

Sanctuary Home Care Limited

# Sanctuary Home Care Ltd - March

## Inspection report

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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

About the service:

Sanctuary Home Care Limited – March provides personal care to people living in 'extra care' housing.

People's experience of using this service:

Whilst there is a manager registered for Sanctuary Home Care - March they have spent little time at the service. The head of care has taken responsibility for the day to day management of the service. People were unable to say who the registered managers was and referred to the head of care as the manager.

Staff felt supported by the care co-ordinators and the head of care. Staff were clear about their role to provide people with a high-quality service. Staff enjoyed working for at the service. One member of staff said, "It's great here and we all get on really well as a team."

A quality assurance system was in place which included an annual questionnaire to enable people, relatives and other interested parties to have a say about how the service was run and how to make any improvements. Audits and monitoring checks on various aspects of the service, including spot-checks on the way staff worked with people were carried out.

The head of care was aware of the various matters that the service was required by law to notify CQC about. Staff worked in partnership with other professionals to ensure that joined-up care was provided to people.

People felt safe and were protected as far as possible by staff who were competent to recognise and report any avoidable harm or abuse. Potential risks to people had been assessed and measures put in place to minimise the risks.

There were enough staff to make sure that people were safe, and their needs met in a timely manner. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. Staff understood their responsibility to report any accidents and incidents. These were analysed by the head of care on a monthly basis to identify if there were any themes.

Staff received induction, training and support including supervision and appraisals to enable them to do their job well.

People were supported to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

Assessments of people's needs were carried out to ensure that the service could meet those needs in the way the person preferred. Technology such as an alarm call system was used via the wearing of pendants for all people using the service to enhance the care being provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff respected people's privacy and dignity and supported people to remain as independent as possible. People and their relatives made positive comments about the staff. One person said, "The staff are wonderful and so caring." Staff treated people kindly. Staff were knowledgeable about each person and knew their likes and dislikes. People were involved in planning their care and support.

Care plans gave staff detailed guidance relating to the care and support each person needed so that people received personalised care that was responsive to their needs.

A complaints process was in place and a complaint received had been dealt with in a timely manner. The provider had a policy and procedure in place to meet people's end-of-life care needs when this was required.

Rating at last inspection:

At the last inspection we rated this service Good (report published on 9 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we might inspect sooner

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Home Care Ltd - March

## **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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an assistant inspector carried out the inspection.

Service and service type:

Sanctuary Home Care Limited – March provides personal care to people living 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that the both the registered manager and the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an announced inspection. We gave the service 24 hours' notice of the first visit to the office because we needed to be sure that staff would be available.

What we did:

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider must let us know about. In July 2018 the provider had sent us a completed provider information return (PIR). The PIR 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. We used information from this to assist us with our planning.

During our inspection we saw how the staff interacted with people who used the service. We spoke with four people who received personal care. We spoke with two team leaders, a member of care staff and the head of care. We looked at three people's care records as well as other records relating to the management of the service, such as medicine administration records and internal audits.

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this area.
- People told us they felt safe. One person said, "Oh yes, I feel safe here." Another person told us, "I feel very safe. The staff make me feel safe."

Assessing risk, safety monitoring and management.

- Staff assessed risks to people's health and welfare such as moving and handling and falls.
- Risk assessments in relation to people's environment had also been completed. One person told us when we asked about taking risks they said, "The risk would be with me not asking for help."

Staffing and recruitment.

- People told us they mostly received care in a timely way. One person told us, "Sometimes staff are busy. Staff always work everything in though, you never get neglected."
- The head of care assessed people's needs on a regular basis and ensured that there were sufficient staff on duty. Permanent staff covered shifts if there were unplanned staff absences. One person said, "If I need help, (staff) come quickly. I just use my emergency pendant."
- There continued to be safe recruitment practices in place.

Using medicines safely.

- Staff had received training to administer medicines and their competency to do this was regularly assessed.
- People told us they were happy with the support they received to take their medicines. One relative told us, "[Family member] had all medication administered, however they are keen to do it themselves and be more

independent and the staff have supported them with this. Staff are very professional; they needed the whole name and the prescription before they would administer the prescribed medicine."

Preventing and controlling infection.

- Staff continued to follow good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring. Risk assessments were reviewed following falls.

## 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs continued to be undertaken for those who used the service.
- Care plans contained detailed information about people's needs and were regularly reviewed. It was evident from our discussions that staff knew people extremely well.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. One person told us, "Staff are all very good at their job."
- Staff continued to complete a comprehensive induction and training programme. The head of care had a system to understand when each member of staff required refresher training and who required supervision. Staff told us they felt supported. One member of staff said, "[Name of head of care] is very supportive and we always get our supervision. We are able to contact them at any time if we have any concerns."

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

- All the people we spoke with came down to the restaurant in the service to eat their main meal and told us that staff support them with a snack in the evening.
- Staff told us that records of food intake would be kept if people were at risk of not eating or drinking enough.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked closely with health care professionals and followed their advice

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 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No applications had been made for people who received care from this service.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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 were positive about the staff's caring approach. One person told us, "Lovely. It's true, they are very efficient, very helpful. They really couldn't be any better, I love them." Another person said, "Staff are always nice and polite and caring. They always say if you aren't well to press this (the emergency pendant)."
- Where people who had provided staff with their life history this had been recorded. This information helped build positive relationships and helped in getting to know them.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person said, "Whilst staff know what to do they still always check with me in case I have changed my mind."
- All staff we spoke with enjoyed working at the service. One member of staff said, "I love my job this is my second home. We are one big family." Another member of staff told us "I like to ensure people receive a good service. One day it might be my mum or grandma who needs care and support. We should always treat people like we would like to be treated ourselves."

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

- People were supported and involved with making decisions and choices about their care. One person said, "I have had a care plan review. They check regularly that I am happy with my care."
- People and their relatives were all very positive about the staff and how they were supported.
- Decisions were recorded in the care plans for when they required their care call.
- Staff told us they had enough time to support people properly and, in the way they wanted, which also allowed them to spend time talking with people.
- The head of care said that no-one who received care was using an advocate, but they would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence.

- People told us that their privacy and dignity was promoted. One person said, "They are an enormous help and I feel very comfortable."
- Staff told us they communicated what they were doing and always checked what people wanted. One staff member said, "The care is all about what the people we support want. I always check if it's ok to do things, I am really happy to help."
- People and their relative told us that staff respected their privacy. They staff ensured they closed doors and curtains and covered people up as much as possible when providing personal care. One person told us, "Staff always knock on my door and ask to come in."
- Staff encouraged people to do what they could for themselves. Everyone we spoke with told us that they try to be as independent as they can.
- People's confidentiality was maintained; records were kept securely in the office of the service.

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were empowered to make choices and have as much control and independence as possible, which included developing care and support plans.
- People had care plans in place that were personalised and written in detail. They provided staff with guidance on how to respond to people's needs effectively and safely.

Improving care quality in response to complaints or concerns.

- People told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns. One person said, "I am asked if I am happy with the care, and I am very happy. I would speak with [name of head of care] They would always sort things out for me."
- People and relatives told us they thought the management team were responsive. One relative said, "All of the staff would be happy to sort any issues out. Although we are all very happy with the care and support provide for [family member]."
- All people and relatives we spoke with were positive about their support provided by Sanctuary Home Care – March.

End of life care and support

- Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit.
- The head of care said, "We always try to support people to have their wishes met to stay in their own home if this was at all possible. We would get support from other health professionals if this was needed."

## 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

The service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was not in day to day charge of the service. People we spoke with were not aware of who the manager was. When we asked they talked a lot about the head of care.
- The head of care told us that they were able to contact the registered manager at any time if there was ever an issue. The head of care said that the registered manager had visited the service once in May 2019.
- Staff were unable to recall when they last saw the registered manager at the service. One member of staff did say, "I can't tell you when I last saw [name of registered manager]."
- Staff told us that having a supportive head of care enabled them to provide good quality care and support to people. They said they could raise issues with the head of care and were confident their concerns would be listened to. One staff member told us, "You can ask [name of head of care] anything. She's very supportive." Another member of staff told us "We are supported really well by [name of head of care] and know what we are doing to provide a good service."
- The head of care was supported by senior staff. This made sure that the service ran well
- The head of care complied with legal requirements for duty of candour; they displayed their rating and sent notifications to us when required to do so.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us that they felt listened to and that they could approach the head of care at any time. Staff understood the provider's vision and were working as a team in the continued development of the service.
- The head of care and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The head of care positively encouraged feedback and acted on it, to continuously improve the service, for

example by undertaking regular surveys into people's views on the service provided.

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

- The service involved people and their relatives, where appropriate, in day to day discussions about their care. Positive comments were received from relatives we spoke with. One relative said, "I am so happy for [family member] to be here. The staff are very good at keeping me informed. They all do a fantastic job and they are always very cheerful."
- Staff attended meetings in person where possible and minutes were available if they were unable to attend.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

Continuous learning and improving care

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. The head of care was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.
- Processes to assess and check the quality and safety of the service were completed. The head of care and senior staff carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement and made those improvements in a timely way.

Working in partnership with others

The service worked well with other professionals such as district nurses, GP's and social workers.