Sonrisa Care Limited

The Gables

Inspection report

13 St Marys Road
Netley Abbey
Southampton
Hampshire
SO31 5AT

Tel: 02380452324

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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

The inspection took place on 4 October 2018 and was unannounced. At our last inspection in November 2017 the service was rated as Requiring Improvement overall. The registered manager sent us an action plan showing how they planned to improve the service. At this inspection we found improvements had been made and we have rated the service as Good overall.

Since the last inspection, new audit tools were being used, such as for ensuring the safe management of medicines, and records were more detailed, including staff recruitment, assessing people's needs and their capacity to consent to their care. Regular audits of the quality and safety of the service were taking place and recorded.

The Gables 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 Gables accommodates up to 24 people in one adapted building. At the time of our visit 20 people were living in the home. There was an established registered manager in post. 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.

People and relatives praised the quality of care and all commented about the homely feel of the service.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks.

People were supported by staff who had received an induction into the home and appropriate training and supervision to enable them to meet people's individual needs. There were enough staff to respond to and meet people's needs.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and competency assessments.

The service worked well with community health and social care professionals to help ensure people received the care they needed.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

Staff developed caring and positive relationships with people, were sensitive to their individual needs and choices and treated them with dignity and respect. The service supported people at the end of life to remain in the home if they wished.

The managers and staff understood the importance of involving people and their relatives in their care and providing support that was personalised to their individual needs. People were supported to maintain relationships and links with the community that were important to them.

The service was responsive to people's needs and staff listened to what people said. People were confident they could raise concerns or complaints and that these would be dealt with.

People were encouraged to provide feedback about the service they received, both informally and through a survey questionnaire.

People, their visitors and an external professional spoke positively about how the service was managed. Staff understood their roles and responsibilities and felt supported by the management to raise any issues or concerns.

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.

Risks to people were individually assessed and action taken to minimise the likelihood of harm.

People received their medicines at the right time and in the right way to meet their needs.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting procedures were in place to ensure that appropriate checks were completed.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

The registered manager and staff developed caring and positive relationships with people and treated them with dignity and respect.

People and relatives all commented about the homely atmosphere in the home.

Staff were kind and caring and knew people well.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs and any concerns they had.

Care plans and activities were personalised and focused on individual needs and preferences.

The service involved people and their representatives in planning and reviewing their care and had a process in place to deal with any complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated an open and inclusive style of leadership. Staff understood their roles and responsibilities and there were clear lines of accountability within the service.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided and this was used to drive improvements.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare.

The Gables

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. The inspection was planned to check whether the provider was 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 was a comprehensive inspection that took place on 4 October 2018 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, we checked the information that we held about the service and the service provider, including previous inspection reports and notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with two people living at the service and observed how support was being provided in communal areas. We spoke with two relatives, a health professional, two members of staff and with the registered manager. We looked at a range of records including care and support plans for five people, staff rotas and training records, risk assessments and medicines records. We also looked at information regarding the arrangements for monitoring the quality and safety of the service provided. Following the inspection visit we spoke on the telephone with two more relatives.

The home was last inspected on 1 November 2017 when one breach of the regulations in relation to monitoring the quality of service was identified. The registered manager had sent us an action plan and at this inspection we saw that the improvements had been made.

Good

Is the service safe?

Our findings

People and their relatives confirmed they felt safe living in the home.

Medicines were safely and appropriately stored and any unused or expired medicines were disposed of when necessary, including controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act and require additional safeguards to be in place. Since the last inspection improvements had been made in relation to medicines audits. The service had an arrangement with their supplying pharmacist to regularly review how medicines were being managed. The temperature of areas where medicines were stored were now being regularly monitored to ensure they remained within safe limits. A new medicines cabinet had been purchased and installed and we saw there were no excessive supplies of prescribed medicines.

Medicines were checked daily by trained staff so that any potential administration errors were identified quickly and action taken. Up to date records were kept of the receipt and administration of medicines and guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.

Checks took place as part of the recruitment process to ensure that people were cared for by staff who had demonstrated their suitability for the role. These included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The registered manager was currently renewing the DBS checks for existing staff. At the previous inspection we found that gaps in people's employment histories were not always recorded. We recommended that verbal conversations at interview to explore such gaps were recorded as part of the recruitment process. No new staff had been recruited at the time of this inspection, however we saw that new staff employment application forms had been updated to include a full employment history.

People, their relatives and staff confirmed there were sufficient staff deployed to meet people's needs. The registered manager and deputy manager supported the care staff in providing personal care whenever this was needed. The service had a low staff turnover which meant people received continuity of care. There were four care staff deployed in the mornings and three in the afternoon. There were two waking staff who supported people during the night. Care staff were supported by housekeeping and catering staff and by an activity coordinator.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected and their rights upheld. Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Whistleblowing is a policy protecting staff if they need to report concerns to other agencies in the event of the service not taking appropriate action. Staff received safeguarding awareness training and on-going refresher courses.

Risks to people's health and wellbeing had been assessed and actions had been taken to minimise any risks identified, such as the risks of people falling or becoming malnourished. This information was recorded in

each person's care records and updated regularly with any changes to the level of risk or changes to health. People were supported in accordance with their risk management plans. Staff showed awareness of risk in day to day activities. For example, during lunch people were coming into the dining room as independently as possible, some using walking frames and accompanied by staff. A system of monitoring people who had falls was used to identify any patterns occurring, and referrals to external health professionals were made when appropriate. This was further confirmed by a healthcare professional.

A range of systems and processes were in place to identify and manage environmental risks. These included maintenance checks of the home and equipment and regular health and safety audits. There was a current fire risk assessment and regular checks and tests of the fire alarm, emergency lighting and fire safety equipment were recorded. Each person had a personal emergency evacuation plan, which included important information about the care and support each person required in the event they needed to evacuate the premises. The service undertook regular legionella checks in line with legislation.

The home environment was clean and staff were aware of infection control procedures. Staff received training in infection prevention and control and used protective clothing when carrying out cleaning and personal care tasks. One of the staff had a lead role and responsibility for monitoring and raising any infection prevention and control (IPC) matters. There was a dedicated housekeeping team who worked on weekdays. A relative told us they often visited without an appointment and the home was "Very clean and tidy and always smells lovely".

Good

Is the service effective?

Our findings

A pre-admission needs assessment took place that included any cultural and spiritual expression, diet, sexuality, and communication needs a person may have, as well as any special equipment and relevant staff training that may be required. This helped to ensure that appropriate decisions were made about whether the service would be able to meet the person's needs.

Where necessary a range of healthcare professionals were involved in planning and monitoring people's health care support to ensure this was delivered effectively. People had regular visits from their GP and from other healthcare professionals such as community nurses and mental health professionals. There was evidence that relatives were kept informed of the outcome of GP or hospital appointments. Hospital care plans were in place and included information about people's current medicines and a care plan summary, which was sent with the person upon their admission to hospital to inform hospital staff.

The service had good relationships with the GP surgery and community health teams. A health care professional told us the registered manager and staff had a good knowledge of people and, "Know when to ask for help". They said the staff were "Very helpful, do what they can before calling and in the interim" and that people's health needs were "Very well cared for".

The staff training programme showed that staff were provided with relevant knowledge and skills to support them in meeting people's needs. A system was in place to track the training that each member of staff attended. Staff confirmed they had training and on-going updates in subjects including moving and repositioning, infection prevention and control, safeguarding, emergency aid, fire safety, and dementia awareness. Some established staff had studied for additional qualifications such as an NVQ (National Vocational Qualification) or Diploma in Health and Social Care. New staff completed the Care Certificate. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.

Staff also received supervision, which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns, and to receive feedback. Staff confirmed they were well supported and could ask for advice or guidance when they needed to.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Each person had a nutritional support plan based on their requirements and preferences. Staff demonstrated knowledge of people's individual needs and associated risks in relation to eating and drinking. If staff had concerns about a person's weight loss, a nutritional assessment was completed and the person's GP informed. Food and fluid charts were used as and when necessary to monitor how much people ate and drank. A selection of hot and cold drinks was available throughout the day.

At lunchtime the atmosphere in the dining room was calm and relaxed. The meals were presented attractively and looked appetising. Staff supported people who needed help with cutting up their food or assistance to eat. People and relatives said the food was good. One relative told us the staff team had been effective in supporting a person to enjoy a wider range of food choices.

The premises were an older style building, which made for a homely environment. As part of a plan to update the building, the registered manager had been researching dementia friendly environments. The signage in the home had improved to help people find their way around and the registered manager was looking at ways to improve the lighting. A relative told us, "The environment has improved since the (current) provider took over. Staff have been given rein and made it more homely. They have a little 'shop' where people can buy things".

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.

Since the last inspection the management team had obtained further training in the MCA and improvements had been made in the way the decision making process was recorded when people lacked capacity. The records were in a new format and showed that appropriate support was provided to people who lacked capacity to be involved in decisions about their care, in accordance with the legal requirements of the MCA. Staff had received training in the MCA and showed an understanding of the principles in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications for DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLS.

Good

Is the service caring?

Our findings

People and their relatives were positive in their comments about the care people received and throughout our inspection, we found examples of a person centred culture among the managers and the staff. Staff were kind, caring and friendly in their approaches to people's care. A person told us "Staff are good. They know me and we have a bit of a laugh". They said they had initially moved to the home on a short-term basis and then, "I decided to stay. I like the company and I can do as I like". They said staff at night "Pop in and say hello when they come on shift. If I want anything they'll always get it for me". They added, "What's important here is the people".

A relative said that when they first visited the home they had, "An immediate sense of 'this is alright'". They told us "Every time I've been there I've been so impressed. The staff are lovely and the care is wonderful. It's the people that count". Another relative told us their family member was "Very well looked after" and "Treated as an individual". A healthcare professional told us they were very happy with the care people received at The Gables.

The service had a low staff turnover which allowed staff to build long-term caring relationships with people. The atmosphere in the home was friendly and supportive and we observed that staff knew people well and communicated effectively with them. Staff spoke warmly about the people they supported. A relative said staff, "Stay working there and they really care".

People and relatives all commented about the homely feel of the service. One relative added "It's always been good". Another relative said they had observed, "A care worker going off shift was going round saying goodbye to everyone and having a joke with people". The relative remarked "Those little things sum up the nature of the service".

People were supported to stay in touch with people who were important to them and there were no restrictions on visiting. A person told us "Visitors can stay as long as they like". A relative told us that on their first visit to the home they arrived without an appointment and were welcomed by the managers and staff.

People and their relatives confirmed staff were friendly, polite and upheld people's dignity. We observed staff knocked on people's doors and greeted them by name. People received personal care in the privacy of their bedrooms. People's care and support plans were written in a respectful way that promoted their dignity and independence. Staff gave people time to communicate their wishes, views and choices and spoke in a way people could understand, such as keeping questions and answers short and to the point. Some members of staff had lead roles as 'dignity champions' in order to raise awareness and promote good practice within the care team.

On the provider's website there was also positive feedback from people about the care provided. Since the last inspection, people's comments included: 'Walk through the front door and the atmosphere is warm and friendly'; 'The staff could not be more caring'; and 'The atmosphere is very homely and my relative is very well looked after with kindness and lots of patience'.

Good

Is the service responsive?

Our findings

People confirmed staff were responsive to their needs and any concerns they may have. They told us they were comfortable in approaching staff and saying if they were unhappy about anything. A relative told us "I have never seen anyone waiting for attention". They said the managers and staff were "Open to suggestions and discussion" and they would feel comfortable raising any concerns.

A personalised approach to responding to people's needs was evident in the service. Following a pre-admission assessment, which included gathering information from the person and, where appropriate, from their relatives and any professionals involved in their care, a written summary of the person's needs was given to staff to read. The information was then used as the basis for developing the person's care plans. Each person had a set of care plans which described the person's needs in a range of areas such as personal care, eating and drinking, mobility, medicines management and mental health.

Staff were consistent in the way they responded to people's individual needs. A relative told us "There's something very uniform in their approach" and "Very quickly they got her interested in life. They simply worked miracles".

Each person had a key worker, a named member of staff who took part in reviewing the person's care and support plans each month. Staff told us they were asked to read the care plan updates when any changes were made and when staff returned from leave. Handover meetings were held daily and helped to ensure staff had accurate and up to date information about people's needs. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. Relatives told us the service always contacted them if there were any issues affecting their family members. One relative said, "They take immediate action regarding any incidents and keep me posted".

People's cultural and spiritual orientations and beliefs were taken into account and acted upon. A person had a care plan in relation to maintaining their religious belief, which also involved their family. Due to current health issues the person was unable to attend church and so the service had arranged for the pastor to visit the person. Visitors from the church also visited to talk with people and a church service was held in the home each month.

The service was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person had their communication needs assessed and documented as part of their care plans and was supported accordingly. There was also a policy describing the processes that were in place for the provision of accessible information and communication support to meet individual needs.

The service had a member of staff employed as an activity coordinator and a range of activities were provided. Relatives said the service provided good activities for people living with dementia, particularly the opportunities people had to reminisce. A relative said, "I have seen the manager and staff sitting with the

residents in small groups having a chat in the communal area". Another relative told us the activities coordinator "Does marvels" and that staff put on "Appropriate music that people sing along to". A person told us they enjoyed the activities' particularly music and gentle exercise. Some people preferred not to participate in group activities, in which case the activity coordinator spent some one to one time with them if this was their wish.

The provider had a complaints procedure in place and people and their relatives knew how to complain. The registered manager was accessible and we observed relatives speaking with them throughout the inspection. People's relatives told us that any issues raised were addressed promptly.

The registered manager and deputy manager spoke passionately about caring for people at the end of life and supporting them to remain at the home. The established team of staff knew people and their families well. A relative had posted on the provider's website the following comment: 'I have witnessed the wonderful management and staff caring for all the residents and I know that my wife will be made comfortable and will be looked after for her remaining days, which is a great comfort'. Staff had completed end of life awareness training and the service was reviewing people's care plans, to ensure these were in line with individual's wishes and beliefs.

Good

Is the service well-led?

Our findings

People told us they liked the staff and thought the service was well managed. A relative told us, "I can't speak more highly of them. (The management team) seem to have been there forever". They said "They are well organised" and, "I would have a room there myself". Another relative said "The manager and deputy work well together" and "I don't have a bad word to say about the staff or the service".

At the previous inspection we found that some of the internal quality and safety assurance systems were less robust and effective than others. Audits did not always identify where action was needed to improve the quality and safety of the service. The registered manager sent us an action plan showing how they planned to address the issues.

During this inspection we found improvements had been made. New audit tools were being used, such as for ensuring the safe management of medicines, and records were more detailed, including staff recruitment, assessing people's needs and their capacity to consent to their care. Regular audits of the quality and safety of the service were taking place and recorded. For example, there were audits of care plans, medicines, staff training, infection prevention and control and equipment. The registered manager maintained a record of actions taken in relation to audits, incidents, and feedback from people using the service or others acting on their behalf. The service had systems in place to report, investigate and learn from incidents and accidents.

The service worked in partnership with community health and social care professionals to help ensure people received the care they needed. A health care professional spoke very positively about the registered manager and staff and said "I would put my relative here". They told us they had a good relationship and regular meetings with the service to talk about people's care needs.

The registered manager was promoting an open and inclusive culture within the service. They carried out walkabouts to check what was happening on the floor and had an open door policy for people living in the home, staff and relatives. The registered manager told us they were well supported by the provider, who they could contact at any time. They said they spoke with the provider on most days and the provider visited the home at least once a week and spoke with people living there. The registered manager said they were also well supported by the staff team and that everyone involved in the service was "Like a big family".

The registered manager and deputy manager were very much involved in the daily running of the service and also met with staff at meetings and handovers. Staff spoke positively about how the home was managed and told us they felt listened to and valued. A member of staff said, "There's a good team here. It makes a big difference if you all work together". The managers and staff had lead roles in areas such as infection prevention and control, safeguarding, medicines, dementia and dignity champions.

The service used feedback to drive improvements and deliver consistent and high quality care. A satisfaction survey was carried out twice a year that included questionnaires sent to people who used the service and their relatives. We saw that the results of a recent survey were positive, with all of the people who responded

saying they were satisfied with the overall care provided.

The registered manager kept up to date with developments in the social care industry through reading information from the Care Quality Commission and being a member of a local care association. They also had access to further advice and support from a consultant who, for example, assisted them in updating policies and procedures.

The registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of registration. The rating from the previous inspection report was displayed in the home and on the provider's website.