

Sable Cottage Limited

# Sable Cottage Nursing Home

## Inspection report

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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 

### Overall summary

We visited this service on 14 October 2014 and the inspection was unannounced.

The last inspection was carried out in October 2013 and we found that the home was meeting the current regulations.

Sable Cottage is a care home providing personal, nursing and respite care for up to 38 older people, of which 15 people may be living with dementia. A passenger lift and staircases provide access to all levels.

At the time of our visit there were 31 people living at the home.

The registered manager was experienced and had worked at the home for 11 years. She had been the registered manager for 18 months. 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.

# Summary of findings

People told us that they were happy living at the home and they felt that the staff understood their care needs. People commented “We have the best care anyone could want”, “Food’s good, good and solid. I eat everything” and “The staff are very good, very nice and treat me very well. I’m very lucky to be here.”

We found that people, where possible were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services, such as the GP, where it had been identified that there were changes in someone’s health needs. We saw that the staff team understood people’s care and support needs, and the staff we observed were kind and thoughtful towards them and treated them with respect.

We found the home was clean, hygienic and well maintained in all areas seen.

We looked at the care records of three people who lived at the home. We found there was detailed information about the support people required and that it was written

in a way that recognised people’s needs. This meant that the person was put at the centre of what was being described. We saw that all records were completed and up to date.

We found the provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw the provider had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), safeguarding and staff recruitment. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at Sable Cottage.

We found that good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the service. This meant that the people who lived at Sable Cottage could be confident that they were protected from staff who were known to be unsuitable.

# Summary of findings

## 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.

We saw that safeguarding procedures were in place and staff had received up to date training in safeguarding adults. We saw that staff managed people's medicines safely.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



### Is the service effective?

The service was effective.

People told us they enjoyed the food provided in the home. We observed activities over lunchtime and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

We saw there were arrangements in place to ensure staff received and completed relevant training. Staff were provided with regular supervision and an annual appraisal of their work performance. They were also invited to attend and participate in staff meetings. This meant that the staff had opportunities to discuss their work and the operation of the home.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The home had policies and procedures in relation to the MCA and DoLS. From discussions with staff we noted they were aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests.

Good



### Is the service caring?

The service was caring.

We saw that people were well cared for. We saw that staff showed patience and gave encouragement when they supported people. Some of the people were unable to tell us if they were involved in decisions about their care and daily life activities due to their level of dementia. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone commented on the caring, kindness and gentleness of the staff at Sable Cottage. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care. We saw that staff addressed people by their preferred name and we heard staff explaining what they were about to do and sought their permission before carrying out any tasks.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. People and relatives we spoke with said that they had been involved in the care plan process and confirmed the plans reflected their current needs.

People knew how to make a complaint if they were unhappy. We looked at how complaints were dealt with, and found that when concerns or complaints were raised the responses had been thorough and timely. People were therefore assured complaints were investigated and action was taken as necessary.

## Is the service well-led?

The service was well led.

The home had a registered manager who had been registered with the Commission for 18 months. All people and staff spoken with told us the home was well managed and organised.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had quality assurance systems to monitor the service provided. Records seen by us showed that any shortfalls identified were addressed.

**Good**



# Sable Cottage Nursing 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 checked 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 14 October 2014 and was unannounced.

We spent time observing care in the dining rooms and used the short observational framework (SOFI) as part of this, which is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people’s bedrooms (with their permission) and the communal areas. We also spent time looking at records, which included people’s care records, staff recruitment files and records relating to the management of the home.

The inspection team consisted of a Lead Inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service. They confirmed that they had no concerns regarding the home.

On the day of our inspection, we spoke with 15 people who lived at Sable Cottage, six relatives who were visiting the home, the registered manager and seven members of the staff team.

# Is the service safe?

## Our findings

People who used the service and their families told us they felt safe and secure in the home. People who used the service commented “I’m definitely safe here” and “I know I’m safe here.” One relative said “I’m glad she’s here, safe and being well looked after.” People said they could talk to a member of staff or the registered manager to raise any concerns about their safety. We observed interactions between people living in the home and the staff and saw that there was a warm and friendly atmosphere.

We looked at staff rotas over the previous four weeks, which showed the staffing levels at the home. We saw that one nurse and six care assistants worked during the day and were supported by a team of ancillary staff. The registered manager said these staffing levels currently met the needs of the people living at Sable Cottage. The ancillary staff included cooks, a kitchen assistant, domestic assistants, a maintenance man and an activities coordinator. The registered manager was supernumerary to the rota. The registered manager confirmed that they currently had one staff vacancies for a nurse. They said they usually managed to cover shifts with staff who were prepared to do overtime or by using a local agency. People who lived at Sable Cottage said, “The staff are pretty good” and “The staff are very good, very nice and treat me very well. I’m very lucky to be here.”

We saw during our visit that there were sufficient staff to support people when they required. Call bells were answered promptly and people’s needs were attended to in a timely manner. We spoke with one person who said “We have the best care anyone could want.”

We spoke with the staff and registered manager about safeguarding procedures. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. We saw the training records and spoke with staff who had undertaken the training, they were able to tell us the right action to take so that people were protected. The training records showed that staff undertook safeguarding training on an annual basis. This meant staff had the knowledge and understanding of what to do if they suspected abuse was taking place.

We looked at recruitment records of four staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant

checks had been completed before staff worked unsupervised at the home. The registered manager explained that potential staff were offered visits to the home prior to employment to see what the role entailed and to ensure this was what they wanted to do. She said that it also gave her and the senior staff the opportunity to observe them in the home. We discussed the induction programme with staff members. We were told that it consisted of mandatory training and one person explained that she had been well supported from the beginning and had received basic training in moving and handling, fire awareness, first aid, safeguarding adults, basic care and had clearly understood how to maintain the privacy and dignity of people who used the service. They also said they received a copy of the employee handbook which detailed information about the home; key policies and contractual information. This meant that people were supported by staff who had received appropriate checks to ensure they were not unsuitable to work with vulnerable adults and had received induction training appropriate to their role.

We looked at three people’s care plans and risk assessments and found these were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, falls, nutrition, pressure area care and continence. We saw that falls risk assessments had been undertaken and where a high risk was identified further intervention was sought and specialist equipment put in place to reduce the risk.

We saw that the home used a monitored dosage system for medication. The system, called bio dose had a tray of weekly medication pre-dispensed into sealed pots. Each pot named the medication included and the tray also had a photograph of the person to help ensure the identity of who the medication was for. Medicines were stored safely in locked trolleys and a secure cupboard for extra supplies and controlled drugs. Records were kept of medicines received and disposed of. The Medication Administration Record sheets were correctly filled in, accurate and all had been signed and dated with the time of administration. We saw authorisation forms had been signed for homely

## Is the service safe?

remedies by a GP, although this was not a legal requirement. We were told that it was an additional safety precaution and supported the audit trail for the medicines audits which occurred every week and month.

We found that the home was clean and hygienic. Equipment was well maintained and serviced regularly which ensured people were not put at unnecessary risk. We

saw the service had a maintenance plan for redecoration and refurbishment in place. This showed details of each room with the condition of the decoration and fittings and furnishings. The registered manager said this enabled her to prioritise work within the home. People commented “This home is lovely and clean” and “It’s always welcoming and there’s never any smell.”

# Is the service effective?

## Our findings

Some of the people who lived at Sable Cottage could not tell us if they were involved in decisions about their care because they were living with dementia. However, we saw that people were involved in decision making in many aspects of their daily life. For example people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity.

We had a discussion with the registered manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards provides a legal framework to protect people who need to be deprived of their liberty for their own safety. The staff spoken with during the inspection understood the importance of the MCA 2005 in protecting people and the importance of involving people in making decisions. The registered manager confirmed they had a copy of the Act's codes of practice and understood when an application should be undertaken. She said that they had made 23 applications recently for non-urgent DoLS and were waiting for a response from the local authority. We noted that the home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw that mental capacity is assessed on admission and as necessary, by using an audit tool and capacity test.

Some people we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. On looking at people's care plans we noted there was information and guidance for staff on how best to monitor people's health. We noted records had been made of healthcare visits, including GPs, optician, practice nurse and the stoma nurse. We saw that the local GP visited each week and people confirmed the staff contacted their doctor when they were unwell.

We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people's needs across the day and provided current information about people's support needs. When a person's need for extra support was identified, specialist advice was sought from the appropriate professionals. For example medical reviews

had been undertaken by the stoma nurse and GP. A relative described the services provided for her husband have included a speech therapist referral, but added "They struggle to get a chiropodist."

There were systems in place to ensure all staff received regular training, which included moving and handling, fire safety, safeguarding, health and safety, infection control and food hygiene. Staff spoken with confirmed the training provided was relevant and beneficial to their role. Staff undertook a range of other training in nutrition, end of life care; medication; dementia awareness, equality and diversity and basic life support. Staff also undertook National Vocational Qualification (NVQ) training in levels 2 and 3. This is a nationally recognised qualification and meant that people who used the service were supported by staff that had good knowledge and training in care. During discussions with staff they confirmed that training was good. Staff commented, "training and support was very good." During our visit we observed staff were efficient and worked well as a team.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. Staff also had annual appraisal of their work performance and were invited to attend regular meetings. Staff confirmed how handovers were conducted. We were told that information is verbally passed on between night staff and day staff. This ensured staff were kept well informed about the care of the people who lived in the home. We spoke with six staff who were part of the care team. They were knowledgeable about the people in their care and the support required to meet their needs.

We observed the care and support provided at lunchtime. On the residential unit where people who are living with dementia lived, we saw the tables were laid with cutlery but no glasses or salt and pepper were put on tables. (Glasses were added after the main course had been served). This meant that people did not have the opportunity to add extra condiments to their meals or have a drink prior to the meal being served. One person asked for salt and this was given to them, but not offered to other people at the tables. On the unit where people required

## Is the service effective?

nursing care the atmosphere in the dining room was pleasant. The tables were laid nicely and linen napkins were provided. People chose where they wanted to sit and one lady chose to sit on her own.

On both units the meal was well served by the staff team. Attention had been paid to people having a choice of meal which had been checked with them the day before. We observed that staff on lunch duty were very attentive to people's needs, some of whom needed assistance with eating. They talked to people in a friendly manner as they served the food. People we spoke with were complimentary about the food. People said "Food's good, good and solid. I eat everything", "Food's not too bad, we have choices – two choices for the main courses (lunchtime) and then we have choices at tea time" and "We're well fed."

We found the food looked appetising on the day of our visit and all people told us they had enjoyed their meals. People were offered three meals a day and were served drinks and

snacks throughout the day. We saw staff being available to attend to people's needs and offering drinks and interacting with them. We saw in the care plans that risks associated with poor nutrition and hydration were identified and managed as part of the care planning process. The home had a two week rotational menu. The chef had a good knowledge of people's likes and dislikes and any special dietary requirements. The registered manager explained that dietary preferences included vegetarian, diabetic and soft and pureed meals.

We discussed with the registered manager the differences we had found during the mealtime experience between the nursing and residential EMI dining rooms. The registered manager was surprised at the differences in the experiences and agreed to look into this. Following the inspection we received information from the registered manager which showed she had completed her own observations of mealtimes and followed up on the points we raised.

# Is the service caring?

## Our findings

We spoke with 15 people who lived in the home and six visiting relatives and asked them how they and their relatives preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff at Sable Cottage.

People told us their dignity and privacy were respected when staff were supporting them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person's own bedroom, en-suite or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and asked people if it was alright before carrying out any intervention. This meant people who lived at the home were treated with dignity and respect and the views of their relatives about the way care and support was provided were listened to.

During our observations we used a short observational framework for inspection (SOFI) to gather information about the experience of care from the point of view of people who used the service, alongside other information we would usually gather during an inspection. As part of this we also spent some time in the dining rooms and lounge areas. We saw good staff interaction with people. Staff were caring, kind and gave people time to make decisions for themselves.

We saw that staff showed patience and understanding with the people who lived at the home. We saw good interactions throughout the day and all the staff we observed maintained people's dignity and showed respect. We saw when a family visited that staff offered them refreshments on arrival. Another example was person who

lived at the home and his wife talked about how he enjoyed going to the monthly Stroke Club meetings in Northwich. She said he doesn't get back until 9.30pm but arrangements have been made to provide support for him on his return. Staff and management were described as "Very accommodating."

The registered manager and staff showed concern for people's wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were provided with appropriate information about the home, in the form of a service user's guide. We saw a copy of this located in the reception area. The service user's guide ensured people were aware of the services and facilities available in the home. Information was also available on the noticeboard about activities at the home and advocacy services. These services are independent and provide people with support to enable them to make informed choices. None of the people living in the home were in receipt of these services at the time of the inspection.

There were policies and procedures for staff about the aims and objectives of the service. This helped to make sure staff understood how they should respect people's privacy, dignity and human rights in the care setting. The staff spoken with were aware of the aims and were able to give us examples of how they maintained people's dignity and privacy. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

# Is the service responsive?

## Our findings

We saw that the home had a plan of weekly activities. On the day of our visit we saw the activities coordinator engaging with the people who lived in the home with bouncing a large inflatable ball back and to, to one another, and the people appeared to be enjoying this. A member of staff was chatting with them and another care assistant joined in from time to time. It was obvious the staff knew the people well and there was a good relationship between them. A relatively new resident had joined the group and staff made sure she was included.

We saw that interaction between staff and people who lived in the home was friendly and caring and that people responded well. People told us “staff were kind and caring, very much so. I’m so lucky to be here I wouldn’t want to be anywhere else” and “I love it here.”

We saw evidence to show that staff knew the life histories of people living with dementia. For example, on speaking with staff they obviously knew the backgrounds of the people who lived at the home. There was a kitchen area to the side of the lounge and staff explained one lady loved washing up and tidying round which staff encouraged. Another person had worked in administration for many years and staff said she enjoyed helping them sort paperwork and filing.

We saw a planned schedule of activities for each week. This included regular external entertainers, weekly coffee morning, film sessions, bingo, crosswords, quizzes, baking, reminiscence therapy, walks in the village, hairdresser and

crafts. The registered manager explained there were strong local community involvement which included the local primary school, Methodist church and chapel. We saw in the entrance hall photographs of activities that had recently taken place. Minutes of a recent residents and relatives meeting showed that activities were discussed and people were happy with the planned activities.

We looked at three care plans and other care records for people who lived at Sable Cottage. The care plans were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan, risk assessments and daily record sheets which we saw were up to date.

Visitors and people who lived at the home told us they would feel confident in raising issues with the registered manager if they needed to. One person who lived at the home said “Anything troubling you they put it right.” One visitor said they never had to complain. Another commented “Nothing is too much trouble. They’re always responsive to any issues.” We saw a copy of the complaints procedure was available in the foyer. This contained details of how to make a complaint about the service. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We looked at how complaints were dealt with, and found that when concerns or complaints were raised the responses had been thorough and timely. We have not received any concerns about the service since the last inspection. We saw a number of cards and letters complimenting the service during the visit.

# Is the service well-led?

## Our findings

At the time of our inspection visit the registered manager had been registered for 18 months, however, she had worked at the home for 11 years. We saw the registered manager during this visit and during discussions we found they had a good knowledge of people's needs.

Observations of how the registered manager interacted with the staff and comments from staff showed us that the leadership was good and a positive influence on the home. All staff we spoke to described the manager as "very supportive." We also spoke to people who lived at the home and visitors. One person described the manager as "a very kind person, very approachable." A health worker praised "the continuity of staff" plus she confirmed it passed the "mum's test." All people spoken with confirmed that the staff and the management were approachable, and interested in their views. The registered manager also reported the good relationships with the local G.P practice and some community groups all of which benefit the people who lived at Sable Cottage. She also confirmed the owners of the home were "very supportive and responsive to the needs of the service."

We spoke with the local safeguarding team and local authority contracts team. They both confirmed they had no concerns about this home. This showed the service worked well with other agencies and services to make sure people received their care in a joined up way.

We had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities to the people who lived at Sable Cottage and the management team.

We saw the home had systems in place to monitor and review the service provided. These included audits for falls, medication and health and safety. The registered manager

carried out audits on a "safety thermometer" form which covered a wide range of areas including care plans, DoLS assessments, pressure care and falls. She also completed the "CQUIN" form (which is required by the NHS as they purchase services from this provider) and included information on quality assurance; DoLS assessments; infection control, falls and end of life care. We saw evidence of the recent audits produced. The registered manager told us that any patterns highlighted in the "CQUIN" form were emailed to her from the NHS monitoring support unit. She also explained these audits gave her the opportunity to look at the service as a whole and use information gathered to maintain and improve standards at the home.

The registered manager conducted questionnaires with people who lived at the home and relatives in August 2014. We noted from the analysis of the returned questionnaires that people and their relatives said they were happy with the care and support they received. Comments included, "Staff made us feel welcome", "Friendly atmosphere", "Impressed with the kindness of the staff", "The provision of activities has rejuvenated her" and "The general demeanour of staff on most occasions is impressive." Where concerns had been raised about car parking; emergency call bell not accessible to a relative; and time taken to answer the door these had been addressed in the action plan which was added to the analysis.

People who lived at the home and their relatives had the opportunity to voice their views of the home. There was a weekly coffee morning which people who lived at the home and relatives and friends could meet. This was an informal social occasion where people can discuss issues and concerns with staff and the registered manager. Also there were regular meetings for people who live at Sable Cottage, their relatives and friends. The last meeting was 9 October 2014. Issues discussed included meals, call bell system, decoration of the home, annual bingo and changes of staff in the dining room at mealtimes. A copy of the minutes were seen on the noticeboard. This meant that people had the opportunity to discuss issues with the management, and that the home had sought the views of people who lived at the home.