

Sanctuary Oasis Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sanctuary Oasis Limited is a domiciliary care service. The service provides care and support to people living in their own homes. At the time of the inspection there were 29 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People's safety was promoted. Staff were trained and understood the actions needed to minimise the risk of avoidable harm, abuse and the prevention of avoidable infection. The registered manager had worked in partnership with health care professionals that promoted good outcomes for people.

People felt safe with the staff and were happy with the care and support they received. People were supported by a small team of staff, which provided consistency and continuity of care.

Potential risks to people's safety had been assessed, managed and was regularly reviewed. Care plans provided clear guidance for staff to follow which included instructions from health care services to manage identified risks such as pressure care. Staff supported people with their medicines safely.

The provider continued to follow safe staff recruitment processes. Staff were committed to providing high-quality service. They had undertaken training for their role to they were skilled and knowledgeable to effectively meet people's needs.

People and relatives all agreed that the registered manager was responsive, approachable and were confident concerns would be addressed.

The provider had systems in place to monitor and improve the quality and safety of the service provided. People's views about the service were sought individually and through quality assurance surveys.

The registered manager was aware of their responsibilities in meeting their legal obligations. They kept their knowledge up to date and were part of the local social care forums. Health and social care professionals found the registered manager was responsive and committed to a providing a service where people's safety and independence was promoted.

Rating at last inspection

The last rating for this service was good (report published 26 July 2019).

Why we inspected

We received concerns about the management of risks in relation to pressure area care and record keeping. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. The overall rating for the service has remained 'Good'. This is based on the findings at this inspection. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sanctuary Oasis Limited on our website at www.cqc.org.uk.

Follow up

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

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 was safe.

Is the service well-led?

Good ●

The service was well-led.

Sanctuary Oasis Limited

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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection and provided an explanation as to the inspection process, and to assure ourselves effective implementation of COVID-19 guidance when visiting the office. The inspection activity started on 11 February 2021 and ended on 17 February 2021. We visited the office on 12 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, health authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a field supervisor and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found and feedback received from people and relatives we spoke with. We looked at training data, policies and procedures, and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's needs, and the home environment were assessed and kept under review. Care plans provided staff clear guidance as to how to support people. For example, the number of staff required and equipment to be used to maximise people's safety. Instructions from health care professionals were included, for instance where someone was at risk of developing a pressure sore. This enabled staff to monitor and seek medical advice when needed.
- People were involved in all decisions made about their care. A relative said, "All the risks were discussed, and we were told two carers would be needed for [name] and one for [name]. Carers introduced to us were trained to use the hoist." Another relative said, "Carers are brilliant and very attentive at checking skin conditions. They were concerned about the redness and suggested calling the GP. A nurse came to check [name]'s skin and the GP prescribed barrier cream to use. It meant [name] didn't suffer with any sores."
- Staff were trained to provide safe care and support. They had good insight into people's needs and their individual preferences. The registered manager and staff worked with health care professionals where people were at risk of developing pressure sores. A staff member said, "The community nurse showed us how to re-position [name] at each visit. We also apply barrier cream as prescribed. It's logged on the app (electronic care plan) and records in the house."

Systems and processes to safeguard people from the risk of abuse

- The service continued to promote people's safety and wellbeing. People felt safe with the staff and the care provided. One person said "I'm quite safe with them [staff] in my home. They do everything that is needed for me and more if I need it." A relative said, "The carers are really good to [name], they have been exceptionally, caring and kept them safe. We have no concerns about the carers or the care [name] has got so far."
- Policies and procedures in relation to safeguarding, whistleblowing and health and safety were in place, which staff could access. Staff were trained and understood their responsibilities. A staff member said, "Safeguarding is about keeping people safe, protecting them from harm and risks. It's my duty to report concerns to my manager and if I need to, I would call the CQC (Care Quality Commission) or whistle-blow."
- The registered manager reported safeguarding concerns to the local authority and CQC. The registered manager was responsive and had taken action to keep people safe and protected from further risks. Records viewed and feedback received from the local authority also confirmed this.

Staffing and recruitment

- The service continued to recruit staff safely in line with their procedure. Staff records contained a full employment history, references and a Disclosure and Barring Service (DBS) check.
- Staff told us and records confirmed everyone had received essential training for their role, they worked

alongside experienced staff including the registered manager who assessed their competency to support people safely.

- There were enough staff to meet people's needs. People described staff to be reliable and said they stayed for the agreed length of the visit. One person said, "I need help to stay clean and fresh. They never rush me; as I'm short for breath, so allow me to rest. They make sure I've eaten and got a drink before they go." A relative said, "They're always on time and complete everything that [name] requires. They always go the extra mile to make sure everything is done."
- People received continuity of care as they were supported by the same staff members. Rotas were planned and staff told us they had enough time to provide the care people needed. Staff punctuality was monitored using an electronic care monitoring system so prompt action could be taken.

Using medicines safely

- A medicine policy was in place. Staff were trained in safe management of medicines and had their competency to administer medicines checked regularly. Staff described the correct procedure and the action they would take if a person declined their medication.
- People received their medicines when they needed and in ways that suited them. A relative said, "The blister pack is idiot proof. They [staff] knows how and when to prompt [name] to take [their] tablets. [Name] takes the medicines when prompted by staff without quibble and the staff sign the MAR [medication administration records] sheet."
- Care plans provided clear guidance for staff to follow. This included a body chart which identified the area where prescribed creams should be applied. Medication records were completed accurately and audited monthly.

Preventing and controlling infection

- People were informed about the action taken in response to the pandemic. Everyone told us staff always used personal protective equipment (PPE). A person said, "They always wear face masks, gloves and aprons. They're always washing their hands and use hand-gels. They also tidy up after themselves, they wipe everything down and keep the place tidy."
- Staff had received training on infection prevention and control (IPC) including COVID-19 during the pandemic. They were able to correctly explain the procedures they followed to help prevent the spread of infection when providing care to people. Staff had access to PPE and were tested regularly for COVID-19.
- The IPC policy and procedure took account of COVID-19. The business contingency plan set out the arrangements to ensure essential care continued to be provided based on individual needs through a risk-based approach in discussion with people.

Learning lessons when things go wrong

- A system was in place to monitor incidents and accidents so action could be taken. Staff told us and records showed, learning from safeguarding concerns, incidents and complaints had been shared by the registered manager with staff to promote people's safety.
- The registered manager understood how to use the information to drive improvements. For example, following a discussion about record keeping the registered manager identified the need to record all communications with health care professionals in relation to people's care. This was actioned immediately.

Is the service well-led?

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant the service was consistently 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 understood their legal responsibilities, they notified the Care Quality Commission (CQC) about events they were required by law and had displayed the last inspection rating on their website and within the service.
- The registered manager and staff were clear about their roles and responsibilities.
- People, relatives and staff expressed confidence in how the service was managed. A person said, "[Registered manager] is very responsive and calls regularly to check if we're happy with the care."
- The quality of service provided to people was monitored. Regular audits and checks were carried out on people's care, and records of staff meetings and communication showed when issues were identified action had been taken. People's views were sought during review, unannounced spot checks on staff and wellbeing calls. Staff training and their competency was monitored, and spot checks on staff helped to ensure staff were following their training to meet people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff all said the registered manager was very approachable and would not hesitate to raise concerns or make suggestions.
- The registered manager worked alongside staff in providing care to people. They told us about the challenges of working through the current pandemic and praised the staff for their commitment and contribution to ensuring people continued to receive the care they needed.
- The registered manager and staff were highly motivated and committed to providing person-centred care. A staff member said, "Our motto is our commitment to excellence. [Registered manager] employs good staff. Like the [registered] manager, we all go the extra mile to make sure our clients' get good care, they are safe and happy."
- Staff said they were well supported, received regular supervisions and feedback on their performance. Communication was good as staff were kept informed of changes and updates.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had responded to concerns appropriately and records viewed confirmed this. They understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful

information.

- Notifiable incidents had been reported to CQC and other agencies such as the local safeguarding authority.

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

- People remained at the heart of their care. A relative said, "I love the fact that carers sing to [family member] and make an effort." Care plans were personalised to reflect people's individual preferences and diverse needs, which staff could access via their handheld care monitoring devices or the care plans within people's home.
- People's views about the service were sought through quality assurance surveys. The latest survey results showed high rates of satisfaction.
- The registered manager spoke about the impact on people's mental wellbeing due to lack of physical and social contact with family and friends. Office-based staff called people regularly to see how they were feeling. A person told us these calls were valuable, and said, "It's nice to know someone cares enough to call me to see if I'm alright."

Continuous learning and improving care

- The registered manager told us about the challenges of this pandemic. They ensured staff felt valued and those who were shielding were kept up to date and where able to do so, conducted wellbeing calls to people.
- The business continuity plan took account of BREXIT and the COVID-19 pandemic to ensure people continued to receive the care they needed. Staff training was based on good practice to ensure safe care and support was provided and complied with the regulations.
- The registered manager continued to recruit care staff. They had recruited car drivers to transport staff to provide care. This meant staff did not rely on public transport and staff punctuality was promoted. Staff had access to a company vehicle in case they had any problems with their own vehicle.
- People, relatives and staff spoke positively about the ease of contacting the registered manager and the office-based staff. A person said, "I would recommend this care company, they seem very good and organised."

Working in partnership with others

- The registered manager had kept their knowledge and training up to date. They attended health and social care forums and support groups for registered managers.
- The registered manager continued to work in partnership with a local social care provider and health and social care professionals.
- We received positive feedback from the local authority and the health authority responsible for monitoring the packages of care about the registered manager, staff and the quality of care provided. They told us the registered manager had been responsive and they had no concerns about the quality of care provided.