Sable Care Limited

Sable Care Limited - 2-4 Balmoral Road

Inspection report

Balmoral Road
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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

We inspected Sable Care Ltd on 5 December 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission. The service provides support with personal care to adults living in their own homes. One person was using the service at the time of our inspection and care was being provided in a supported living setting on a 24 hour basis. As part of our inspection we visited the person who used the service at their supported living facility with their permission.

The service had an acting manager in place for two months at the time of our inspection and was awaiting the outcome of her application to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe and had practices in place to protect people from harm. Staff were knowledgeable about what to do if they had any concerns and how to report them.

Risk assessments were thorough and staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the person who used the service and staff demonstrated that they had the relevant knowledge to support the person with their care.

Recruitment practices were safe and records confirmed this.

Medicines were stored, managed and administered safely.

Newly recruited care staff received an induction and shadowed senior members of staff. Training for care staff was provided on a regular basis and updated when relevant.

Care staff demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis.

People were supported with maintaining a balanced diet and the person who used the service chose their meals and expressed their preferences accordingly.

People were supported to have access to healthcare services and receive on-going support.

Positive relationships were formed between care staff and the person who used the service and care staff

demonstrated how well they knew the person.

The service supported people to express their views and be actively involved in making decisions about their care.

The service promoted the independence of the person who used the service.

Care plans were detailed and contained relevant information about the person who used the service and their needs. Care plans were reviewed and documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this.

The manager for the service had a good relationship with staff and the people using the service and their relatives. There was open communications between all parties.

The service had quality assurance methods in place.

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 and protected the person who used the service from harm.

Care staff knew how to report any concerns and how to escalate them accordingly.

Risk assessments were robust.

Staffing levels were meeting the needs of the person who used the service and a regular group of staff was used for consistency.

Medicines were stored safely and administration records were kept. Medicine audits were completed daily.

Is the service effective?

Good

The service was effective. Care staff received training relevant to their role and newly recruited care staff took part in an induction and shadowing.

Consent to treatment was sought and recorded.

People were supported to have sufficient to eat and drink.

People were supported to access health professionals.

Is the service caring?

Good

The service was caring. Care staff and the person who used the service had formed positive relationships.

The service supported the person who used the service to be involved in decisions about their care and their independence was promoted.

Dignity and respect was adhered to.

Is the service responsive?

Good

The service was responsive. Care plans were reviewed and people and their relatives were part of reviews and meetings.

People knew how to complain.

People were supported to follow interests and preferences.

Is the service well-led?

Good

The service was well led.

Care staff felt supported in their role and team meetings were taking place on a regular basis.

Quality assurance practices were in place.

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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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts.

The inspection was carried out by one inspector. On the day of the inspection we spoke with the person who used the service, a care coordinator, one care worker and the quality care officer. During our inspection we observed how the staff interacted with the person who used the service. After the inspection we spoke with one family member of the person who used the service and the acting manager. We looked at one care file, risk assessments, daily records of care, medicines records, audits, four staff recruitment files, training records and policies and procedures for the service.

Good

Is the service safe?

Our findings

A relative of the person who used the service told us, "Yes, [person] is safe."

We saw that policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. One care worker told us, "I've had safeguarding training and it was very comprehensive." Care staff understood the different types of abuse and told us they knew how to report any concerns. One care worker said, "I'd report it to the manager and if I suspected the manager I'd tell head office." In terms of whistleblowing one care worker told us, "I'd raise an alert and I'd definitely feel protected."

Risk assessments were carried out and were thorough and robust. We saw risk assessments in place for personal care, accessing the community, health needs, environment and medicines. For example, the person's risk assessment for personal care stated, "[Person] needs supervision when in the toilet, [person] can use the toilet however there is a risk of falls." The risk was assessed as "Low" but the service created a mitigation plan that stated, "[Person] can express himself and will ask staff if he needs help in the bathroom, staff will need to monitor him to prevent any falls due to disability. [Person] will need to be encouraged." The risk assessment in relation to health needs, namely epilepsy stated, "[Person's] seizures have been well managed however most of the seizures are during the night after falling asleep." The risk assessment contained a detailed account of what happened during the seizure, the action to take, which medicine to administer and when to call the emergency services. A care worker told us, "If a seizure is prolonged we will give medicine and call an ambulance." This meant that risk assessments were systematic and provided care staff with details of what risks looked like and what to do to prevent and minimise them. The care coordinator told us, "Our risk assessments give good insight on risks and triggers. It's about how to minimise those risks."

The service also had risk assessments in place for behaviour management. For example, risks included, "Verbally abusive by shouting, swearing, violent and aggressive behaviours." There was an "Action to be taken" section that stated, "Each time these behaviours are displayed, [person] should be told firmly that this is not acceptable and should be encouraged to calm down. Sharp objects need to be kept in the lockable cabinets at all times." The risk assessment also stated, "If [person] appears to be aggressive and if there is any risk of attacking staff, staff to speak to [person] politely and ask him and find out the reason why he is upset. Staff need to explain to him that staff are always there to help him. Give [person] space to calm down and staff to ensure environment is safe." This meant that the service was aware of the person's behavioural challenges and had action plans in place to manage them safely and robustly.

Care plans contained personal emergency evacuation plans (PEEP) which is a personalised 'escape plan' for individuals who may not be able to reach a place of safety unaided, for example in the case of a fire. The PEEP for the person who used the service was pictorial, making it suitable for their communication needs. Care workers told us they knew what to do in an emergency or if the person they cared for was feeling unwell. One care worker told us, "If [person] is feeling unwell he'll tell us, we have had first aid training, we know what to do."

Accident and incident policies were in place. Procedures of how to raise alerts were clearly documented in the relevant policies. Accidents and incidents were documented and recorded and we saw instances of this.

The service had a robust staff recruitment system. All staff had references and criminal record checks were carried out. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service.

Staffing levels were meeting the needs of the person who used the service and the staff rota reflected this whereby there was always two staff on duty. A care worker told us, "[Person] has four main care workers." The care coordinator explained, "We like to keep continuity by having consistent care workers. [Person] likes to know who's coming on shift and he knows his regular carers really well." The care coordinator continued to explain, "We've got a pool of staff that we use if there are any unexpected absences. We'll go to his regular carers first and if they can't make it we've got a bank of staff and he knows the bank staff too." This meant that consistent care was being provided with regular carers.

Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. A care worker told us, "I had to have the medicines training first before being able to administer. I feel confident and I'd know what to do in an emergency, for example if [person] had a seizure." This meant that medicines were managed and administered safely by staff trained in medicine administration.

The care coordinator told us and records showed medicines audits were carried out daily. This involved observation of staff whilst they administered medicines and recorded elements such as whether start dates were correct on medicine administration records (MAR), whether the number of tablets left matched the balance expected from the MAR chart and whether refusals were recorded. Any potential side effects from the medicines administered were listed and documented if they occurred. The care coordinator told us, "Audits are carried out every day. We look at quantity, how much is administered and what is left. We also look at signatures and compare this with the rota to be thorough. We count everything and there are no assumptions to be made." This meant that medicines were managed safely and we saw that medicines were stored in a locked safe.

The care coordinator told us the person who used the service received money via the Local Authority as part of their care package. Financial records of the people using the service did not show any discrepancies. The service kept accurate records of any money that was given to people and kept receipts of items that were bought.

Good

Is the service effective?

Our findings

Newly recruited staff took part in an induction which included reading policies and procedures and shadowing more senior members of staff. One care worker told us, "During our induction we had a work book and checklist once we had completed tasks and our manager would go through it and look at how we interact with clients and they also observe us." They also told us, "I did shadow on both a day and night shift. It was very useful."

Care staff received supervision approximately six times per year and records confirmed this. Supervision topics included the rota, safeguarding, wellbeing and service users. The care coordinator told us, "Supervision is important." A care worker explained, "During supervision I can express myself. The deputy manager supervises me and we talk about how we feel, if we need any support, whether we are happy and generally how we are. We get feedback and we talk about procedures and practices." Care staff also received an annual appraisal which focused on areas such as job knowledge, personal development, attendance, punctuality and training. Records confirmed that all staff had received an appraisal in the past year.

The service had a training matrix which detailed when staff had last undertaken training in each topic and when they were next due to have it. This showed that staff were up to date with training. Training topics included behaviour management, personal hygiene, mental capacity, first aid, health and safety, and key-working. The care coordinator told us, "We have online training which means we can always go back and refresh ourselves meaning we don't have to wait for training. We all have log in details for any time we need refresher sessions." One care worker told us, "I think the training is good, it's thorough and relevant to my role."

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.

A care worker told us, "Consent and capacity is about people giving us the permission to help them. It's their free will." The care coordinator explained, "It's about giving freedom of choice and not restricting them. Every person has the capacity until proven otherwise." The person who used the service was able to consent to care verbally and also by signing their care plan and risk assessments.

The service supported people to have sufficient amounts to eat and drink. Care plans contained information about likes and dislikes in relation to food, as well as religious and cultural needs, for example culturally specific food. In addition, care plans contained detail about whether support was required whilst eating for example, "[Person] is able to feed himself with a spoon and can also drink by himself. He cannot prepare meals, staff need to prepare all meals and cut into small pieces." During our inspection we observed that

this was happening during lunch time. Food menus were developed with staff and the person who used the service. One care worker told us, "We plan the menu with [person] bit he rarely sticks to it. That's why we have an 'actual menu' which we record what he has actually eaten." We looked at records of the 'actual menu' and saw that when the person who used the service wanted to eat something that was not on the menu, this was adhered to and recorded. This meant that personalised care was being provided, in line with the person's preferences. One care worker told us, "With food shopping, we ask [person] what they would like and he'll give us a list. If he likes something he'll keep the packet and will want that specific brand again, which we will get for him."

People who used the service were supported to have access to healthcare services and we saw records of people's healthcare appointments and visits which were documented in their care plans, for example the person who used the service had recent records pertaining to a GP visit. We saw records showing that referrals to healthcare professionals were made and visits that took place for example, dentist, optician and community learning disability team. During our inspection, the person who used the service wanted to speak with their social worker. Care staff ensured that this was arranged and the person who used the service was given privacy to speak to their social worker on the telephone. This meant that the person's health and social needs were being adhered to and respected and that relevant professionals were accessible to the person.

Good

Is the service caring?

Our findings

The person who used the service told us, "They [care worker] help me."

A relative of the person who used the service told us, "Staff are very good with [relative]. [Care worker] is very good, a humble person, the staff care." The relative told us that the service always communicated with them, for example, "If anything happens they let me know, they always inform me. They are doing a good job."

The service promoted the independence of the person who used the service. The care coordinator told us, "We teach independence. For example, if [person] can do certain things according to his level of ability we support that. Key-working sessions help us support [person]. He tells us what he wants, he'll ask for paper to write down his views. We keep his notes each time and we'll tell him how far we've got, for example today he was asking to speak to his social worker so we have arranged for this to happen." A care worker we spoke with told us, "We promote [person's] independence; he can get dressed and eat independently. Sometimes he doubts himself so you have to encourage him."

On privacy and dignity, the care coordinator told us, "We do have more female staff but with personal care we try to have more male staff as this is what [person] has requested." A care worker told us, "[Person] has got certain preferences. He wants male staff to give him personal care and we do so when male staff are on shift, which meets his needs." During personal care, the care worker told us, "We pull the curtains and get him to do as much as can on his own to promote his independence. All of our towels are quite big and we hold it up s when he gets out of the shower he's dignified and given privacy." The care worker also told us, "[Person] gets private time. He'll go to his room and he's quite clear, he'll express himself and will shut his door but he prefers to be around people. I feel confident that he likes me and he tells me. We have a good relationship."

A care worker told us about involving the person they supported with decisions, "We have to ensure that [person's] needs are met with choice as to how he wants them to be delivered and allowing him to make decisions. I can't impose my views on him." The person who used the service told us, "I make choices." The relative of the person who used the service said, "They always offer him choice and if we doesn't want to agree they let him cool down, they are professional and good."

The service supported people with their cultural and religious needs. The person who used the service had expressed a need to learn how to pray and a care worker with the same religious background was supporting them in doing so. The care coordinator told us, "There are two care workers from the same background who help him stay in tune with his culture. [Person's] cultural needs are definitely being met." This meant that the person who used the service was receiving care in a personalised way in accordance to their needs and requests.

Good

Is the service responsive?

Our findings

The care plan we looked at was personalised and contained details about likes, dislikes, preferences and routines and was documented as being developed with information from the person who used the service, their relatives and social worker. For example, the person's care plan stated, "I would like my support worker to have similar interest to me and preferably the similar background to me." Two care workers who worked regularly with the person who used the service were of the same background and religion and one of the care workers told us, "I have worked with [person who used the service] for one and a half years. I know him well." The care coordinator explained to us, "I read his care plan and it's the first thing we do to get to know the person. Care plans have a lot of detail and we are always updating them, things change and we carry out reviews every three months unless something significant changes." Records confirmed that reviews were taking place every three months. A relative of the person who used the service told us, "The service involve me and we have meetings, I am informed about the care plan."

The person's care plan also stated that they liked, "Take-away's, fizzy drinks and water, music and dancing and movies." During our inspection we observed that these likes were being accommodated to. The person who used the service chose to watch movies on the television and dance along to the music of their choice. In addition, daily records of care were reflective of the person's interests, for example a recent entry from December 2016 stated, "[Person] ate chicken biriyani with okra and potato curry for lunch. Watched movie in lounge on laptop."

Care plans contained details about communication needs, for example for the person who used the service, theirs stated, "[Person] cannot read and has difficulties in writing. Staff to use various forms of communication such as visuals and auditory to transfer information in order for [person] to understand more effectively. Visual displays should be clearly displayed so that [person] has appropriate information to understand." The person's care plan was pictorial and the person who used the service told us how much they enjoyed using their laptop and staff explained that it was an effective tool for the person to communicate and express themselves. One care worker told us, "[Person] is an internet fanatic and he has a brand new laptop and watches a lot of YouTube." The person who used the service reiterated this and told us, "I like my laptop and I like watching videos on YouTube."

We saw records of an activity planner which included things like football, trampoline, movies, music, prayer, card games and puzzles. The person who used the service told us they liked, "Watching movies and using the laptop," and we observed that the person's chosen activities for the day were being adhered to and they were supported with them where necessary. A care worker told us, "We do go out in to the community but depends on what mood [person] is in. He has made a list and wants to go to the sea side. This year we drove past the London Eye which got him interested. He has been to the [place of worship] which he requested and he goes regularly depending on his mood. It can be spontaneous but we encourage him as I go to the [place of worship] myself."

The service operated a 'key-working' system which meant that care staff were allocated to people who used the service for the purposes of getting to know them person and being a port of call for them. We saw

records of key-working sessions that stated, "Staff to explore through key-working and one to one discussions what makes [person] sad, how he can look after himself, what does he enjoy doing and exploring alternatives to challenging behaviour." A recent key-working session from December 2016 saw discussions around personal hygiene and stated, "Encourage [person] [with personal hygiene]." The responses from the person who used the service were also documented. This meant that discussions and suggestions were recorded and documented for the purposes of maintaining the person's care. The care coordinator told us, "Key-working sessions are about exploring what [person] finds interesting. It's an advocate and educations role [being a key-worker]."

The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. A relative of a person who used the service told us, "If I had a complaint I'd tell the manager. I don't have any complaints."

Good

Is the service well-led?

Our findings

The care coordinator told us about the management structure of the service and said, "The manager is very supportive and you can learn a lot from her. We can go to head office at any time, they are friendly and welcoming." They also said, "I feel supported and I get a lot of guidance from management." The manager told us they were in the process of submitting their application to become the registered manager. They explained, "I have worked in the organisation for five years managing units, staffing, and making sure service users get the best care."

The manager told us about the support they received stating, "The quality care officer supports me. Every week we meet. I feel supported in my role."

The service had various quality assurance and monitoring systems in place. The service carried out spot checks and records confirmed this. The care coordinator told us, "We will have one to one's with [person who used the service] and record it and put it down as a discussion. We also speak to the person's relatives on most days and record this in the daily records of care." Records showed that discussions with relatives were written down, as were discussions with the person who used the service. The care coordinator advised that this was a good way of monitoring the service and keeping track of any changes. The quality manager also told us, "We only have one service user so quality assurance practices are bespoke. We tend to do an on-demand service. If [person] doesn't like something, we change it. It's driven by [person who used the service]."

Care workers wrote in a handover book on a daily basis and told us this was a way of ensuring consistency of care. Handover records we looked at focused on aspects such as whether the house was clean and tidy, whether the bin was emptied, whether there were any appointments care staff needed to be aware of any whether the person who used the service was present at handover.

Team meetings were held on a quarterly basis and records confirmed this. We saw recent minutes for meetings and discussions took place around the person who used the service, activities, staff supervision, medicines, support plans, risk assessments and training needs.

Records confirmed that there was a monthly 'resident' meeting where care workers and the person who used the service discussed activities, contact with family, shopping and food. The person's feedback was compiled and recorded and used for the purposes of ensuring the person who used the service was supported and that their needs were being met.

The relative of the person who used the service told us they attended a yearly meeting with the service to discuss any concerns. The manager told us, "We always want to improve the quality of the service and we do this by having one to one discussions with service users, their relatives and looking at whether they want to change anything." The manager also told us, "Whenever I come on shift I will talk to [person who used the service] and see if he's happy and if he's getting the care he wants."