Sambrook Care Limited

Sambrook House Residential Home

Inspection report

Sambrook House Residential Home
Sambrook
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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

Our inspection took place on 16 June 2016 and was unannounced. Sambrook House Residential Home provides accommodation and personal care for up to 28 people. At the time of our inspection, there were 24 older people and people living with dementia at the location. Situated in Newport, near Shropshire the home offered gardens and lounge areas for people and their visitors to use.

There was a registered manager in post at the time of our inspection. 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 registered manager received support from a staff team, which included senior care workers, care workers, housekeeper, domestic staff, and a chef.

People received effective support from sufficient numbers of staff. Employment of staff only took place following pre-employment checks and all received comprehensive training. Staff understood how to protect people from the risk of harm and how to report concerns. People had their prescribed medicines administered safely. Staff understood how to manage risks to people and made sure they were safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people's choices and were aware of the key legal requirements of the MCA and DoLS.

People received support from staff who had received training in how to meet their needs. Staff had the skills they needed to provide support in an effective way. People had enough food and drinks and were supported to maintain a healthy balanced diet. Staff made sure mealtimes were relaxed and enjoyable for people. Access to health care professionals was readily available to people and they were supported to maintain their health and wellbeing.

Positive relationships were encouraged between people living at the home and the staff. People received their care and support from staff who were kind and showed them respect. People were able to be involved in planning their care and support and were encouraged to be independent. People had their privacy and respected by the staff team.

People received care and support, which was personalised and responded to their individual needs. Care records gave staff guidance on how to provide care in a consistent way. Plans were reviewed regularly and staff were up to date on what people's needs were and how to meet them. There was a range of activities for people to take part in and people had the choice of how they spent their time.

People were encouraged to provide their feedback about the service using formal meetings and surveys as well as informally through talking with the registered manager and staff. People understood how to make a complaint and felt the registered manager would address their complaints.

People's views about the service were used to drive improvements. The service had an open culture, which allowed people to share ideas about how to improve the service. The registered manager had systems in place to monitor the quality of the service and understood the role of the registered manager. The registered manager supported staff to understand their roles and ensure they had the skills to support people. The service had won a number of awards earlier in the year from the Shropshire partners in care

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.

People were safe and protected from the risk of harm by staff who understood how to keep people safe and by the systems, the registered manager had in place to protect people.

People had risks to their health and well-being assessed and plans put in place to manage the risks.

People received support from a staff team who were recruited safely.

People received their medicines safely. Medicine was stored properly and given as it was prescribed.

Is the service effective?

Good

The service was effective.

People received care from adequately trained staff who understood how to meet their needs. Staff received support from the registered manager.

People were able to make decisions about their care. Staff had a good knowledge of the principles of the Mental Capacity Act and could apply these principles.

People were supported to have sufficient to eat and drink and mealtimes were a pleasant experience for people.

People had access to healthcare professionals when required, their diet and health needs met and monitoring took place where required.

Is the service caring?

Good

The service was caring.

People received care and support from caring and kind staff that understood their needs and had good relationships with people and their relatives.

People were involved in decisions about their care and support. They were able to decide how their care was delivered.

People had their privacy respected and were treated with dignity. The staff group and the registered manager treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and responsive to their needs. Care records guided staff on how to provide effective and consistent care for people.

People had opportunities to follow their interests and undertake activities. This included specific interests and group activities.

People and their relatives knew how to make a complaint and raise concerns and they were confident these would be addressed.

Is the service well-led?

Good

The service was well led.

The registered manager understood the role of staff in making sure people were safe and had their needs met and offered support.

People were encouraged to give feedback about the service and their views influenced changes to the service.

There were systems in place to monitor the quality of the service and care people received which led to improvements.

Sambrook House Residential Home

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 unannounced inspection took place on 16 June 2016. The inspection team consisted of two inspectors.

As part of our inspection, we reviewed the information we held about the service including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used this information to help us plan our inspection.

During our inspection, we spoke with five people who use the service and two relatives. We also spoke with the provider, registered manager, a senior care worker, two care workers, the cook and a visiting district nurse.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We reviewed a range of records, which included the care records of four people and two staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including compliments and complaints records, accident records, staff rotas and meeting records, resident meeting records, monthly audit records, medicine administration records and a service information document which was provided for each person using the service and outlined what people could expect from the provider.

Good

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person told us, "It's very nice here, very friendly, I feel safe because I am not on my own". A relative told us, "I feel it's safe, you have to sign in and out so they know who is on the premises and there is always someone on duty".

We saw information on display around the home for people who used the service, visitors and staff explaining how to report any concerns and keep people safe. We saw staff making sure people used their walking aids when mobilising and staff checking on people who had chosen to remain in their bedrooms to make sure they were ok. We saw staff explain to someone the risk of a pressure are developing and ask them to use a cushion provided by the district nurse that day.

Staff told us they understood how to keep people safe and they were able to tell us what they would do if they had a safeguarding concern. A staff member told us, "I would document what I saw and then report it to the registered manager to investigate. [The registered manger] would report it to the safeguarding team". Professionals who visited the service told us the service was safe and they never had any concerns. One professional said, [the service] "Is very well run, I have no concerns about safety its fantastic".

There had been no reported safeguarding incidents since the last inspection. The registered manager told us they understood how to report safeguarding incidents. The registered manager said they were confident people were safe. The registered manager said, "Any issues are reported to me immediately". This showed us people who used the service, had support from staff with a good understanding of how to keep people safe.

People told us staff helped to reduce risks to their safety. One person said, "I am very capable and support myself and I have a call bell to ask for help when I need it but staff still check in on me". A relative told us, "There is always staff about to monitor [my relative]"
During the inspection, we saw staff following the risk assessment for people, for example one person was at risk of falls and the plan to manage the risk was followed by staff; we saw they checked the area around where the person was sitting in the communal lounge for obstructions throughout the day.

Staff told us they understood the risks identified and how to manage them for the people they supported. A staff member told us, "[a person] is at risk of falls, we are all aware that we have to monitor and check the surroundings to make sure we minimise the risk". Another staff member said, "We encourage people to walk independently but we have to make sure they are not at risk of falling".

The registered manager told us they communicated changes to people's risk assessments to staff, all risk assessments were reviewed at least annually, and they checked to make sure staff followed plans for managing risks. Staff told us communication systems were in place to tell them about changes to peoples risk assessments. We observed staff receive information about a change to a risk assessment following a visit from a health professional and they acted on this immediately.

We saw accident and incident reports were completed and action the registered manager took action to prevent any further incidents where possible, for example, we saw updated risk assessments and care plans for people who had accidents. The care records we saw confirmed what people had told us, the risk assessments and plans to reduce the risks were in place and were effective in managing risk whilst supporting people to remain independent. This shows us the registered manager had effective systems in place to manage risks.

There was enough skilled staff in place to meet people's needs. People, relatives, staff and visiting professionals told us there was enough staff to support people. One person said, "There is enough staff around, if you ring the bell they come straight away". A relative told us, "[my relative] doesn't have to wait long when they need the toilet" A visiting professional told us, "Never had any concerns with staffing levels there is always someone to assist me when I come here". A staff member said, "There is always enough staff". We saw there was enough staff available to support people on the day of the inspection and people did not have to wait to have their needs met. The registered manager told us when people were admitted to the service, they checked peoples dependency levels to make sure there was enough staff to meet people's needs, where this was not the case the manager increased staffing. The registered manager carried out checks on staffing levels using observation and experience to make sure there was enough staff. The registered manager said, "There are enough staff to meet current dependency levels, if there is an increase in need we use agency staff to increase staffing levels".

People received support from safely recruited staff. The registered manager told us how they carried out appropriate pre-employment checks to include criminal records checks and reference checks. Staff confirmed these checks had been undertaken before they were able to start working with people in the home. We looked at staff records and saw the provider had systems in place to recruit staff safely. The provider had sufficient systems in place to recruit staff safely, and there were sufficient numbers of staff to ensure people were safe.

People received their medicines safely. People told us they received their medicine when they needed it. One person told us, "I always have my medicine when I need it". Another person told us, "I am happy with my medicine, I know what they are all for". Staff told us they had received training in administering medicines safely and had their competency checked to see if they could give medicine safely, the records we saw told us staff were competent. People's medicines were stored securely and according to the individual instructions. For example, we saw medicines stored in a refrigerator and daily temperatures checks recorded. People received their medicine as prescribed, for example, one person needed their medicine at a specific time before food and the records we saw showed staff followed these instructions. People understood what their medicine was for, we observed staff explaining to people and recording when people took or refused their medicine. People who needed medicine on an 'as required basis', received this when they needed it and staff understood when this should be given to people, this was recorded on the medicine records. The registered manger told us they were implementing new care plans, which would also have a guide to help staff know when to administer as required medicine. We saw staff using the medicine recording system correctly and a checking system was in place to see if there were any errors with medicine recording. Staff told us how checks were completed, staff looked at what had happened, took appropriate action, recorded in the medicine records and took action to prevent this from happening again. Staff told us the pharmacist collected medicines, which people had not taken as prescribed, on a monthly basis, records we saw confirmed this. This showed us people received their medicines safely.

Good

Is the service effective?

Our findings

People had a balanced diet and enough to eat and drink. Everyone we spoke to told us the food was good and people enjoyed it. One person said, "There is a good choice of food, at least two options and it's very good". Another person told us, "If you don't like the meal you can make up for it with the pudding". One relative said, "The cooks are brilliant they make stuff especially for [my relative]". A visiting professional told us, "The food here is very good". People received good quality fresh food and a balanced healthy diet, and the home winning the Shropshire partners in care healthy eating and nutrition award for 2016 recognised this. Staff told us taster sessions took place every other week and the cook spoke to people every day to see what food choices they wanted to see on the menu. A relative told us, "It must be difficult to please everyone, but the food is more than adequate, the chef comes round every morning to see what people want to eat". People had a choice of drinks; we saw staff offering a choice of drinks to people throughout the day and encouraging some people to drink. Staff got down to the same level when people were sitting down to ask people if they wanted a drink and waited for a response before supporting them to drink. This showed us people had a choice of food and were encouraged to maintain a balanced diet.

We observed people having their lunch. Tablecloths and condiments were available and there was music playing to create a relaxed environment. We saw people supported to eat independently by using the right equipment, for example, lightweight cups for those that needed them whilst other people used cup and saucer. One person had a small teapot, milk jug and cup to enable them to serve their own tea. People had special equipment, where needed, for example plate guards and protective clothing.

Staff gave support to people who needed it discreetly, for example, a staff member said, "Do you need your meat cut up a little bit". People also used different size plates depending on their appetite. Freshly made soup as a first course was available every lunchtime; one person was had this in a plastic cup so they could eat this independently, they said, "I enjoyed that". Two main course options and other alternatives were available at lunchtime. We saw people had different meals to the menu items at lunchtime. This showed us people were encouraged to maintain their independence and have enough to eat and drink.

Care records included food preferences for people and risk assessments to see if people needed any support or encouragement with maintaining a healthy diet. Fluid and weight monitoring was also in place for those that needed it. When people needed specialist support this was accessed and a plan was put in place for that person, staff understood what they needed to do and this was all recorded in the care records. For example, the speech and language therapy (SALT) team had completed a plan for someone with swallowing difficulties staff understood the plan of how to support this person. This showed us people received support to maintain a healthy diet.

People had access to health care services and support to help them maintain their health. People told us they had access to health professionals. One person said, "If I need the doctor they will arrange it for me". We look at records relating to people's health. We saw people had access to a range of medical professionals for example Chiropodists, and GP's. For example, we saw one care record which contained information on actions that needed to be taken to support someone following a visit from a health

professional. We saw staff followed instructions given. This meant people had support to ensure they maintained good health.

Good

Is the service caring?

Our findings

People had caring relationships with the staff. People told us staff had a caring in their approach. One person said, "Staff can't be better, can't do enough for you, they are very kind". Another person told us, "Staff are lovely" Relatives told us the staff were caring, one relative said, "The staff can't do enough for [my relative]". A visiting professional told us, "Staff are caring, they know people well and understand their needs".

Staff told us they spent time with people to get to know them and information was available for staff when people first moved to the home. Staff told us it was important to get to know people. One staff member said, "Chatting with people is important, asking them about what they want to do". The registered manager told us they looked for caring staff as part of the interview process. They told us how they observed how staff interacted with people during the induction process. They also told us ongoing observations and feedback from people and relatives was encouraged about how caring the staff were which found staff to be caring.

We observed staff talking with people in a kind and caring way. Staff were calm and reassuring to people and addressed people by their preferred name. We observed staff spending time with people who used the service talking to them about things of interest. For example, a member of staff spent five minutes talking with someone about what was in the paper they were reading, this showed us staff were able to spend time with people when not completing care tasks. We observed people who spent time in their rooms having checks from staff throughout the day to make sure they were ok and having conversations with people. The people who used services knew staff by name and were happy to approach staff to ask for things, for example, one person asked for a cup of tea, the staff member went, and fetched one, checking it was ok for the person when they returned. This showed the staff understood the importance of talking to people and developing caring relationships.

People were able to express their views and be involved in decisions about their care and support. People told us they could choose what to do and have support when they needed it. One person said, "I don't really do many activities I prefer to stay in my room". Another person said, "I have a specific day for having a bath, but they would give me one on a different day if I asked". A relative told us, "[my relative] is so happy here, if they wake up in the night the carers make a cup of tea and staff try to spend time talking with [my relative]. Staff told us when people had communication difficulties they would look for signs of what people wanted and did not want. One staff member told us, "We look for signs; people are free to choose and refuse on a day to day basis". We saw one person close their eyes when staff offered care and support and staff said they would come back later. This showed us people were involved in making decisions about the care and support they received.

People were encouraged to choose where they spent their time. Some people chose to spend time in their rooms others in the communal areas. We observed staff asking people what they wanted to do. For example, staff asked if people were coming for lunch and some people chose to stay in the lounge or in their bedroom. Staff told us people they encouraged to be involved in deciding how and when care and support is delivered. One staff member told us, "We give people a choice for example about which colour trousers to

wear or if they want a hot or cold drink and we encourage people to do their own personal care where they can".

Care records also showed where people had made choices to have their diet adjusted. For example, we saw one person had chosen to go on a low fat diet in order to lose weight. People told us they could make choices, one person told us, "I prefer to have a bath and staff help me". This showed us people were able to be involved in planning and making decisions about their care and support.

People using the service had their privacy and dignity respected and promoted. People told us staff acted in a way that promoted privacy and dignity. One person told us, "Staff help me if I need it when I have a bath and they always knock the door". Relatives told us staff respected people's dignity. One relative said, "I think they respect [my relatives] dignity". We observed staff maintaining people's dignity when they were supporting people. For example, making sure they closed doors when offering support and removing protective clothing worn at meal times, before people left the table. We saw staff asking if it was ok to show us around the home and staff checked if we could enter people's rooms. We observed relatives visiting throughout the day and people were able to spend time in private where they chose. This showed us that staff respected and promoted peoples dignity and privacy.

Good

Is the service responsive?

Our findings

People developed personalised care and support plans and decided what was important to them. People told us they could make decisions about the delivery of their care and support. One person said, "I decide what support I need with things". Another person told us, "I could bring my personal belongings in for my room". People told us they could have the support they needed when they asked for it and in a way that suited them. One person said, "The staff come round and talk with you about what you need".

We saw staff check with people how they wanted their care delivered. For example, one person was going out so they chose to get up early and have an early breakfast, which staff had accommodated. Another person had chosen to spend their day in their bedroom and staff made sure the person received the care and support they needed. We also saw staff checking how people wanted to spend their day and whether or not they wanted to be involved in group activities. We saw records got updated following information from visiting professionals. One professional told us, "I have delivered a pressure cushion for someone today and when I checked the plan it was already recorded how this should be used". We saw staff were aware of this and followed the instructions.

Staff told us that people were involved in planning their care and support and that it was responsive to people's needs. One staff member said, "You have to adapt how you do things to how the person wants it done". Staff also told us monthly reviews of care plans took place and changes they had changes communicated to them using the daily notes system and staff handovers.

Care plans showed where people had made decisions about aspects of their care and support. For example, one care plan showed the person had chosen to monitor their weight and when this increased, it showed they had chosen to follow a low fat diet to manage their weight.
The registered manager told us they were in the process of updating care plans and people would be involved through discussions with staff and the registered manager to develop their plan, relatives would be involved where this was appropriate. The registered manger told us they had links with an advocacy service, which people could access if needed, there had not been any referrals at the time of our inspection. This showed us the people were involved in planning personalised care and support.

People and relatives told us activities took place in the home for people. One person told us, "There is a good selection of books in the home; I spend a lot of time reading in the conservatory". Another person told us, "I like to go outside in the sunshine". A relative told us, "[my relative] has a good quality of life, they do things and create activities and have functions". On the day of the inspection, we saw an exercise session; the external coordinator did individual and group exercises with people who used the service. One person told us, "I really enjoy the exercise class".
We observed an event had taken place recently to celebrate the Queen's birthday, people told us they had enjoyed this day. We also observed On person reading in their rooms, one person was listening to an audio book, another was watching the football on the television and one was doing a crossword. We saw there was an activity plan on display, which showed group activities on offer. The registered manger told us people who used the service agreed these plans.

The registered manager told us the local church congregation came into the service once a month to have the church service on site for people who wanted to follow their religious beliefs.
Care plans had information in about which of these activities people liked to take part in along with other things they like to do. Every person received an information pack which was kept up to date and placed in their room, the pack had a personal introductory letter and outlined important information about the service including, about the staff, the facilities, costs, activities the local community, the food, health and safety and how to make a complaint. People were encouraged to use the information when planning their care and support. Staff told us they spoke to people about what they wanted to do and arranged for group activities to take place, for example cake baking but many people liked doing individual things. This showed us people were receiving care that was responsive to their needs and preferences.

People and their relatives told us they could approach the staff and the registered manager if they had any concerns and they felt listened to. One person said, "If I had an issue I would speak to the registered manager who would sort it out". A relative told us, "I know how to complain, I have never had cause to complain but feel confident staff would sort it out if I did". Staff understood the complaints procedure and told us how they would try to address any concerns people had or refer things to the registered manager. Staff told us they recorded in the daily notes any small issues, which people raised with them and could be resolved. The registered manager told us when a formal complaint was received these were investigated, action was taken and a letter was sent to the person making the complaint with the outcome; the records we saw confirmed this. We saw records of compliments about the service on display in the main reception these were from people who used the service recently or their relatives.

People were able to express their views about the service. The registered manager told us they held resident meetings and showed us records of these meetings, people could find out about planned improvements and make suggestions about things like menus and activities during the meetings. Staff told us resident meetings took place ahead of the staff meetings so the registered manger could raise any issues with staff. A relative told us, "I am not aware of any relative or resident meetings, but if there were any issues these would be drawn to my attention". The registered manager told us they spent time talking to people, they said, "it's important to talk to people to find out if everything is ok". The provider told us they had offered to change the monthly exercise class if people wanted to do something different but people who lived at the decided they wanted to continue with the activity. This showed us the service had systems in place to listen to people's feedback and learn from any complaints.

Good

Is the service well-led?

Our findings

The service had an open and inclusive culture. People and their relatives made positive comments about the service for example, one person told us, "It's very nice here, very friendly staff" and a relative added, "It's absolutely brilliant, a very good home". A registered manager was in post supported by a senior care worker. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People and their relatives told us they could approach the registered manager and staff and the registered manager would take action if you raised something with them. One relative said, "I feel the registered manger is approachable". One person said, "[the registered manger] is always around if you want to ask anything and would listen to you". We saw people and their relatives were comfortable in approaching the registered manager and the provider during the day, and the manager responded positively to things people raised. People knew who the registered manger was when we asked them, and could tell us who the provider was, calling both by name. Staff told us they found the provider and the registered manager approachable. Staff said they enjoyed working at the service and felt well supported. A staff member told us, "I wouldn't be here if I didn't like working here". A visiting health professional told us there was a positive culture and the registered manager was open and empowered staff, they said, "The staff have been here for years some of them, which speaks volumes". This showed us the culture was open and inclusive and staff and people felt empowered.

Staff told us the registered manager would listen to them when they had suggestions for how to do things. A staff member said, "I really like working here, I feel I have enough support from the registered manager". Another staff member told us, "It is open; we are free to say what we feel and think". The registered manager told us they were open to suggested ways of working, for example they told us about a suggestion for the new care plans from a health professional who had visited that day. The visiting health professional confirmed the registered manager had embraced the suggestion and was going to implement this as part of peoples care plans. A member of staff said, "You can go and speak with the registered manager if you have any issues at any time". The provider told us the registered manager had received a care manager of the year award from the Shropshire partners in care this year.

The registered manager told us they had monthly meetings with the provider to discuss areas of concern and development and the management team met monthly. We saw that audits and checks were carried out by the registered manger and identified issues and actions taken. We saw that checks that were carried out which included security, infection control, medicine administration, health and safety and risk assessments. The registered manger used the outcome of the audits to improve the quality of the location and the support people received. For example, the medicines administration audits led to additional staff training. This showed us there were good management and leadership in place within the service.

People receive safe and effective care, guided by the registered manger. We saw the registered manger monitored accident and incidents to look for trends, for example monitoring of falls to look for any areas of concern and develop action plans to address these. The registered manger told us they spent time with the

staff observing them working and used this to identify any areas for training. The records we saw supported this.

People received effective and responsive support where the registered manager and provider looked for opportunities to offer continuous improvement. The provider told us about improvements. For example, all bedrooms had been fitted with double glazed windows since our last inspection and a generator was purchased, as the service had been prone to power cuts, which left the home without power for heating and lighting. The registered manager told us they sent out an annual quality survey to people and relatives and a report was written about the information received and how this would be used. We saw the report was on display in the main reception and it described how feedback on the quality of care was used in staff meetings to make improvements to how care and support was delivered. The registered manager told us people and their relatives shared their views on the service on a regular basis through having conversations with staff and managers. The registered manager said this feedback allowed changes to be made outside of the annual process.

People received good quality support that helped them to maintain their health and wellbeing from an effective manager. Shropshire Partners In Care recognised these areas through a series of awards. The provider told us they had won the health and wellbeing award this year for the quality of the care they provided and the healthy eating this year, for the second consecutive time. The registered manager received the care manager of the year award this year. We saw the awards on display in the reception area. This showed us there was good management of the service and there was a positive culture, which led to the delivery of good quality care.