

Sanctuary Home Care Limited

Livingstone House

Inspection report

11 Potter Street
Harlow
Essex
CM17 9AE

Tel: 01279641112

Date of inspection visit:
21 June 2018
22 June 2018

Date of publication:
30 July 2018

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

Livingstone House is a care home providing support for up to 19 people with a learning disability. Spread over four floors with level access throughout and lifts to all floors, each floor has its own kitchen and lounge areas. A communal lounge was also available on the ground floor for people to meet and socialise.

At the time of our inspection on 21 June 2018, 14 people lived at the service. At our last inspection on 06 January 2016, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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.

Staff knew how to keep people safe from the risk of harm. People received support to take their medicines safely. Risk was well assessed and we saw guidance in place to ensure risks were minimised with as little impact as possible on people's independence. There were enough staff to keep people safe and meet their needs.

People's care and support needs had been assessed which were reflected in their support plans. The care provided by staff was in line with this.

Staff received effective support in the form of on-going training, induction and appraisals. Staff were motivated and worked together with strong teamwork and high morale.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff asked people's consent before any care or support was given, and we saw people had access to health and social care professionals when needed.

Menus were planned by people who used the service, and we saw people could choose and prepare meals for themselves.

Staff were kind and compassionate in the way they delivered support to people. There was a positive and fun atmosphere and we saw people and staff knew each other well. People's cultural and communication needs were well met.

People were confident they could raise concerns if they needed to and these would be addressed. There

was a good approach to planning and supporting activities which people wanted to participate in.

The registered manager ensured the service was well run. There was a clear vision for the service, and we saw records and practice which demonstrated it was embedded in the service. Staff told us the registered manager and senior team were approachable, and we saw people who used the service felt free to approach them.

Further information is in the detailed findings below

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 remained Good

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Livingstone House

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 and 22 June 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We looked at the Provider Information Return. This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we spoke with three people, observed how they were being supported and how staff interacted with them. We also spoke with four members of staff including support workers, a senior, the deputy manager and the registered manager. We contacted professionals following this inspection by email. We checked two people's care and medicines administration records. We also looked at records and audits relating to how the service is run and monitored, including recruitment and training for three staff and health and safety records relating to the service.

Is the service safe?

Our findings

There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. Staff had a good understanding of different types of abuse. They understood their responsibilities to report any concerns to the registered manager and knew they could report allegations and/or suspicions of abuse to the local authority safeguarding team, CQC and police.

People told us they felt safe, with one person saying, "I feel very safe here, it is my home now." This person went on to add they were very fearful of people of the opposite gender and the staff had supported them with these fears. Surveys were completed on safeguarding and abuse to establish people's levels of understanding. Key workers then held monthly reviews with people so further communication could be continued with people to promote their safety.

Individual risks to people were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for accessing the local community, falls, distress and neglect. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. Although most people living at the service had a learning disability, we looked at one person that was now living with dementia. Staff had incorporated their learning of this condition to update the person's falls risk assessment with how their risks may have increased in terms of perception. The falls plan now included changes in floor colours or textures and staff were aware of these potential increased risks.

There were enough staff to meet people's needs and people we spoke with confirmed this. The service had an extremely robust system in place to ensure people received the one to one hours allocated to them. This was prepared by the deputy manager who incorporated this information into daily and weekly information for staff. This meant staff were clear about who they were supporting and could make plans with the person about how they spent this time. Records we reviewed showed staff had undergone an interview process and checks to ensure they were safe to work at the service. A professional told us, "During my various visits it appears there is enough staff at the placement to meet the needs of the adults."

People's medicines were managed so they received them safely, and we saw appropriate consent had been obtained for staff to administer these to people. Medicines recording records were signed by staff when administering a person's medicines. Audits were undertaken to make sure people were receiving their medicines as prescribed. We noted in a recent audit where an error was identified additional checks were put in place to prevent this happening again. This meant the service had systems in place to learn from any incidents and to minimise the risk of reoccurrence.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

We saw people lived in a clean and well maintained home, with some areas that had been recently decorated. Staff used this area to promote people's independence. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. People had personal emergency evacuation plans (PEEPs), which are individual plans detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. We noted on one of the floors a shower was designated out of order which meant one person had to go to a different floor for their shower. We saw the registered manager had reported this and a date for a full refurbishment of the shower had been received.

Is the service effective?

Our findings

People's needs were assessed before they started using the service. This included speaking with community professionals and relatives that also supported the person. People were also asked for their views and wishes on how to meet their needs. The registered manager ensured the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. People were supported with those aspects of their lives by staff who understood their responsibilities and people's rights.

Staff spoke in a very positive manner about their experience of supporting people. One staff member told us, "We know the people we support very well, [named person] loves pies, goes to church every Sunday and likes their routine. They can get upset if anything changes." We saw staff engage with people in a manner that indicated they understood people's needs and knew how to provide them with personalised care and support.

Records showed staff received comprehensive training, including safeguarding, nutrition, manual handling, medicines, first aid, fire awareness, personal boundaries and for specific conditions such as diabetes and epilepsy. We noted staff had received dementia training following the diagnosis of a person living at the service. We saw there were plans in place to ensure staff received timely refresher training to make sure their knowledge remained up to date.

Staff received further support in the form of regular supervision and annual appraisal meetings. Competency assessments were carried out with each individual member of staff to ensure the training provided was effective. Staff were also provided with pocket guides in areas such as the Care Act, safeguarding, Mental Capacity Act, pressure care and violence and abuse. This meant staff had the current guidance at hand to refer to if required. There were staff champions for areas such as safeguarding, medicines, equality, healthy lifestyle, dignity and end of life. One staff member told us, "Everybody is approachable and it is really nice that managers respect my opinions." Another staff member said, "Does not matter what we bring up, the managers deal with it and implement any changes, the team work here at the moment is excellent and we all get on well."

People's dietary needs and preferences were met by the service. We found people's nutritional needs and preferences were recorded in their support plan and accommodated for. Pictures of food and meals were available to support people with choosing meals. People were supported to shop for their own food and either cook their own food or receive support from staff with this. One person told us, "I shop and cook for myself, I love cooking." Each floor had its own kitchen area and menus were created with people living on that floor. This meant if anyone changed their mind about the main meal chosen on the day they could pick two other choices available from the other floors. Healthy eating was encouraged and a range of fresh vegetables, salads and fruits were accessible to people. One staff member showed us where they had drawn healthy portion sizes onto paper plates to demonstrate to people how to eat well and remain healthy. We saw people also chose to go out for lunch and were supported by staff to do this. The service was currently organising food hygiene awareness training for people that use the service to support them to safely prepare

and cook food.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP, district nurses, psychiatrists and social workers. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. A professional said, "Communication with the management of the home is effective, there is always someone available to respond to a query either by telephone, email or face to face."

People had hospital passports which recorded important information such as 'things you must know about me', 'things that are important to me' and the likes/dislikes of the person. We saw in one person's support plan where the speech and language team had brought in communication cards for staff to use with one person.

The premises were suitable for people's needs. People moved about within the home without restriction. A person told us they were happy with their bedroom, which they had personalised with items of their choice. Although the service was a care home their ethos was in keeping with supportive living and encouraging people to live as independently as they were able.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. Consent to care and treatment was sought in line with legislation and guidance. People had been assessed for their capacity to consent to specific aspects of their care. When people lacked capacity to consent, best interest decisions were made in consultation with relevant others, such as relatives or GP's. DoLS applications had been made appropriately where required.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "They are very caring, I get on with all the staff." Another person said, "The staff are friendly and help me when I need it, I like living here." We saw positive interaction between people who used the service and staff when we visited.

Staff treated people with dignity and respect when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. We saw where one person puts an item such as a soft toy on their bed they associated with staff when they are on duty. One staff member told us, "We always knock and wait for the person to invite us in." We noted staff asked permission from people prior to showing us their bedrooms.

We observed staff in the service had signed up to a dignity pledge that stated, 'the care we walk past is the care we accept, and we will never walk by if someone is unsafe, if someone is lonely, if someone is in pain, if someone is bullied, and if someone's behaviour is unacceptable.' One staff members pledge said, "I will never walk by."

Staff told us they knew people well and they had gained knowledge and understanding of people's individual needs and preferences by talking with them and with other staff, and by reading people's care plans. Staff spoke about the range of ways they communicated with people. The registered manager told us they had identified one person had previously been taught to read braille, so they immediately went out and purchased a braille book. Unfortunately, the person was no longer able to use this form of communication but it demonstrated the service takes communication with people very seriously and will try to identify any communication tool that might be helpful. Information was provided, including in accessible formats, to help people understand the care available to them. The service was meeting the Accessible Information Standard where they identified, recorded, flagged, shared and met people's needs .

We observed people and staff talking and laughing together which contributed to a relaxed and homely atmosphere where people were encouraged to be as independent as possible. We saw people going out independently, and people made clear choices about how and where they spent their time. People were encouraged to maintain their independence, and staff were clear about what level of support people needed. One person told us how they made their own milky drinks and kept their room clean independently. They said, "I do my housework and I sing while I Hoover, it is a lovely home."

People were supported to maintain the relationships they wanted to have with friends, family, and others important to them. People told us about the contact they had with family and friends. One person spoke about how they visited their family members, they told us, "I go on a Sunday and they can come here if they want."

People were involved in all aspects of the service, their preferences were obtained using a variety of methods. Monthly key worker meetings and house meetings were used to discuss topics like food, activities

and health lifestyles. Six monthly reviews were also held and included the person and their relatives if appropriate.

Is the service responsive?

Our findings

People had support plans that were comprehensive, person centred and detailed. There was good information on a range of needs such as personal care, relationships, communication and finances. The plans were all up to date and had been reviewed. People were involved in planning their own care. Where appropriate and able people had signed their own plans. We saw plans had been written for a range of needs and conditions. For example, in one support plan we saw detailed guidance relating to care and support for people with Downs Syndrome and people living with Dementia which explained how the condition might affect the person. Staff were familiar with the content of people's support plan and could gain access when required.

Activities were planned on an individual basis. People living at the service could choose what they wanted to do day to day. Some people had voluntary jobs in the local community so went to work on certain days of the week. Other people attended local clubs or leisure pursuits of their choosing. An arts and craft club was popular in the service and trips out, barbecues and garden parties were organised. There was a games room that had various things available including a computer people could access. A gardening competition meant people were potting up plants and supporting staff with the communal garden. One person told us, "I work in the Baptist church, I like my job and the tea and cake." The registered manager sent us an article on this person's life story and they had said, "I feel happier now: safe, healthy and active. I regularly attend the evening clubs and activities every week. I really enjoy volunteering at the church – it makes me feel happy; especially meeting and chatting with other people and making new friends." A staff member said, "People go to various clubs, swimming, shopping, eating out and whatever they choose, people are occupied here and most go out daily."

Birthdays were also celebrated at the service and one person said, "It is my birthday soon and I am going to be treated like the queen, we have parties and entertainment and I made a pencil case at arts and crafts." The registered manager told us people also visited a person that moved to another service, a staff member created a photo album for them so they can remember and keep in touch with their friends. People were looking forward to the weekend and told us they were attending a summer prom at a local club. During our visit, people went with staff to deliver leaflets advertising the garden party.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. One person told us, "I go to the manager and they sort it out." We saw in records where people had written to the provider about how long the out of order shower was taking to repair. Staff confirmed they encouraged people to talk about any concerns they might have and supported them with information about how to do this.

Staff had access to end of life training and the registered manager told us in their provider information return 'they plan to revisit end of life training for the team to ensure people's wishes are incorporated into their care plan as choice and future planning will bring reassurance and comfort'.

Is the service well-led?

Our findings

There was a registered manager in post when we inspected. They were supported by a deputy manager and senior care staff. 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 told us the service was extremely well run. A newly recruited staff member told us, "It has been great, I meet weekly with [named deputy manager], the staff team are great, residents really nice to work with, I was really nervous but everyone is approachable." Another staff member said, "It is a good service, everyone is on the same page." A professional said, "Overall, I feel the home is managed well, they go above and beyond for the adults they work with. Their ethos is based on a supported living approach."

The registered manager told us they did have plans to change the service either in part or fully into a supportive living service, but this would be a gradual process to ensure all relevant people were consulted. The service did have plans for works to begin on the top floor and we saw the consultation had started for anyone that might be affected by these works.

People had been able to give feedback about the service and how it was managed. In addition to house meetings, the provider also used surveys to gather people's views. We saw in records thank you letters from the service to people who had provided feedback and suggestions about the recent redecoration that had been completed. Staff told us one person had suggested they try to find a picture that incorporated 'love' and 'the beach' and was pleased staff managed to find a picture that met this criteria.

People's needs were discussed with them and the provider had clear values that promoted and empowered autonomy. This was backed up by the provider's policies and procedures which included equality and diversity. The registered manager told us in their provider information return that 'Equality and diversity is a key factor on our daily working practice and is revisited periodically to ensure standards are adhered to and fresh ideas for delivery may be initiated. Refresher training, equality and diversity quizzes all lead to a better understanding for all. We have an equality and diversity working group, that shares good practice. The provider is registered with the Government as an organisation that is committed to Disability Confident employment, previously known as the Two Ticks scheme.'

There was also a programme of regular staff meetings to enable the registered manager to receive and act on feedback raised. We saw staff discussed various subjects including safeguarding and medicines to reflect on practice. The registered manager told us they were committed to providing training for staff to support them to do their jobs well and the provider listened to any requests that were not included within their usual training programme. The registered manager had recently attended an accredited mental health first aider course and felt the content would be extremely helpful for the staff team. They told us a condensed version of this course would be delivered to staff. Staff were also supported to undertake professional qualifications.

The provider and the registered manager undertook a range of audits in the service to enable them to measure, monitor and improve quality. All audits were entered into an on-line system so any actions could be completed within agreed timescales. The area manager and the registered manager spoke with and completed questionnaires with people that used the service as part of these audits. Audits covered areas including health and safety, medicines, risk assessments and infection control. The provider kept services up to date with best practice through quarterly CQC managers meetings. We noted staff had recently received training related to changes in data protection and various posters were on display for staff to reference.