

Sanctuary Home Care Limited

Stepping Stone Court

Inspection report

76 Morley Avenue
London
N18 2QT

Date of inspection visit:
24 October 2018

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16 November 2018

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 24 October 2018. The inspection was announced. We gave the provider 48 hours' notice of our inspection to ensure we could meet with the registered manager. This is the service's first inspection since their registration.

Stepping Stone Court is a supported living service providing personal care support to people with a mental health condition and younger adults. This service provides care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of inspection, one person was in receipt of personal care and support.

Due to the limited service being provided at the time of our inspection, we could not answer all the key lines of enquiry (KLOEs) against the regulated activity. We have therefore not been able to award a rating for the service.

The service had a registered manager. 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 systems in place to help ensure people were safeguarded against harm and abuse. The registered manager understood their responsibility in ensuring people's safety by minimising risks associated with people's care and support needs, and reporting any safeguarding concerns to the local safeguarding authority and to CQC.

People's needs were assessed before they started using the service to ensure they could be met effectively. People and their relatives were involved in the assessments which were used to develop a care plan. Staff were given sufficient information on how to meet people's personalised needs. People's care needs were met in accordance with their agreed care plan.

Suitable staff were recruited to meet people's needs safely. Staff were provided with regular training and supervision to enable them to provide effective care.

The provider encouraged lesbian, gay, bisexual and transgender people to use the service. Staff were trained in equality and diversity.

People were given information about how to raise any concerns or complaints. The provider had quality assurance systems in place to assess, monitor and evaluate the care delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There was not sufficient evidence to rate this key question as the service was providing care to one person.

The provider had policies and procedures in place to help ensure people's safety. Risks to people's needs were assessed and mitigated. Suitable staff were recruited to meet people's needs safely.

Inspected but not rated

Is the service effective?

There was not sufficient evidence to rate this key question as the service was providing care to one person.

People's needs were assessed before they started to use the service to ensure those needs could be met. Staff received regular training and supervision and people were given maximum choice over their care.

Inspected but not rated

Is the service caring?

There was not sufficient evidence to rate this key question as the service was providing personal care to one person.

The provider had systems in place that involved people and their relatives in the care planning process. People's confidential information was securely stored and was only accessed by authorised staff. Staff were trained in dignity and privacy.

Inspected but not rated

Is the service responsive?

There was not sufficient evidence to rate this key question as the service was providing care to one person.

People's care plans reflected their individual needs, likes and dislikes. Staff were trained in equality and diversity. The provider had an appropriate complaints policy in place. People's end of life care wishes were discussed and recorded where necessary.

Inspected but not rated

Is the service well-led?

There was not sufficient evidence to rate this key question as the service was providing care to one person.

Inspected but not rated

The provider understood their responsibilities to notify us of important events within the service. There were relevant and in date policies and procedures in place to help ensure effective management of the service. The provider had quality assurance systems in place to ensure the safety and quality of the service.

Stepping Stone Court

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.

This comprehensive inspection took place on 24 October 2018 and was announced. We gave the provider 48 hours' notice of our visit to ensure the registered manager was available to talk with us when we visited. The inspection was undertaken by one inspector.

Prior to our inspection visit, we reviewed the information we held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We had not received any statutory notifications because no events had occurred that the provider needed to tell us about. The provider had completed a Provider Information Return (PIR). This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked the accuracy of the PIR during our inspection visit.

During our visit to the office we spoke with the registered manager and one staff member. We also spoke with one person who used the service. We reviewed one person's care plan and daily records so we could see how their care and support was planned and delivered. We also reviewed two staff files including their recruitment, training and supervision records.

Following our inspection visit, we reviewed documents provided to us after the inspection. Some of these included policies and procedures, survey results and residents' meeting minutes.

Is the service safe?

Our findings

We did not have sufficient evidence to rate the safety of the service. The provider had measures in place to ensure people's safety, but as only one person used the service, there was not sufficient evidence to demonstrate the effectiveness of these measures.

The person who used the service told us they felt safe living at the service. They said, "I trust [staff member]."

The provider trained staff in safeguarding procedures. The staff member we spoke to was knowledgeable about their responsibilities in identifying and reporting any concerns, abuse and neglect. The staff member knew the role of external agencies in keeping people safe. There had been no safeguarding incidents in relation to the person, but the registered manager understood their obligation to report any concerns to the local safeguarding authority and to the CQC.

Risks to people were assessed and measures put in place to mitigate risks. The provider carried out environmental risk assessments to ensure people's home was safe for them to live in and staff to work at. We reviewed one person's risk assessments, they were individualised and regularly reviewed. They were for areas such as financial, self-harm, self-neglect, personal care and health conditions. The risk assessments gave sufficient instructions to staff on how to provide safe care.

The provider had a recruitment process to check the suitability of staff to work with people. This included criminal, identity and reference checks and evidencing staff had the right to work in this country. Recruitment files we looked at had all the necessary paperwork in place to ensure they were safe to work with people.

The provider had policies in place for safe medicines management. At the time of our visit, the person was not being supported with medicines, they were self-administering their medicines. The person's care file had a self-administration medicines risk assessment that detailed how to minimise risks in relation to self-administration. The registered manager understood any training to support people with their medicines would need to be updated regularly. They told us they assessed the competency of staff to give medicines safely before they were allowed to administer medicines.

The provider had a procedure to record accidents and incidents. The registered manager told us staff were required to complete an incident form and contact them for advice and next action. The registered manager said learning from accidents and incidents would be shared with staff via team meetings and one to one supervision to prevent the risk of similar events happening again. There had been no accidents or incidents since the provider had been registered so we could not assess the effectiveness of these systems.

Is the service effective?

Our findings

We did not have sufficient evidence to rate the effectiveness of the service. The provider had systems in place to assess people's needs and people were given maximum choice over their care. There were systems in place to ensure staff were provided with sufficient training and supervision to their job well. However, there was not enough evidence to demonstrate the effectiveness of these measures.

The person we spoke to told us their needs were met by well trained staff. They said, "Yes, absolutely, staff meet my needs. Staff are trained and very nice."

Prior to using the service, the provider carried out a two-stage assessment process to ensure the service could meet people's needs. The provider met with the person, their relative and any other professionals involved in the person's care to discuss their needs, abilities, daily routines and how they wanted to be supported. Records confirmed this.

The provider had a detailed induction and a refresher training programme to ensure staff were appropriately trained to meet people's individual needs effectively. They had also introduced the Care Certificate training for staff who did not have a level two National Vocational Qualification in health and social care. The Care Certificate is a set of standards that social care and health workers use in their daily working life.

The staff member we spoke to told us the training was good and helpful. They said, "Training is brilliant here. A lot of training both electronic and face to face. The last training, I attended was in care and welfare reforms, and aspiring manager. I am updated on all the relevant training such as challenging behaviour, Mental Health awareness and learning disabilities. I do feel confident in my job." Staff training records showed they had received sufficient training.

Staff supervision records showed they were provided with regular one to one supervision. A staff member said, "Once every six to eight weeks receive one to one supervision with [registered manager]. We normally set out our goals, review them so that I am achieving them and where I have not achieved them we look at improvement areas. Discuss about my clients [people who use the service]." Staff appraisal records showed their performance was appraised yearly.

The service was not supporting the person with meal preparation or eating and drinking at the time of our inspection. The provider had trained staff trained in nutrition and hydration, and food hygiene, to ensure where requested people's needs were met effectively.

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.

The person who used the service had capacity to make day to day decisions so we were therefore unable to assess whether the provider's systems to support people who lacked capacity were effective.

The registered manager and the staff member we spoke with understood their responsibilities around consent and encouraged people to make decisions regarding their care and treatment. A staff member said, "Never assume people lack capacity. We respect their choices and their preferences. I ensure [person who used the service] has been given sufficient information for him to make informed decisions."

The provider worked with healthcare professionals to ensure people were able to access ongoing healthcare services. Records confirmed this.

Is the service caring?

Our findings

The provider trained staff in dignity and privacy, and had systems in place that enabled staff to build trusting relationships with people. However, we were unable to rate this key question as the service had only recently started supporting one person.

We received positive feedback from the person who used the service in relation to staff's caring attitude. They said, "[Staff] are very caring and kind. They listen to me and treat me with respect." The person told us their independence was important to them and staff respected that. They said, "I enjoy my independence, and staff respect and support that."

People were supported by the same team of staff to ensure continuity of care. The person and the staff member confirmed this. The person's daily care logs confirmed they were being supported by the same team of staff.

People and their relatives where necessary were involved in the care planning process and the person we spoke to confirmed that. A staff member said, "[Person who used the service] was involved in creating his care plan."

The management and staff spoke about people in a caring way. The staff member we spoke with gave examples of how they ensured the person's dignity and privacy. They said, "I always knock on his door and only enter when [person who used the service] says come in."

The provider stored people's confidential, sensitive and personal information safely and securely. This information was only accessed by the authorised staff.

Is the service responsive?

Our findings

The provider had systems in place to help ensure people's personalised needs were identified and met, and to be a responsive service, but we did not have enough evidence to provide a rating.

People's assessment of needs information was used to develop their care plans. We reviewed one care plan and found it contained sufficient information that instructed staff on how the person would like to be supported. There was information in the person's care plan about their history, significant people in their lives, likes, dislikes, and religious and cultural needs. Daily records confirmed care was being provided as per the agreed care plan.

People were allocated with keyworkers. The keyworkers' responsibilities were to develop people's care plans with their involvement, to liaise with people's relatives and healthcare professionals to ensure their personalised needs were met. People met with the keyworkers every month to discuss their care and future wishes and aspirations. We saw monthly one to one session records for one person who used the service and it detailed discussions around their care, future goals and actions.

The provider had an up-to-date equality policy and trained staff in equality and diversity. The provider ran workshops for people who used the service and staff on equality and diversity. The registered manager told us this was to ensure everyone was treated equally and fairly, and their diversity celebrated. The welcome handbook which was provided to people at the start of the service included contact details for local religious, cultural and lesbian, gay, bisexual and transgender services.

The provider had a complaints policy to ensure complaints were dealt with appropriately and in a timely manner. People were provided with the information on how to raise concerns and make a complaint. This was detailed in their welcome handbook. However, as no complaints had been received, we were not able to judge the effectiveness of the policy.

Keyworkers discussed with people their wishes and preferences in relation to end of life and we saw this was documented in the person's care plan.

Is the service well-led?

Our findings

The person who used the service told us they were happy with the service. They said, "I am happy living here." The staff member we spoke to told us they felt well supported and the service was well managed. However, as only one person was receiving care at the time of our inspection, we were unable to provide the service with a rating in this area.

The registered manager was aware of their registration requirements with CQC. They knew which statutory notifications they needed to submit to us and had completed a Provider Information Return (PIR) as required by the legislation.

The provider had policies and procedures in place relevant to the service. However, at the time of our inspection we were unable to assess fully the effectiveness of these policies and procedures due to the limited service being provided.

The provider had quality assurance systems and procedures in place to ensure the safety and quality of the service. The registered manager carried out regular checks and audits in relation to people's care, staff training and supervision.

The provider arranged an independent auditor to audit the service's care delivery. The provider information return (PIR) form detailed the auditor's feedback as per the service's latest audit. The PIR form stated, "The service is being well managed, and has a stable staff team, as well as a dedicated and hardworking [registered] manager, which is essential to ensuring the safe and on-going management of the scheme. The service provides support to some very vulnerable individuals who need constant reassurance, guidance and support to ensure they stay safe, are able to remain as independent as possible and can live healthy and fulfilled lives in the community. There were no concerns raised at the time of audit, and the [registered] manager and staff team answered the questions asked in a knowledgeable manner, the residents who took part looked well cared for and spoke highly of the [registered] manager and staff, and said how much they liked living within the service, which is positive."

The registered manager sought people's feedback on an ongoing basis. Following the inspection, the registered manager sent us the last survey results analysis that showed the person was happy with the service.

The provider worked in partnership with the local authority, healthcare professionals, local community nurses to improve people's care and wellbeing.