

HC-One Oval Limited

Sabourn Court Care Home

Inspection report

Oakwood Grove
Leeds
West Yorkshire
LS8 2PA

Tel: 01132658398

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28 May 2019

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service.

Sabourn Court Care Home is a residential care home providing personal care to 34 older people, some of whom were living with dementia. The service can accommodate 49 people in two buildings.

People's experience of using this service and what we found.

At our last inspection the provider had failed to manage medicines safely and to operate an effective quality assurance system. This resulted in breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of these regulations. Medicines were managed safely; people received their prescribed medicines when they were due. There was a structured approach to quality assurance which was effective in identifying areas for improvement.

People and staff said the home was safe. Staff were aware of the safeguarding and whistle blowing procedures and knew how to report concerns. Previous safeguarding concerns had been dealt with effectively. There were enough staff to meet people's individual needs. New staff were recruited safely. Incidents and accidents were monitored to help ensure people were safe and to prevent them from happening again. Health and safety checks and risk assessments were completed; these helped maintain a safe environment.

Staff confirmed they were well supported. Most training was up to date with systems in place to ensure training was updated periodically. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received good care from considerate staff. Care records guided staff about people's preferences.

People's needs had been fully assessed; this was used as the basis for developing care plans. A small number of care plans required additional information. Care plans were evaluated regularly to reflect people's changing needs. People could participate in activities if they wanted.

The registered manager was supportive and approachable. People and staff had good opportunities to provide feedback.

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

Rating at last inspection and update.

The last rating for this service was Requires Improvement (published 30 May 2018). At this inspection we

found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected.

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sabourn Court Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team.

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type.

Sabourn Court Care Home 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.

This inspection was unannounced.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection.

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a nurse, a senior care worker, care workers and a cook, as well as two visiting health professionals.

We reviewed a range of records. This included four people's care records and medication records for all people. We looked at two staff files in relation to recruitment and staff supervision. Other records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were now managed safely.
- People received their prescribed medicines when they were due; medicines were stored appropriately to help ensure they were safe to use.
- The registered manager checked care staff followed medicines management procedures correctly.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to keep people safe; people confirmed they felt safe. One person commented, "I get help from staff, this makes me feel safe."
- Safeguarding concerns were thoroughly investigated; appropriate action was taken to keep people safe.
- Staff had a good understanding of safeguarding and the provider's whistle blowing procedure; they were confident to raise concerns if required. One staff member said, "I have not used it [whistle blowing procedure], if I saw anything I would report it."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Health and safety checks and risk assessments were carried out; these helped keep people, the environment and equipment safe.
- Staff supported people sensitively when they were anxious or distressed.
- The provider had policies for dealing with unforeseen emergency situations; personal emergency evacuation plans guided staff about the support each person needed in an emergency.
- The home was clean and well maintained; staff followed the provider's infection control practices. One relative said, "I haven't noticed any smells and that is the first thing I would notice."

Staffing and recruitment

- Enough staff were deployed to meet people's needs; they responded quickly to people's requests for help. People and relatives commented, "Yes there is [enough staff] and I get the care I need when I need it" and "There is enough staff, they are very attentive."
- The registered manager monitored staffing levels to help ensure they stayed at the correct level.
- The provider followed safe recruitment practices; pre-employment checks were completed to ensure new

staff were suitable to work at the home.

Learning lessons when things go wrong

- Action was taken following accidents or incidents to help keep people safe.
- The registered manager monitored all accidents and incidents; this ensured appropriate action was taken and lessons were learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed to identify the support they needed; this included considering people's preferences, as well as any religious or cultural needs.

Staff support: induction, training, skills and experience

- Staff had the correct skills and knowledge to provide the care they needed. One person commented, "Some are more experienced than others but they all seem to know what they are doing."
- Staff were well supported and had access the training they needed. One staff member told us, "I am very supported. I have been put on an NVQ, there is lots of training."
- Training, supervision and appraisals were up to date.

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

- People had enough to eat and drink; they were offered a choice of meals each day.
- People gave good feedback about the meals they received. People and relatives commented, "[Family member] eats the food and it always well presented" and "There is no problem with the food, it's good and there are plenty of snacks and drinks."
- Staff supported people with eating and drinking depending on people's individual requirements.
- Some people had health conditions which meant their meals had to be adapted, such as pureed meals. The chef had the necessary skills to prepare these meals.

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

- People had emergency health care plans; this was a summary of important information to be shared when they accessed other services.
- People had regular input from health care professionals, including GPs, community nurses and specialist nurses. One person commented, "There is always a nurse on duty and they would get the doctor [if I was unwell]."

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

- The home was suitable to meet people's needs; adaptations had been made to meet the needs of people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS authorisations had been applied for or approved for all people requiring this. The registered manager reviewed DoLS authorisations to check they remained in-date.
- MCA assessments and best interests decisions had been completed where restrictions had been placed on people. For example, where people could not give consent for their admission to the service, support with medicines and the use of bedrails.
- Staff had completed training on the MCA; they used this knowledge to support people to make choices and decisions. This included using visual strategies such as showing people items to choose from and pictorial information.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care. People and relatives said, "Everything is of a good standard, the senior members of staff are very good" and "[Family member's] personal care is good, they do a marvellous job."
- Staff were kind, caring and considerate. People commented, "I have made a few friends here with the staff, they are kind and friendly" and "I am treated very well."
- Staff responded proactively to ensure people were comfortable; they checked people had everything they needed, such as drinks.
- Staff knew people's needs well; they chatted with people about their family and life experiences.

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

- Staff had developed a good understanding of people's communication needs; this was used this to support people with making decisions and choices. One person said, "They always ask my views and opinions and give me choices."
- Warm and friendly relationships had developed between people and staff; interactions between people and staff were positive. One relative told us, "They are always talking and laughing with [family member]. [Family member] has a big smile on their face when they see staff."
- Relatives advocated for most people and were involved in decisions. One relative commented, "I am next of kin and have power of attorney ... They regularly review this with me and I am always kept informed."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Relatives commented, "They don't talk down to [family member] they are very respectful. I haven't seen or heard anyone being disrespectful" and "They speak to [family member] nicely and always introduce themselves so [family member] knows who is helping them."
- Staff understood their role in promoting privacy and dignity. They adapted their practice to ensure dignity was maintained. For example, always explaining what they were doing, checking people understood and gaining their consent first.
- People were supported to be as independent as possible. One person told us, "Staff let me walk to the bathroom using my frame, then they help me into the bath ... They know how to do that and let me be as independent as I want."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans; they clearly described the care people required to meet their needs.
- People and relatives were consulted about care plans. Relatives commented, "We have spoken to management about [family member's] care plan" and "[Family member's relatives] are involved with the care plan."
- Care plans were reviewed regularly so they reflected people's current circumstances.
- People had the opportunity to discuss any wishes they had for their future care needs.
- Health professionals gave positive feedback about the home; they felt staff had a good understanding of people's needs and took on board their advice and guidance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people using the service were able communicate their needs to staff without support.
- Where people had difficulties with communication, information could be made available in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were regular opportunities for people to participate in activities; people chose whether to participate and staff respected their decision.
- People and relatives gave positive feedback about the activities provided. They commented, "I like the quiz and they have entertainers from time to time... We are going to Lotherton Hall on Monday in the mini bus" and "They have activities ... there is lots of chatter and interactive conversation. Everyone has the opportunity to join in."

Improving care quality in response to complaints or concerns

- Although people and relatives gave positive feedback; they knew who to speak with if they had concerns. They commented, "I would speak to the manager; I would knock on her door" and "I would talk to senior staff."
- The provider had a structured approach to dealing with complaints; complaints had been fully investigated and resolved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to operate an effective quality assurance system. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider operated a structured approach to quality assurance. This included various checks of quality and safety within the home; action plans addressed any issues identified. For example, some records such as food and fluid charts were not being completed accurately. This had been already been identified through audits of care records. Proactive action had been taken and improvements were underway to address this issue.
- The provider's quality assurance system included additional oversight from senior management.
- A root cause analysis was completed to investigate more serious incidents so that lessons were learnt and shared with staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home had a positive atmosphere; staff morale and teamwork were good. One staff commented, "The atmosphere is bubbly, quite chilled. I feel this is a good home."
- The registered manager was supportive and approachable. People said, "Very pleasant management. I do know who they are and they always speak" and "I think it is well run. We are listened to and appropriate action is taken".
- The registered manager maintained a duty of candour log; this provided details of how they had liaised with relatives following incidents.
- The registered manager was pro-active in submitting the required statutory notifications to CQC following significant events at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had good opportunities to give feedback about the home; they confirmed meetings took place regularly. One person commented, "I see them on the notice boards and we get newsletters."
- People and relatives were consulted to gather their views about the service; their feedback was usually positive. The provider analysed the findings, with action taken to address any areas for improvement, such as improvements to the menu.

Working in partnership with others

- The provider worked with local commissioners to promote positive outcomes for people.
- There were close links with health services; a nurse practitioner visited the home weekly to review some people.