

Abbey Care Direct Ltd

Sabrina House

Inspection report

49 Longden Road
Shrewsbury
Shropshire
SY3 7HW

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03 October 2016

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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

The inspection was carried out on 3 October 2016 and was unannounced.

Sabrina House is registered to provide accommodation with personal care for up to a maximum of 14 people. There were 13 people living at the home during our inspection. Some people were living with dementia.

There was a registered manager in post who was present during 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.

People felt safe living at the home as staff were always available to support them when needed. There were enough staff to meet people's needs safely and in a timely manner. The provider followed safe recruitment procedures to ensure potential new staff were suitable to work at the home before they started work there.

People were protected from abuse and avoidable harm by staff who were able to recognise and report abuse. Risks to people's wellbeing were assessed and guidance put in place to support their independence and minimise risks to their wellbeing. Staff took appropriate action to deal with accidents and prevent them happening again.

People were supported to take their medicine when they needed it. Only staff who had received training to administer medicine did so. Medicines were secured safely and accurate records maintained. Staff received annual competency assessments to ensure they continued to manage medicines safely. Staff monitored people's wellbeing and arranged health care appointments when required.

Staff felt well supported and valued. Staff were provided with training to meet the individual needs of people living at the home and to further their career opportunities.

People enjoyed the food and were offered choice. People's nutritional needs were routinely assessed, monitored and reviewed. People were provided with equipment to enable them to eat independently.

Staff sought people's consent before they supported them. People were supported to make their own choices and these were respected. Staff understood the principles of the Mental Capacity Act and how to protect people's rights.

Staff treated people with kindness and compassion. People were given choice and felt listened to. Staff had formed positive working relationships with people and their relatives. There was a warm and

welcoming atmosphere at the home which was enjoyed by people and their visitors. Staff promoted people's dignity and independence.

People received individualised care that was tailored to their needs and preferences. People were able to spend their time as they wished and were provided with opportunities to take part in a variety of activities.

People had not had cause to complain but were confident that should the need arise these would be dealt with promptly. The provider sought the views of people and their relatives to make required improvements.

There was an open and inclusive culture at the home where everyone worked as a team to deliver good quality care. The registered manager had a clear vision for the service which was shared by staff. The provider had a range of checks in place to monitor the quality of the care and to develop the service.

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 protected from harm and abuse by staff who knew how to recognise and report signs of abuse.

Staff were aware of the risks associated with people's care needs and how to reduce these.

There were enough staff to meet people's needs in a timely manner. People were supported to take their medicines when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and ability to meet their individual needs.

Staff received the training and guidance they required to fulfil their roles.

Staff sought people's consent before they supported them.

People liked the food and were offered choice.

Staff monitored people's wellbeing and arranged health care appointments as needed.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff showed kindness and compassion towards people.

People were involved in decisions about their care and felt listened to.

Staff had formed positive working relationships with people.

Is the service responsive?

Good ●

The service was responsive.

People received support that was tailored to their individual needs and preferences.

People were able to spend their time as they wished.

People had not had cause to complain but were confident that should the need arise prompt action would be taken.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive culture at the home.

The registered manager had a clear vision for the service which was shared by staff.

People found the registered manager and provider easy to talk with.

The provider had a range of systems in place to monitor the quality of care and support.

The registered manager sought the opinion of people, relatives and staff to drive improvements in the service.

Sabrina House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 3 October 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with six people who lived at the home and two relatives. We spoke with seven staff which included the director, the registered manager, the care manager, two senior care assistants, the administrator and the cook. We viewed three records which related to the assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine and recruitment records. We spent time observing how staff supported people and how they interacted with them.

Is the service safe?

Our findings

People felt safe living at Sabrina House. People were offered a key to lock their bedrooms and had a lockable drawer in their bedroom to store their valuables. One person told us they felt safe because there were always staff available to support them when they needed help. Relatives we spoke with were confident that staff kept their family members safe.

Staff confirmed they had received training and demonstrated they were able to recognise the different signs of abuse. Staff told us they would not hesitate to report any concerns of abuse or poor practice to the registered manager. One staff member told us, "I would alert straight away, I could be wrong but better than missing something." The registered manager told us they discussed examples of abuse and poor practice at other care homes at staff meetings. They found this increased staff knowledge and instilled their responsibility to protect the people they supported. The registered manager was aware of their responsibility to report any concern of abuse to the local authority safeguarding team.

People were supported to manage the risks associated with their care needs. For example, one person told us they needed to use their walking frame to walk around. Another person liked to go out independently each day and this was supported. Risk assessments and guidelines were in place to minimise potential risks and maintain people's independence. There was a stair lift in the home and staff had assessed the support people required to use this safely. Staff were aware of the risk associated with people's individual needs and described the actions they took to reduce these. For example, one person had poor vision, staff walked with them to orientate them to the surroundings and to ensure walkways were clear from obstruction. As well as individual risk assessments the registered manager told us they completed health and safety checks to ensure the environment was safe. These included fire safety checks. They also completed Personal Emergency Evacuation Plans (PEEPs) for each person living at the home. The PEEPs provided detail of the support and equipment people required should they need to be evacuated in the event of a fire or any other emergency.

In the event of an accident or incident staff told us they checked the person for any injuries and sought medical advice if necessary. They subsequently completed the relevant forms. The registered manager told us the deputy manager was the falls champion. They initially analysed the forms to establish if there was a pattern to the falls and took action to prevent reoccurrence. For example, they could install pressure mats on people's beds to alert staff when they were attempting to mobilise without support. The registered manager told us they had oversight of all the forms to ensure processes had been followed.

People told us there were enough staff to meet their needs safely and this was confirmed by relatives we spoke with. People said staff responded promptly to their calls bells. One person told us sometimes staff were in the middle of helping other people but would check on them and return as soon as possible. The registered manager told us they monitored people's needs and increased staffing to reflect people's dependency levels.

The provider had safe recruitment procedures. Staff told us they supplied two references and completed a

Disclosure and Barring Service check (DBS) before they were able to start work at the home. The DBS enables employers to make decisions about suitability of potential new staff. The registered manager told us they also explored gaps in employment and staff eligibility to work in the country. Records we looked at confirmed this.

People received their medicines when they needed them. One person told us they rang their call bell when they needed pain relief. Staff would attend and check when they last had their pain relief medicine before they gave them more. Another person told us they had their medicine at the same time every day. We saw a staff member reassured one person about their medicines by explaining what they were for. They sat and chatted with the person while they took their medicines with a drink of water. People were supported to manage their own medicines where assessed as safe to do so. One person applied their own creams and risk assessments and reviews were in place to ensure these were managed safely. Only staff who had received training on safe administration of medicine did so. Each of these staff were assessed on an annual basis to ensure that they continued to manage medicines safely. One staff member was a champion for medicine and was responsible for completing competency assessments and audits of medicines.

Is the service effective?

Our findings

People were confident they were supported by staff who were knowledgeable about their needs. One relative told us, "I find them[Staff] wonderful." Another relative told us, "[Person] is very well looked after. If I had to choose somewhere again I would choose here."

Staff told us they felt well supported in their roles. They had regular one to one meetings with the registered manager. They were able to discuss any concerns that they may have as well as any training needs. Staff received training relevant to their role and were able to access training on specific illnesses. This allowed them to better support people living with such illnesses. Staff found the training they did beneficial to the people they supported and to their career development. One staff member found the end of life training valuable as they often supported people through this difficult time. The training had increased their awareness and helped them focus on what was important to the person. They said it was the last thing they could do for people and they strove to fulfil their wishes.

The registered manager told us they encouraged staff development and growth. They had recently appointed care champions in specific areas such as falls and infection control. The staff appointed received additional training in their area of expertise. It was their responsibility to share their knowledge with the staff team for the benefit of people living at the home. For example, the falls champion had attended a falls management programme and was in the process of updating falls risk assessments. This allowed them to identify and minimise the risks to people. New staff who had not worked in care before were supported to do the care certificate. The care certificate is nationally recognised award which trains staff in the standards in care required of them. The registered manager showed us they had systems in place for monitoring staff training needs and to ensure that refresher courses were undertaken when required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us staff always asked their permission before they helped them. This was confirmed by a relative who told us staff always involved their family member in decisions and never talked over them. Staff we spoke with demonstrated they understood the principles of the MCA. They told us they assumed people's capacity unless there was a reason to believe otherwise. They understood that if people lacked capacity to make certain decisions these would need to be made in their best interest. Staff told us they took time to explain things to people to support their decision making process. They checked people were happy to be supported and respected their right to decline. For example, a staff member told us one person often chose to remain in their pyjamas throughout the day and their choice was respected.

The registered manager told us everyone at the home had the capacity to make their own choices about their day to day care and support. In the event of people not being able to make their own decisions these would be made in their best interest. They explained that a staff member had been appointed as a best interest champion. They had undertaken specific training to enable them to support staff to make best

interest decisions should the need arise. Some people had appointed relatives or friends as Lasting Power of Attorney (LPA). The provider retained copies of these to so that staff were aware what decisions the LPA were able to make on a persons' behalf. A LPA allows people to appoint one or more people to help them make decisions on their behalf if they lost the mental capacity to make certain decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us no one was subject to a DoLS. They monitored people's ability to make decisions and would submit DoLS application where necessary.

People were pleased with the quality of the food and the choice offered. One person told us, "The food is marvellous, we get a choice." They went on to tell us the menus were usually decided at meetings held at the home. They were able to ask for something different if they did not like what was offered. Another person said, "You do get lovely food" They explained they had a small appetite and liked to eat little and often and this was catered for. They had an early breakfast and then had a second breakfast mid-morning. We saw staff served their second breakfast as arranged. A relative told us they were pleased that their family member had put on weight since moving into the home. The care manager assessed people's nutritional needs on admission and reviewed them monthly thereafter. If there were concerns about what people ate and drank they would put food and fluid charts in place to monitor their intake. They would also liaise with the GP and district nurses. The cook was aware of people's dietary needs, their likes and dislikes. Staff kept them informed if people's needs changed or if there were concerns about people's diet to allow them to adapt their meals to suit. The dining room was situated next to the kitchen. At lunch time we saw the cook spent time talking with people. They checked whether people had enjoyed their meal and if they wanted more. Lunch was a sociable event, people had friendly chats with each other and with staff.

People had access to health care as needed. One person told us the district nurses visited them daily. The person was feeling unwell and staff had called the GP that day to discuss this. We saw that the GP called back as we were leaving. Another person told us they recently became unwell during the night and staff called an ambulance and they were admitted to hospital. A relative told us staff arranged for their family member to change GP when they moved and kept them fully informed. Staff told us they knew people well and were able to quickly recognise changes in their health. They arranged health care appointments as necessary. The registered manager told us they had good working relationships with health care professionals that supported the home. They approached them for advice or guidance as required.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person told us, "I'm spoilt rotten. They've [Staff] all been very kind to me." Another person said, "I love them all. Everybody is nice here they really are. Well I think so." A relative we spoke to told us their family member was well cared for. They said "[Person] is wonderfully cared for. They [Staff] are so generous and kind. Feels so much like [Person's] own home."

People and their relatives found staff friendly and welcoming. One person said, "They [Staff] are very nice. They look after us really well." Another person told us, "My relatives visit every week and they make them a cup of tea straight away. They look after visitors. No restrictions at all." Another person said staff often had a laugh and joke with their relatives when they visited. A relative we spoke with felt that they could visit or telephone the home at any time. Another relative told us they had visited a number of homes before they chose this one and had rated it the most friendly. We saw that people were comfortable and relaxed in the company of staff and management. There was positive interaction between staff, people and relatives and much laughter was heard.

People we spoke with were given choice and were listened to. One person told us the care manager discussed their needs and wishes with them and their family when they moved in. They said, "I get up when I am ready. I'm an early riser and early to bed." Another person told us they could choose what they wanted to do such as, where to eat their lunch. They said, "You can please yourself with meals. In the dining room or in your room." They went on to tell us they liked to join the other people for their meals and a chat. Relatives told us they were involved in decisions about their family member and that staff kept them informed of any changes or concerns. Staff told us it was important to give people choice and control over their situation. If people had sensory impairment they would communicate accordingly. For example, one person had poor vision and staff used both touch and speech to guide them. Likewise where people were hard of hearing staff would ensure they spoke clearly or wrote things down for them.

People and their relatives felt staff were respectful and maintained their dignity. One person told us staff made sure they kept them covered them up as much as possible when helping them with personal care. A relative told us staff showed a lot of respect for people. Often when they visited they found staff sitting and talking with their family member in a kind and respectful manner. They said, "If [Person's name] is upset they sit and talk with them. They are very nice [Person's name] often sits and chats with night staff. I've got nothing but good to say about them." Staff told us they were mindful of people's dignity and ensured they knocked on people's doors and waited to be called in. They ensured they put a towel over people when supporting them with personal care. We saw that staff supported people discreetly and spoke to and about them with respect.

People we spoke with wished to remain as independent as possible and this was encouraged by staff. One person told us, "If you want any help you can have it. I try to be as independent as I can." They went on to explain that they could wash and dress themselves but staffed helped them with bathing. A relative told us their family member liked to keep busy and to do little jobs around the home such as wiping the place mats. They said staff involved them as much as they were able. Staff we spoke with recognised the importance of

promoting people's independence as this supported their confidence and wellbeing. For example, one staff member told us about a person who was struggling to get in and out of bed and did not want staff to help. They put a different mattress on the bed and the person was able to manage themselves and was much happier.

Is the service responsive?

Our findings

People received care and support that was tailored to their individual needs and preferences. One person told us, "They [Staff] ask me how I like things done." A relative told us, "We sat with the [care manager]. They did a really good assessment." They went on to explain that they discussed their family member's needs, their past and preferences. Another relative said, "The thing I like here is they [Staff] treat [Person] as an individual". The care manager told us they assessed people's needs before they moved in to ensure they could meet their needs and expectations. They involved the person and their relatives where appropriate. If people were moving from another home or hospital they would discuss their needs with the professionals involved. The provider had recently introduced new care plans to record people's support needs. These contained limited detail of people's individual care needs. However, this had not impacted on people's care and support because staff knew people well and people were able to express their preferences. The care manager committed to review their care planning system to better capture people's care and support needs.

People were able to spend their time how they wished. One person said, "I've got plenty to do, puzzles and quizzes. I'm busy with people coming and going. They have church services and violinists visits." They went on to tell us they were invited to join in bingo later that day but chose not to. They had a newspaper everyday which staff brought to them with their breakfast. Another person said, "We have a lovely lounge with a big television in it. We have games and a bit of all sorts going on." There had been a recent visit by a zoo. We saw pictures of people enjoying themselves holding the various creatures the zoo had brought in. One person said, "We had the zoo come in it was lovely." A relative told us their family member enjoyed listening to music and watching the television. They had sky television in their bedroom which allowed them to watch programmes they had always enjoyed watching such as westerns. Staff told us they learnt about people's needs and interests by looking at their care records and by talking with them. One staff member told us, "Everyone has their own individual needs and we know their needs." Another staff member said a lot of the people talked about the olden days and they found this really interesting. They said, "[Person's name] has always got a story to tell you." They also found that the ladies liked to remain at the lunch table talking with each other after lunch. We saw that staff had created a reminiscence corner. There were various items of memorabilia which staff used to prompt conversation with people about their memories and their past lives.

The registered manager told us the care manager gathered information about people's interests and hobbies and used this to plan activities. They showed us they had developed a system to record people's participation in arranged activities to see which were popular and which were not. They looked at new opportunities to provide social contact and stimulation. They had agreed and been chosen to partake in a music therapy scheme. This involved representatives from the scheme visiting and training people and staff to play different musical instruments. They would eventually play on stage with people and staff from two other care homes in Shropshire. This had proved popular with people. A relative said staff had told them their family member had joined in with the singing. They intended to attend the next session as they had not seen them sing before.

People told us they were asked if they were happy with the service they were receiving and if they wanted any changes. One person told us the administrator bought a form around for them to complete. This was confirmed by the administrator who said they distributed the quality assurance questionnaires. They also sent care review invitations out to people's families. If people did not have family to assist them they arranged advocates to support them. A relative was impressed with the prompt response from the provider when they asked for their family member's bedroom to be decorated. When they visited the following day it had been done. The registered manager was keen to gather people's views on the service people received. This was done through monthly care plan reviews, meetings held at the home, a suggestion box and annual surveys. They used the information to make the required improvements. We saw that during meetings held at the home topics such as activities and menus were often discussed

People had not had cause to complain but would tell staff if they had any concerns. One person said, "I've got nothing bad to say." Another person said, "I can't fault this place at all. It's the kindness and concern they have for you." The provider had a clear complaints procedure which was displayed in the home. The registered manager told us each person was provided with a copy of the procedures when they moved in. They had not received any complaints. Staff told us they knew people well and would recognise if people were unhappy or concerned about something. If this was the case they would talk with the person to see what was troubling them and report to the registered manager if needed.

Is the service well-led?

Our findings

The provider and registered manager were visible in the service. One person told us they saw the registered manager on a regular basis. Another person said, [Provider] is very nice comes to see me every morning and asks me how I am. Busy person, does not have a lot of time but will sit and talk if you want them to." This was confirmed by a staff member who told us the provider had an open door policy and did a tour of the home each day. The provider showed us around the home on arrival and it was clear that people knew them and were comfortable in their presence. The registered manager said that both they and the provider walked around the home and talked with people on a regular basis. They found this allowed them to monitor people's needs and increased people's confidence to raise any concerns they may have.

The registered manager told us their aim was to ensure people were happy, safe and well looked after. They felt they were achieving this as they had good feedback from people, their relatives and health care professionals who supported the service. The provider had a set of core standards which were clearly displayed in the home. These were reinforced in staff meetings and one to one meetings with staff. Staff we spoke with showed a commitment to the aims of the service. One staff member told us they wanted people to have the best care possible. They said, "One person can't change the world, but I can make a difference." We saw that the provider had received many positive compliments about the care and support people received at the home. For example, one relative wrote, "You have all been so caring and considerate not only to [Person] but to every single member of our family, it is so appreciated. I don't think you realise what special people you are."

Staff described an open and inclusive culture where everyone worked as a team to deliver good quality care. One staff member told us, "We all get on as a team. The registered manager is lovely I'm 100% comfortable to tell them anything and to discuss any concerns." Another staff member said, "It's really nice here, like one big happy family." They went on to explain that people and staff helped each other. Staff had opportunities to voice their opinions in one to one and staff meetings They felt their views were valued and acted upon. For example, one staff member had asked for sit on weighing scales to allow them to weigh people with poor mobility and this was provided. The registered manager told us they were keen to maintain good working relationship with and between care staff and encouraged staff to be open and honest with each other. They found the provider was supportive of both people and staff. They provided resources as and when required to secure items such as equipment or training. They had recently replaced windows at the home, decorated some of the rooms and planned to refurbish other areas of the home.

There was a clear management structure in place. The registered manager was supported by a care manager, a deputy manager, senior care staff and the provider. Staff were aware of their responsibilities and were able to access management support whenever they needed to. There was an out of hours on call system in place where the registered manager and provider were readily available.

The provider had a range of checks in place to monitor people's health and wellbeing and the general environment. The registered manager explained that these checks were delegated amongst staff which increased their understanding and accountability. Care champions completed audits and analysed

information in their areas of speciality. The care manager completed care plan audits and ensured these and risk assessments were kept up to date. The provider did monthly audits of the service and provided an action plan to the registered manager. They in turn had oversight of all checks and actioned any improvements that were required.

The registered manager told us they kept abreast of best practice through local training facilities and on line resources. They monitored staff learning and its application to practice through supervision and spot checks of practice. They visited the home at evening and weekends and completed one to one meetings with night staff. They were eager to support staff, to give them recognition for good work and to share good practice. They used both staff and one to one meetings to do so.

Links with the local community were encouraged. People told us staff would take them in to town to do their shopping. They had a monthly Holy Communion at the home and could attend church. The registered manager told us that people from the Prince's Trust visited and spent time with people. They had good links with the local GP surgeries, maintained links with local training facilities and attended infection control meetings

The registered manager had a clear understanding of the duty of candour. They would report any errors even if people were unaware of what had occurred. They said, "If I'm wrong, I would admit to it and I would expect my staff to do the same." They had submitted notifications to the Care Quality Commission as required. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This allows us to monitor any trends or concerns.