. People were also engaged in assisting in the preparation of the meals. The registered manager stated that two of the people in the home worked as volunteers, one on a farm and another in a canteen. This gave them a sense of pride and achievement.

The home had a complaints procedure. We noted that no complaints had been recorded since the last inspection. The registered manager stated that no complaints had been received. People and relatives we

spoke with were aware of who to complain to if needed.

Is the service well-led?

Our findings

The feedback we received from people and their relatives was positive and they expressed confidence in the management of the home. A relative stated, "They are friendly and welcoming. The home is well managed. Communication with them is good. They have sent me a survey form." A second relative said, "The manager manages the home well. They communicate well and let me know if there are problems with my relative."

We noted that the local authority had carried out a quality monitoring visit in February 2017. The report indicated that the home was well managed and no serious concerns were identified.

The home had effective quality assurance systems for assessing, monitoring and improving the quality of the service. Comprehensive checks of the service had been carried out by the registered manager in areas such as cleanliness of premises, fire safety, medicine administration and care documentation. Audits had been carried out monthly by the company's area manager and their own internal Quality and Improvement department. We noted that the home scored highly in these audits.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care documentation and other records associated with the running of the service were up to date and well maintained.

The company had carried out a satisfaction survey in 2016. The results indicated that people were satisfied with the care provided. However, this survey was not specific to the home as it included other care homes run by the company. The registered manager informed us that a new survey for this home would be carried out soon.

The service had a management structure. An area manager provided management support for the registered manager. The registered manager was supported by a team of care workers. The registered manager stated that a deputy manager was in the process of being recruited. The home had an effective communication system. Hand-over meetings took place at the beginning and end of each shift. Care workers informed us that there were also team meetings where they regularly discussed the care of people and the management of the home. Care workers stated that communication with their managers was good. They had confidence in the management of the home and found their manager approachable.