

Abbey Care Direct Ltd

Sabrina House

Inspection report

49 Longden Road
Shrewsbury
Shropshire
SY3 7HW

Tel: 01743358929

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Sabrina House is a residential care home that is registered to provide accommodation and personal care to 14 people. At the time of our inspection 14 people were receiving regulated activity at Sabrina House.

People's experience of using this service:

People told us they felt safe living at Sabrina House. We saw systems and processes continued to be implemented to keep people safe. Although systems were implemented, we noted new arrangements for the safe management of medicines had been recently implemented at the home. We found good practice guidelines were not always followed. We have made a recommendation about this.

We were repeatedly told by health and social care professionals and relatives that care was provided in a person-centred way which enabled people to experience very positive outcomes. Staff were committed to and worked innovatively to promote health and well-being. They embraced good practice guidance and training to enable them to deliver person-centred support. The service had recently been presented with the Creative Inspiration Musical Care Home 2018 award at a Creative Health Conference in recognition of the work completed by staff to increase well-being through music.

Contact with community resources and support networks were encouraged and sustained. The service understood the importance of combatting isolation and encouraged people to develop and maintain relationships. The home was an active part of the community, having links with nearby schools and colleges. One child who had been involved in some work with people who lived at the home had described the experience as, "life-changing".

People, relatives and health and social care professionals told us staff were kind and caring and often exceeded expectations. The service understood the importance of protecting people's human rights; dignity, independence and privacy was always considered and promoted.

People's received timely support to ensure their health care needs were met. We received repeated praise from relatives and health and social care professionals. They said people's health had improved because of effective care being provided at the home.

People told us they were happy with the quality and choice of food provided at the home. They said they were consulted with and personal preferences were taken into consideration.

Consent was recorded in people's care files and relevant deprivation of liberty applications had been submitted when people were being deprived of their liberty. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Everyone we spoke with repeatedly told us the home was well-led. Our observations showed this was the case. The management team and staff had clear roles and responsibilities and were committed to ensuring the service was high performing. Regular audits of the service took place to ensure care was safe, effective and in line with regulation.

Managers and staff had a clear vision of what was required of a quality service and ensured this was maintained. Feedback was continuously gained from all parties to develop and improve the service.

Staff told us they were adequately supported by the management team and said training was good. They repeatedly said morale was good and all staff who worked at the home genuinely cared.

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

Rating at last inspection:

At the last inspection the service was rated good (published 25 October 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service improved to outstanding.

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service remained good.

Details are in our Well-Led findings below.

Sabrina House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection visit was carried out by one adult social care inspector.

Service and service type:

Sabrina House 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 the service 1 days' notice of the inspection site visit because the registered manager oversaw two services and we needed to be sure the registered manager would be available to support us with the inspection.

What we did:

We reviewed information we held about the service. This included previous inspection reports and notifications submitted by the provider related to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home. We also spoke with Shrewsbury local authority contracts and commissioning team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This allowed us to gain information related to the quality and safety of the service being provided.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information submitted by the provider to plan and guide our inspection. We used our planning tool to collate and analyse this information to help us plan our inspection visit.

During the inspection we spoke with four people, four relatives and five health and social care professionals who had input into the home. We spoke with three members of care staff, the cook, the deputy manager and the registered manager.

To gather information, we looked at a variety of records. This included care records related to four people who lived at the home. We also looked at other information related to the management of the service. We did this to ensure the registered manager had oversight on the home and to ensure the service could be appropriately managed.

After the inspection we continued to speak with the registered manager to corroborate our findings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm.

Using medicines safely

- The registered manager was aware of good practice and the importance of ensuring medicines were safely managed but processes were not consistently applied.
- The provider had recently changed medicines processes at the home and staff were now required to administer medicines from original packaging. Staff acted diligently and took their time when giving medicines to ensure people received the right amount and the right medicines. Staff checked medicine stock balances prior to administering medicines to ensure stock balances and recording of stock on the medicines administration record (MAR) balanced. Staff stayed with people and observed them taking their medicines, so they could be assured people had taken them as directed.
- Although staff acted diligently we saw good practice recommendations were not always considered and implemented. For example, one person's food thickener had not been stored securely in line with guidance. Also, when people required time specific or variable dose medicines, records were not always suitably completed to reflect when medicines had been given or the amount given. We discussed the highlighted concerns with the registered manager, they agreed to take immediate action to ensure medicines processes were consistently applied in line with good practice guidance.

We recommend the registered manager consults with and implements good practice guidelines to ensure medicines are managed properly and safely.

Assessing risk, safety monitoring and management

- The provider had systems for assessing, monitoring and managing risk.
- We saw individual risk had been assessed and plans implemented to keep people safe. For example, when people had been identified as at risk of falls, staff completed a risk assessment to manage and reduce risk.
- Although individual risk had been considered, we found environmental risks were not always appropriately addressed and managed in line with good practice. We found good practice guidance relating to managing the risk of falls from height and the safe usage of bed rails had not been consistently implemented. We discussed the highlighted concerns with the registered manager, who took immediate action to ensure good practice was consistently applied to manage risk.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to protect people from the risk of harm of abuse.
- Staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety. We saw the providers safeguarding policy was on display in public areas, so people, relatives and staff could independently report concerns to the local authority safeguarding team or CQC.

Staffing and recruitment

- People, relatives and a visiting health professional told us they were satisfied with the staffing levels at the home. One person said, "You can always find a staff member when you need one."
- Staff said staffing levels were suitable to meet people's needs. They said they were not rushed and had time to carry out their duties and spend time with people. They told us rotas were flexible and extra staff could be added to the rota if people's needs changed. Observations made during the inspection visit showed staff were not rushed and had time to carry out their duties and sit and chat with people.
- Staff confirmed processes continued to be followed to ensure staff were safely recruited. This included carrying out pre-employment checks and a disclosure and barring service check on each staff member, to check their suitability for working with people who may at times be vulnerable.

Preventing and controlling infection

- Staff told us they had received infection control training. They confirmed there was enough personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control. We observed staff wearing personal protective equipment in line with good practice guidance.
- We saw guidance was on display around the home to remind staff on good practice procedures. For example, we saw information on good handwashing principles was displayed in bathrooms to prompt staff.
- People and relatives told us they were more than happy with the cleaning arrangements within the home.

Learning lessons when things go wrong

- The provider had systems to learn lessons when something went wrong. Staff documented accidents and incidents when they happened. The registered manager said they reviewed them to identify trends and themes. We saw when concerns had been identified by the registered manager action had been taken to try and reduce the risk of the same thing happening again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People, relatives and health and social care professionals told us they considered the staff team to be appropriately trained and skilled.
- All staff we spoke with told us they were happy with the training provided. They told us they were provided with training opportunities to meet the needs of the people they supported. Training was offered in a variety of formats including face to face and e-learning training.
- We spoke with two external trainers who provided training at the home. They commended the attitude of staff and their eagerness to learn and implement new skills and knowledge within the service.
- A recently recruited member of staff told us they were supported to develop key skills and provided with learning experiences at the start of their employment through an induction period. This included completing training and shadowing more experienced members of staff. They said they had been more than satisfied with the induction programme provided.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. The registered manager confirmed supervisions took place every other month. Staff told us they could contact the registered manager for advice and guidance in between supervisions.

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

- The registered manager assessed people's needs before offering a service. They did this to ensure the service could meet the person's individual needs. This included liaising with families and health and social care professionals whenever appropriate.
- We saw care plans detailed people's individual needs and reflected their wishes and preferences. The registered manager regularly reviewed and updated care plans when people's needs changed.
- We saw evidence of good practice guidance being considered when assessing and delivering care. For example, when people had specific health conditions, associated good practice guidance had been referred to within the care record.

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

- The service took a holistic approach to meeting people's health and well-being requirements. Holistic care promotes people's physical and mental health. For example, the service recognised good health could be developed through participation in community music and arts projects. One relative told us they saw a marked improvement in their family members well-being when they took part in the initiative.
- People who lived at the home told us they had access to a GP when they required one.
- Relatives told us family members experienced positive health outcomes when being supported by staff at

Sabrina House. One relative told us, "[Relative] has put on weight. They were very poorly before they came in here."

- We spoke with a visiting health care professional who told us they were consulted with in a timely manner when people had specific health needs. They told us staff used their initiative in seeking advice and guidance to ensure timely effective care.

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

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required. The cook was aware of people's nutritional needs and support requirements. Good practice guidance was used to meet people's nutritional needs.
- People who lived at the home told us they were happy with the availability and quality of food provided at the home. One person said, "The food is good."
- People's individual dietary preferences were met. One person told us staff catered for their individual likes and dislikes and offered alternative foods when they did not like what was on the menu.

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

- The service was based in an older style property and had not been purpose built. Corridors were, in places, narrow and there were some changes in floor levels within the building. The management team had considered people's needs and ability to access all areas of the building. A stair lift was present to assist people upstairs. The registered manager told us people with mobility needs did not access the upstairs area of the home.
- The home had access to a secure yard area, which was pleasantly decorated with plants. We were told people could access this space whenever they wished. Some downstairs rooms had open access into the courtyard area.
- Consideration had been taken within the environment to promote people's independence. We saw dementia friendly signage was used in areas to act as visual cues to people.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS.)

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found the registered manager had a suitable understanding of the procedure. 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, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had a good understanding of the principles of the MCA and the need to ensure people were lawfully deprived of their liberty. When restrictions had been placed upon people, the correct processes had been followed.

- From records viewed, we saw people's consent to care and treatment was routinely sought. People confirmed staff also asked people to consent to care and treatment each time before providing care.

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

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

- There was a person-centred culture throughout the service and staff were committed to making a difference in people's lives.
- People, relatives and professionals repeatedly told us staff were kind and caring. Staff were described as, "fabulous", "super human beings", "marvellous" and "very kind".
- People and relatives told us staff routinely went above and beyond to ensure people's well-being, often offering support on a voluntary basis. One relative said, "The staff go the extra mile not just once or twice but all the time." Staff were actively raising funds to purchase sensory equipment for people who lived at the home. This was done on a voluntary basis outside of work hours. One relative told us they had expressed a wish to have their family member at home for a special occasion. Staff at the home volunteered to come into work on their days off to enable this to happen. The relative said staff were willing to give up their own time with family to support their family to share special time together. They said this had meant a lot to them.
- Staff had a good understanding of equality and diversity and how this impacted upon their work and behaviours.

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

- People told us they could be involved in making decisions about their care. One person said, "We can do what we like here."
- We received positive feedback from one professional about the ways in which staff worked to enable people living with dementia to express their views. They said staff listened and reacted to people, allowing people opportunities to engage and communicate through various channels of communication.
- The management team sought feedback from people about their service on a frequent basis. We reviewed copies of residents' meetings and noted people had been consulted with about ways in which the home was run and their experiences of how care was delivered.
- When people were unable to express their own views and make decisions, the registered manager was aware of the importance of referring to advocacy services to support people. An advocate is an independent person who can assist people to make decisions about their health and well-being.

Respecting and promoting people's privacy, dignity and independence

- People, relatives and professionals told us dignity and independence were always considered. One relative said, "My [family member], despite their condition, is still my [relative], the staff have enabled, [my relative] to be 'kept intact'."
- In order to promote independence, care plans detailed people's skills and strengths and areas in which assistance was required. We observed staff promoting independence wherever possible.

- Staff understood the importance of maintaining people's privacy and dignity. We observed staff knocking on people's doors before entering rooms. Additionally, when people required care and support that compromised their dignity, staff took people to their rooms for privacy.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and relatives told us there was an emphasis on the provision of flexible person-centred care. This was promoted through people being supported by a team of regular carers who know them well. Professionals commended the attitude of the staff and the way they consistently prioritised person-centred care throughout the service. A relative described staff as "inspirational", for the ways in which they worked to provide person-centred care.
- Professionals we spoke with repeatedly praised the skills of staff, their motivation and ability to provide high-quality person-centred care. One professional said staff worked hard to create such a positive atmosphere. They said if they could bottle up the manager and staff teams and take them to other homes they would.
- Relatives confirmed care was personalised and centred on everyone who lived at the home. One relative said, "I have read a lot of books by Tom Kitwood and all about person hood and I feel that this is always the case at Sabrina House. There is a great sense of well-being there and I really enjoy my visits to see my [relative]."
- Staff appreciated and developed people's skills and talents. We were told one person liked to do sewing. Staff encouraged them to carry out small tasks for people such as sewing buttons on clothing when required.
- We saw there was an emphasis on keeping people active and involved. The home was organising a summer fair to raise funds for the home. One person told us they were making bracelets to sell at the fair. They spoke proudly of their achievements so far. We observed a mural on display in the dining area. The mural had been created between people who lived at the home and children from a local school. The children had been tasked with speaking with people who lived at the home and designing a mural based upon people's memories. We read a newspaper article printed after the project had finished and one of the children had described the experience as life-changing.
- We saw the service had established links with a music initiative which had led to extremely positive outcomes for people who lived at the home. Staff worked alongside trained musicians to develop communication through music. One relative told us they had never seen their family member sing before. They told us they were able to come along and join in the activity and sing with their family member. They described the experience as, "incredible". And said, "I shared something with [relative] that I had never experienced before. I cried so much, it was a connection which was priceless."
- We received extremely positive feedback from the project manager of the music initiative. They praised staff for the ways in which they understood and encouraged meaningful participation. They said staff listened and reacted to people allowing people opportunities to engage and contribute. In 2018, Sabrina House was rewarded for its commitment to developing music within the home and was awarded the title of Creative Inspiration Musical Care Home 2018 award at a Creative Health Conference supported by the All-

Party Parliamentary Group on Arts, Health and Wellbeing. The service was praised for the way in which they had transformed people's lives through music.

- People praised the responsiveness of staff. Feedback included, "Staff are great. Especially the night staff, if I can't sleep I just press my bell and they will come and make me a drink." And, "You want for nothing here. The staff are very good."
- We saw care was personalised and centred on the individual. For example, care records detailed individual routines and how people liked to be greeted. One person liked to be called terms of endearment. This was recorded in their file and we observed staff following these instructions.

End of life care and support

- The staff team understood the importance of developing person-centred support for people who were at the end of their life. Staff had received training within this area to enable them to provide end of life care. Staff spoke compassionately about people who had lived at the home and had passed away. One staff member said, "It is so hard saying goodbye to people. Its such a small home, we get attached."
- The registered manager said they liaised with other health professionals for advice and guidance when people required end of life care. They said support arrangements were flexible and additional staff could be called upon when people required additional support at the end of their life.

Improving care quality in response to complaints or concerns

- The provider continued to have suitable systems for responding to complaints.
- At the time of inspection no one had any complaints they wished to raise. Everyone was very happy with the service.
- People and relatives were aware of the complaints procedure and said they were happy complaints would be dealt with professionally.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- Professionals told us leadership within the home was strong which had resulted in positive outcomes for people and staff. The registered manager was described by professionals as, "unassuming and competent".
- Staff spoken with were knowledgeable and enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care. We were told staff had been trained flexibly to ensure the smooth running of the home. For example, all staff had been trained to administer medicines and were able to work in the kitchen if required.
- The registered manager was aware of their role and their regulatory requirements. We saw notifications had been submitted to CQC in a timely manner and the performance certificate was on display, as required.
- The provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives, staff and professionals all agreed Sabrina House was well-managed. Feedback included, "Absolutely well-led. They really care for people." And, "Fantastic Manager and team, so my thanks go out to every single one of them."
- The registered manager understood the importance of developing a high-quality person-centred service where both people and staff were valued. Relatives and professionals praised the attitude of staff and their commitment to the service. We were told morale was high and staff turnover was low and this contributed to safe, effective and responsive care.
- The registered provider had a clear vision and values for the service which were cascaded and embraced throughout the staff team. Visions and values had also been discussed with people who lived at the home to ensure they were relevant and captured people's feelings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service actively ensured people and relatives were engaged and consulted with always. Consultation took place informally face to face and through questionnaires. We reviewed completed questionnaires and saw feedback was repeatedly positive. Feedback included, "Wonderfully happy with the care." And, "It's a great comfort to the family knowing [relative] is safe and cared for."

- Staff told us Sabrina House was a good place to work. One staff member said, "It's a lovely place to work, everyone is so supportive."
- The service was an important part of the community. People who are typically marginalised in society were actively encouraged to be involved within their own communities. We saw examples of children from the area visiting the home to develop friendships and share experiences with people. Additionally, people had been taken to a nearby school to attend a tea-party.
- The management team had also donated time to their community. They had prepared a presentation about the benefits of music and how the project had positively impacted upon the home. The management team had presented this to other key stakeholders to share good practice and drive up standards within other homes.
- The registered manager understood the importance of partnership working. We saw partnerships had been forged and developed with health and social care professionals. All professionals we spoke with praised the relationship they had with the staff and management team at the home.

Continuous learning and improving care

- There was an emphasis on striving to improve their service to deliver the best possible care for people who lived at the home. The registered manager was able to provide us with examples of when they had sought and acted upon the views of people they supported. Feedback was gained, and action taken to improve people's experiences.
- The registered manager was aware of keeping their own skills up to date so good care could be promoted at the home. They said they attended local forums to keep abreast of good practice.