

Sabre Court Limited

Sabre Court

Inspection report

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Scarborough
North Yorkshire
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Tel: 01723361256

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Sabre Court is a residential care home providing personal care and support for up to 11 people with mental health needs who have issues with alcohol misuse. There were 10 people using the service at the time of the inspection.

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

People experienced good outcomes because they received consistent, safe care. Positive, safe and stable relationships in place helped to build people's self-esteem and confidence. Staff knew people well and understood what was important to them.

Managers supported staff to develop their skills and knowledge to provide high quality care and enhance people's lives.

The provider promoted vision and values, which placed people at the heart of the service they received and safeguarded their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's support focused on them having as many opportunities as possible for them to support good health, gain new skills and become more independent.

Robust systems to monitor the service were in place and make sure people received good standards of care.

People told us the service was well managed and they liked staff. Effective management systems and processes were followed so the building and equipment were well maintained and clean.

Staff were well trained to carry out their roles. People's care was planned and delivered to meet their individual needs. The home was designed to enable people to be as independent as possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating. 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sabre Court

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

Sabre Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the 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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and five members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and associated medicine records. We looked at two 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 also reviewed.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had the necessary knowledge and information to make sure people were protected from abuse.
- Safeguarding policies and procedures were accessible to staff and people who used the service.

Assessing risk, safety monitoring and management

- Risks were well managed; staff understood and acted to identify and mitigate risks.
- Staff were skilled at supporting people who could put themselves or others at risk of harm.
- Personal risk assessments were developed and reviewed. Staff supported people to manage known risks while also maintaining independence in a positive framework.
- Records regarding health and safety were well maintained. Regular safety checks were carried out to make sure the premises and equipment were kept in good order.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People told us staff had time to spend with them and they said they felt safe with them.
- Risk assessments were completed twice daily to ascertain any additional staffing requirements to ensure people and staff wellbeing and safety was maintained.
- Safe recruitment processes were followed.

Using medicines safely

- People received their medicines as prescribed.
- Medicines were received, stored and disposed of safely.
- Staff received annual training in relation to the safe handling of medicines.

Preventing and controlling infection

- Effective systems were in place to reduce the risk and spread of infection.

Learning lessons when things go wrong

- Systems were in place to learn from incidents and accidents, to reduce risks, demonstrate continual improvement and keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were completed to identify people's health and support needs, together with any risks to people who used the service and others.
- Staff researched and kept up to date with best practice in caring for people's mental and physical health. They used recognised guidance and tools to determine and deliver the support people needed.

Staff support: induction, training, skills and experience

- Staff were well trained and knowledgeable.
- Training was designed around the needs of the people staff supported. Training needs were monitored through supervision and appraisals; performance was assessed and reviewed against individual development plans.
- Staff told us they felt supported and completed relevant training. One said, "Yes, definitely. We do courses specific to people living here such as Parkinson's and mental health."

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

- People were positive about the quality of the food and said it was of a good standard. Staff prepared the main meals of the day and people could make their own drinks and snacks, if they wished.
- People's dietary intake was monitored and wherever possible staff tried to promote a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to obtain the appropriate health and social care they needed to lead a healthy life.
- People accessed the local GP and community health resources such as local alcohol support services as part of their ongoing support and rehabilitation.
- Managers told us about people whose mental health had improved and stabilised since moving to the service. This had resulted in reduced hospital admissions.

Adapting service, design, decoration to meet people's needs

- The building was well maintained and there was a robust plan in place to maintain and refurbish areas when needed.
- People's bedrooms were highly personalised and reflected their varied interests and pursuits. For example, one person had incorporated the colours from their favourite football team into their room.

Another had developed an extensive book collection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The provider continued to follow the MCA. At the time of the inspection no one required a DoLS authorisation.
- With their agreement, one person had support with their budgeting to reduce their alcohol intake and promote healthy eating habits.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interacted with people in a very positive way throughout the inspection.
- People spoke positively about the staff. One person who told us they got on well with staff said, "They help me."
- Staff described the impact they tried to have on people's lives and how they encouraged them to become involved in day to day activities. They told us this could be a challenge at times as people sometimes lacked motivation. One member of staff said people could exercise control and choice over their daily lives and staff supported this.
- Staff were knowledgeable about people and knew about their life histories, interests and care preferences. Staff told us they were passionate about making people feel valued and cared for.

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

- Staff supported people to understand decisions around their care and express their wishes.
- People were involved in planning and reviewing their care, together with staff and other relevant health and social care professionals.
- The registered manager told us they encouraged people to contribute ideas and suggestions at meetings. They also met up with people daily and took forward any ideas or suggestions that arose informally.
- Information about advocacy services were available for people and staff told us advocates would be sought if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and dignity. People told us staff treated them well and respected their privacy. Staff were trained in equality and diversity and could explain the ways they respected and protected people's dignity when delivering care.
- Staff supported people to maximise their independence without applying undue restrictions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was assessed before they moved into the service. Managers considered the impact on other people living at Sabre Court as part of the assessment process.
- Care plans detailed people's health, care and support needs including preferred daily routines.
- Staff knew people well and could describe people's care and support needs in detail.
- Clear strategies were in place to provide staff with guidance on risks such as self-neglect and risk reduction measures. Risks were reviewed at each handover to identify if someone was unwell or had been drinking and consider the additional staff support required.
- Staff treated people as individuals promoting equality and diversity and respecting individual differences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood about the AIS. People currently living at the service were relatively independent and able and could access written information. The registered manager told us people's communication needs would be identified, recorded and shared appropriately with others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain contact with friends and family where appropriate.
- People accessed the local community and activities independently. We observed people went out to the shops, to attend health appointments, watching TV and household tasks such as cleaning and making snacks. One person had expressed an interest in joining a local snooker club and the service had purchased a snooker table for them.

Improving care quality in response to complaints or concerns

- Systems were in place to monitor and respond to complaints. Details about how to make a complaint was made available to staff and people who used the service. There had been no complaints reported to CQC since the last inspection.
- People knew who to speak with if they had any worries or concerns. Some people told us they would speak to managers or staff; others said they would speak to a health or social care worker.

End of life care and support

- The registered manager and staff had experience of caring for people at the end of their life. They involved relevant professionals, to ensure people received the right care and support. At the time of our inspection, the service was not supporting anyone with end of life care.
- Staff explored people's preferences and choices regarding their future wishes including cultural and spiritual needs and these were recorded, where possible.

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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider fostered a strong person-centred culture. Managers and staff knew people well and encouraged them to take responsibility and make healthy choices.
- Care was designed to empower people and support positive outcomes
- Records were exceptionally well maintained and demonstrated excellent organisation and business planning. Records were used for auditing purposes.
- Effective management systems were in place to monitor the service and address shortfalls in a timely way. Staff performance was discussed at staff meetings, supervisions and appraisals.
- People told us the service was well managed and they liked the staff.
- Staff were passionate and committed to providing high quality care.

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 and nominated individual understood their duty of candour responsibilities. Good relationships were established, in some cases over many years, between management, staff and people living at Sabre Court.
- The registered manager was open and strived to make continual improvements at handovers, and through regular staff meetings and supervisions.

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

- The registered manager encouraged people to be involved in the development of the service and feedback was sought.
- Staff felt the registered manager and nominated individual listened to them. For example, staff met regularly to discuss, clarify and evaluate people's care and support needs. This helped staff to deliver safe, consistent care and give people the best possible chance of achieving their goals.

Continuous learning and improving care

- Staff recorded any incidents fully and these were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again.

- The registered manager was proactive to develop their own practice and provided staff with opportunities to increase their skills and knowledge.

Working in partnership with others

- Managers understood the importance of working in collaboration with other statutory agencies to improve people's health outcomes.