

Sable Care Limited

Sable Care Limited - 22 Ashbridge Road

Inspection report

Ashbridge Road
Leytonstone
London
E11 1NH

Tel: 02085305339

Date of inspection visit:
09 September 2019

Date of publication:
31 October 2019

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

Sable Care Limited – 22 Ashbridge Road accommodates up to four people with learning disabilities in one building. At the time of this inspection four people with learning disabilities were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service

People were protected from the risks of harm or abuse. People had risk management plans to minimise the risks of harm or abuse they may face. Staff knew what action to take if they suspected somebody was being harmed or abused. People were protected from the risks associated with the spread of infection. Medicines were managed safely.

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 care needs were assessed before they began to use the service. Staff were supported to carry out their role with training, supervision and appraisals. People were supported to maintain their health and nutritional needs. Staff understood their responsibilities under the Mental Capacity Act (2005).

Staff were knowledgeable about people's individual needs and how to deliver a personalised care service. Care plans were detailed, personalised and contained people's preferences. People's communication needs were met. The provider had a system in place to handle complaints.

Relatives and staff spoke positively about the management of the service. The provider had systems in place to identify areas for improvement. These systems included carrying out quality checks, regular meetings with people who used the service and staff and feedback surveys. The provider worked in partnership with other agencies.

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 24 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Sable Care Limited - 22 Ashbridge Road

Detailed findings

Background to this inspection

The 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.

Inspection team

Our inspection was completed by one inspector.

Service and service type

Sable Care Limited – 22 Ashbridge Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under 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 the service two hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure the registered manager and staff would be available to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and

improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and two care staff. We also spoke with two people who used the service. We reviewed a range of records including two care records for people using the service, including risk assessments. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

After the inspection

We sought feedback from the local authority. The provider sent us documentation we requested. We spoke with two relatives of people who used the service.

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 good. At this inspection, this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, we recommended the manager undertake training to provide them with a comprehensive understanding about medicines management. Since that inspection, a new registered manager had taken over responsibility of the service. The new registered manager had a full understanding about how to manage medicines safely.

- The provider had a medicines policy which gave clear guidance to staff about how to safely store and administer medicines. Staff had received training in the safe administration of medicines.
- Medicines were stored appropriately and at the recommended temperature in a locked cabinet. Medicines that were controlled under the Misuse of Drugs Regulations 2001 were stored appropriately and fully accounted for.
- Records were maintained of the quantities of medicines held in stock and we found these records tallied with the actual amounts of medicines held.
- Medicine records were fully and accurately completed.
- People had clear guidelines for staff to follow for medicines taken on an 'as required' basis. However, we found one person did not have any guidelines in place for their paracetamol.
- We discussed this with the registered manager who took immediate action and made an appointment with the GP for the person to discuss this issue. Following the inspection, the registered manager sent us the guidelines agreed with the GP.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were safe with staff.
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding vulnerable adults.
- Staff knew what action to take if they suspected somebody was being harmed or abused. One staff member told us, "We have to report that to our manager and then our manager acts on that."
- Staff understood what whistleblowing was. One staff member told us, "If you see a member of staff has done something that is wrong, you have to whistleblow to my manager or the director or the safeguarding people in the local authority."

Assessing risk, safety monitoring and management

- People had risk assessments carried out to protect them from the risks of harm they may face. Risks assessed included keeping safe, personal care, risks in the community, medicines, and risks at home.
- One person had a detailed risk assessment for their epilepsy. This gave clear guidance to staff as to when

the person may have a seizure, the signs to look out for and the actions staff should take in response.

- People who had behaviours that may challenge services had guidelines in place to enable staff to manage the behaviours in a positive way.
- The provider had safeguards in place to ensure people's money was safe including a policy for managing people's finances. Records and receipts were kept of expenditure.
- Building safety checks had been carried out as required including annual testing of portable electrical appliances and a yearly gas safety check.
- The service had an up to date fire risk assessment. Each person using the service had a personal emergency evacuation plan and a person-centred fire risk assessment. Fire drills took place at least monthly and were up to date.

Staffing and recruitment

- Relatives told us there were enough staff on duty.
- Staff confirmed there were enough staff on duty to meet people's needs.
- On the day of inspection, there were two member of staff on duty in addition to the registered manager. The registered manager told us they worked on the floor alongside staff to support people with their needs.
- Records confirmed there were enough staff on duty to support people. One person received funding for one to one activities and rotas showed where these hours were used with an additional staff member on duty.
- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included obtaining proof of identification, right to work in the UK and written references.
- The provider carried out criminal record checks of new staff before they began employment and regular updates for this were obtained to confirm continued suitability of staff.

Preventing and controlling infection

- The premises were clean, tidy and free from malodour.
- The provider had an infection control policy in place which gave clear guidance to staff about preventing the spread of infection.
- Staff confirmed they had access to adequate amounts of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The provider had a system in place to record accidents and incidents. We reviewed these records and saw the action taken and the outcome were recorded.
- The registered manager gave an example of where lessons had been learnt. They explained a person had displayed inappropriate sexual behaviour during a hospital admission. The provider put an action plan in place to minimise inappropriate sexual behaviours.

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 good. At this inspection, this key question 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

- Relatives told us they felt the service was the right place for their family member. One relative told us, "I'm happy and my [person using the service] is happy."
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs.
- Information gathered at the assessment included the person's history, health conditions, likes and dislikes, cultural and spiritual needs.
- Assessments included an 'About Me' section which included what the person liked to do, health and wellbeing and what tasks the person needed support with.

Staff support: induction, training, skills and experience

- Staff confirmed they had regular training opportunities and they found this useful. One staff member told us, "It is useful. We do online training and face to face training as well."
- Training records showed staff received regular refresher training including health and safety, fire training, mental capacity and first aid awareness.
- New staff completed a four week induction which consisted of a structured programme including policies and procedures at the service during the first week.
- New staff were required to complete online and face to face training during the induction period.
- Staff told us they had supervision meetings and found this useful. Records confirmed staff had regular supervision meetings. Topics discussed included training, care worker responsibilities, health appointments and medicines.
- Records confirmed staff had an annual appraisal. These meetings looked at the staff member's performance over the past year and were used to identify the staff member's development and training needs for the next year.

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

- People were supported to eat a nutritious diet. Menus were varied and nutritious.
- A relative told us, "[Family member] says she has nice dinners. Sometimes she takes part in the food preparation."
- Staff knew how they meet people's cultural dietary needs.
- The kitchen was well stocked with nutritious food including fresh fruit and vegetables.
- People had information on their care plans of which food and drink they liked and disliked.
- One person had a copy of an "Eatwell" plate in their care records. This is a pictorial guide which shows what kind of foods we should eat, and in what proportions, to have a healthy and balanced diet.

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

- People were supported to maintain their health and attend healthcare appointments.
- Care records showed appointments people had with healthcare professionals such as psychiatry, psychology, GP and hospital consultants.
- Staff confirmed they supported people to maintain their health. One staff member told us, "We support [people] to any appointments they have. [People] do activities, sometimes we play ball with them or take them walking."
- People had a hospital passport to help hospital staff know how to make them feel comfortable during a hospital stay.
- Care records contained a health action plan which gave information on what support was needed to help the person remain healthy and contact details of professionals involved. A health action plan is a document the Government said people with a learning disability should have to ensure their health needs are met.

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

- The service was laid out across three floors accessible by stairs.
- At the time of this inspection there was nobody using the service with mobility needs. Pre-admission assessments covered mobility needs before a person began to use the service.
- People had their own bedrooms which were individualised according to their taste.
- The service had communal areas including a garden area where people could choose to spend time.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of this inspection, three people had a legally authorised DoLS in place and one person was waiting for the outcome of their renewal application because they required a level of supervision that may amount to their liberty being deprived.
- Staff described how they supported people to have maximum choice and control of their lives and in the least restrictive way possible.
- Staff explained what the MCA was. One staff member told us, "Mental Capacity Act is about their capacity because some [people] cannot choose anything. It is about decision making."
- Staff understood the need to obtain consent before delivering care. One staff member told us they needed to get consent for everything they did. They said, "Sometimes I show [person] a picture. Even if they cannot talk I still have to ask them."

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 good. At this inspection, this key question 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

- A relative told us staff were caring. They said, "I've met a number of them [staff] and they seem nice ladies."
- Staff described how they got to know people and their care needs. One staff member told us, "You need to read the care plan. Everything they need is going to be in the care plan. We sit and have a chat with them. Ask them what they want."
- Staff were knowledgeable about equality and diversity. One staff member told us, "We have to treat them [people using the service] the same because they are all one, but they have their individual needs."
- The registered manager told us, "We provide staff from all backgrounds. Staff are trained. We respect culture and beliefs. [People using the service] get food they like. They are engaging in activities that are related to their culture and religion."
- We asked staff how they would support a person who identified as lesbian, gay, bisexual or transgender [LGBT]. One staff member told us, "We would support them [people who identified as LGBT] the same as everybody else, We can't discriminate."
- The registered manager said, "We respect them [people who identified as LGBT] and they have the rights for their sexuality. We respect their dignity. We have only female [people using the service] here and only female staff."

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

- Relatives told us staff communicated with them and kept them updated on their family member's wellbeing. One relative told us, "Definitely updated and they do inform me."
- Staff told us people using the service were involved in making decisions about their care and this included attending 'residents' meetings'. One staff member said, "The family visit and most of the time they call. The family speak to the management or the head office."
- The registered manager told us relatives were informed when their family member had an appointment and sometimes a relative would attend the appointment if they chose.
- The service used a keyworker system. This meant each person had an allocated staff member who spent more time with them and was responsible for making sure care records were up to date.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted.
- Staff described how they maintained people's privacy and dignity. One staff member told us, "When they are having a shower or personal care, I always take a towel to cover their body so people cannot see. I close the door and check the window that the curtain is not open."

- Staff explained how they promoted people's independence. One staff member gave an example of two people using the service who could do things themselves such as making a cup of tea or light food. This staff member said, "We ask them to bring the laundry basket to wash their clothes."

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 good. At this inspection, this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood how to deliver a personalised care service. One staff member explained that people are individuals, so you don't give them the same care. This staff member added, "You give them the choice."
- Care records were detailed, person-centred and contained people's preferences.
- Care records indicated the qualities the person needed in support staff. One person's care record stated, "I like people who are fun and I can laugh with. I like positive language. I need a support worker who will have patience with me."
- People's care plans included the goals they wished to achieve. For example, one person was working on their goal to prepare light meals such as sandwiches, cereals and frying eggs. This goal had a date set to be achieved by January 2020.
- People's keyworkers completed monthly progress reports which included a summary of the person's health and wellbeing, activities they have participated in and progress towards achieving their goals.

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.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- For example, one person's care plan stated, "I can verbally express myself but also, I can find it easier to have visual prompts, star charts, and signs and symbols, colourful semantics to motivate me."
- The registered manager told us they used picture cards to communicate with people and said, "Some [people] can take me by the hand to show me what they want. They can express themselves very well."
- The registered manager told us they could use braille for people with sight impairments and they would employ staff who could use sign language if a person had a hearing impairment.

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

- People had access to a variety of activities they could participate in.
- Care plans contained a weekly planner which detailed the activities the person participated in.
- People's care plans included cultural and spiritual needs and activities associated with this that were

important to them.

- Staff kept a record of all types of contact people had with family and friends.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise concerns. One relative told us they were confident the registered manager would deal with any concerns appropriately.
- Staff knew how to respond if somebody wished to make a complaint.
- The provider had a clear complaints policy and procedure in place to give staff guidance on how to respond to complaints.
- There was a system in place to log complaints and the action taken. There had been no complaints made since the last inspection.

End of life care and support

- At the time of this inspection nobody was receiving end of life care or had been diagnosed with a terminal illness.
- The provider had an end of life care policy which gave guidance to staff about how to provide dignified care should somebody reach the end of their life.

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 good. At this inspection, this key question 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

- Relatives told us the registered manager was approachable. One relative told us, "As far as I'm concerned, [registered manager] is doing a great job."
- Staff told us the registered manager was a good leader who supported them in their role. One staff member told us, "[Registered manager] is very understanding."
- Staff confirmed there were communication systems in place to keep them updated on people's wellbeing. One staff member told us, "We always get a proper handover. Staff make sure they tell you about what's been happening."

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 understood their responsibility to be open and transparent about incidents and safeguarding. They also explained, "It's [duty of candour] apologising to people when something is happening and making sure it never happens again."
- The registered manager understood their responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held regular monthly meetings with people who used the service to involve them in the care they received.
- Records showed regular agenda items for the meetings with people who used the service included appointments, activities and personal care.
- The provider held regular monthly meetings for staff to keep them updated on service development.
- Staff told us they found the staff meetings useful.
- Topics discussed at staff meetings included, medicines, personal care, and record keeping.
- Staff told us the provider treated all staff equally.

Continuous learning and improving care

- The provider carried out monthly checks of the service to identify areas for improvement. We reviewed the most recent check carried out in August 2019 which included health and safety, care records, food and

nutrition and medicines.

- We noted the provider had identified record keeping issues for medicines and petty cash during the August audit and this had been addressed with the staff concerned.
- The provider carried out feedback surveys with people using the service, relatives and staff in order to identify areas for improvement. We reviewed the findings from the survey carried out in 2019.
- People who used the service and relatives indicated overall satisfaction with the service provided. A relative commented, "The new [registered] manager has made a difference in communicating feedback regarding health checks."
- A common theme in the staff survey was staff saying they felt valued and part of the team. One staff member stated, "[Registered] manager always has time to listen."

Working in partnership with others

- The registered manager told us they worked in partnership with the local authority who let them know when the providers forums were taking place and sent them the documents.
- The registered manager also told us since they took up post they had been spending time getting people who used the service up to date with their health appointments and having health checks, This had involved working in partnership with the doctors.