

Sabre Court Limited

Sabre Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection visit took place on the 27 March 2017. This was an announced inspection and we gave the provider short notice of our visit to ensure someone would be available at the home.

We last inspected the service on 14 December 2014 and found the service was not in breach of any regulations at that time.

Sabre Court is a service for people with mental health problems who have issues with alcohol misuse. There were currently eight people using the service. The service was located close to the centre of Scarborough near to all community facilities.

There is a 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 (2014) about how the service is run.

People told us they felt safe at Sabre Court. We discussed safeguarding with the registered manager, the registered provider and two care staff members on duty and they were knowledgeable about the procedures to follow if they suspected abuse. We saw information displayed for staff and people using the service to use to contact external agencies if they had any worries or concerns.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

Individual care plans contained risk assessments which were reviewed twice daily. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: the mental health crisis team and care managers.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people with substance misuse issues. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. There was a very consistent staff team who worked a 24 hour shift pattern that provided continuity of support for people.

There was a regular programme of staff supervision in place and records of these were detailed and showed

the home worked with staff to identify their personal and professional development.

The staff team encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible. People were supported to access regular facilities such as the local G.P, shops and leisure facilities as well as to use the facilities in the service such as the kitchen for cooking meals. The staff team respected people's lifestyle choices that may not be seen as the correct one to ensure good health and wellbeing. It allowed people to drink alcohol on site and stated this was because they would rather know that they were in a safe environment rather than being vulnerable on the streets and the service could monitor people's consumption and report to relevant agencies if necessary. We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. People told us that they made their own choices and decisions and these were respected.

There was a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that the staff or registered manager and provider would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

People told us they were involved in planning their meals and were supported to maintain a healthy diet. We saw people had nutritional assessments in place and people with specific dietary needs were supported. Specialist advice was sought quickly where necessary.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. The people we spoke with discussed their support plans and risk assessments and how they had worked with staff to develop and review them.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

We found that the building was clean, well-furnished and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety requirements were met. We found that all relevant infection control procedures were followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the registered manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people who used the service on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

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 ●

This service remained safe.

Is the service effective?

Good ●

This service remained effective.

Is the service caring?

Good ●

This service remained caring.

Is the service responsive?

Good ●

This service was remained responsive.

Is the service well-led?

Good ●

This service remained well-led.

Sabre Court

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.

The inspection visit took place on 27 March 2017. Our visit was announced and we gave the registered provider short notice of this visit to ensure someone would be available at the service. The inspection team consisted of one adult social care inspector.

The registered provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to assist our inspection.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and observed how staff supported people who used the service.

During our inspection we spent time with five people who lived at the service, one support staff, the deputy manager, the registered manager and registered provider. We observed care and support in communal areas. We also reviewed staff training records, recruitment files, medicine records, safety certificates, and records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Following the inspection we spoke with two relatives of people using the service, a social worker and a nurse practitioner from the local G.P. surgery. We asked these people, who were in regular contact with people using the service, to share their observations of Sabre Court and captured their feedback within our report.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults and could identify different types of abuse. When asked the staff knew what to do if they witnessed any incidents. Staff told us; "Safeguarding measures are in place for staff and people, for instance some people can make allegations and we have clear plans and risk assessment for that so you feel supported." And, "I feel confident working here, I never feel scared."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff and people who used the service. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. We saw that information was available for people using the service to encourage people to speak up; this was displayed on the noticeboard downstairs in the home. One person told us; "Yes, I feel very safe here." One social worker we spoke with told us, "They have a good way of reducing the risks." One person told us, "We put our trust in the staff and I feel safe here."

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve and keep people safe.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people from the building who cannot safely do this during an emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire. We discussed with staff about lone working, and they were confident in telling us the actions to take in the event of an emergency and said they felt well supported by the registered manager and registered provider. One staff member told us; "The manager and provider put my safety first when I was pregnant, they were brilliant."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the service. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We saw that any opened bottles were clearly labelled with the date of opening. Staff informed us they had annual training in relation to the safe handling of medicines and one staff also told us, "We have just done medication in my recent supervision session."

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

One member of staff was on duty for 24 hours at a time to provide consistency of support for people which included a sleep over. Staff told us that the team of five people provided cover for each other during periods of leave or sickness or in an emergency the registered manager and registered provider would provide

support. This meant there were enough staff to support the needs of the people using the service. One person told us; "There are all good, and someone is always here."

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure staff were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We also saw the registered manager carried out regular audits in relation to staff files to ensure supervisions and training was up to date.

Risk assessments for people using the service were completed twice a day at the end of each shift. This was to ascertain if additional staffing was required to ensure the safety and wellbeing of both people who used the service and staff on duty. A clear on-call procedure was in place and we were shown previous examples of prompt responses from the registered manager and registered provider to any concerns. Personal risk assessments we saw had been signed to confirm they had been reviewed and were developed with the person. The home also had an environmental risk assessment in place. People were supported to manage risks they faced whilst also maintaining independence in a positive framework. This was reviewed regularly by the person, support staff, the registered manager and the care manager where appropriate.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety, portable appliances and fixed wiring had been tested. Records in relation to health and safety at the service were very clear and well maintained.

This service was safe, because we found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, lounge and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control. We saw the home was well maintained and there was a robust plan in place to maintain and refurbish all areas of the home as and when needed. We also saw that the service had a business continuity plan in place and this covered a range of emergency situations, and held emergency contact details and actions to take in the event of; flood, fire, pandemic, staff absence, loss of telecoms, loss of the building or severe weather.

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authorisation to do so.

There was no one using the service at the time of our inspection that required a DoLS authorisation although we were assured by the registered manager that they were aware of the process involved. We also saw in the staff training matrix that staff had received training on DoLS and the MCA. One person was under the Court of Protection for their financial affairs. They had a daily budget which was agreed between the individual and Social Services. The service requested the money was given after lunch due to the person spending it on alcohol then not eating meals resulting in weight loss, poor diet and becoming drunk early in the day. These concerns were discussed with the person and how it could impact on their health and they agreed to the suggestion. The service told us they felt this was working well as the person continues to live their life as they wish, but also has the support of the home without feeling pressured. This showed how the service worked with people to support them to maintain a healthy lifestyle whilst upholding their rights.

The registered manager told us that people using the service were supported to access the local GP and other community health resources such as the dentist as part of their on-going support and rehabilitation. Staff told us people shared good relationships with the GP and nurses whom they saw regularly. The practice nurse from the local G.P practice told us, "Sabre Court are extremely helpful and we would strongly advise and refer people there. For one person with diabetes we told them where we want this person's sugars to be and they follow it and really try their best." People told us they were supported to attend appointments. One person said, "[Name] takes me to the hospital and we talk about everything that was said or happened there." This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

The registered manager told us, "Alcohol is a large focus. If people are drinkers they can be supported here. We work with Horizons, an alcohol support service in Scarborough and we have done home detoxes with a huge amount of support from the G.P. This showed the service worked with other healthcare professionals to promote a healthy lifestyle for people.

During this inspection, there were eight people using the service. We found there were skilled and experienced staff to meet people's needs. We observed people throughout the day. We saw that when people needed support or assistance there was always a member of staff available to give this support. We spoke with two members of staff and they said they felt there were enough skilled staff to support people effectively. In addition when we spoke with the people who used the service they told us; "You can talk to [Name] and [Name] the registered manager and provider about anything. I talk to all the staff to make sure I

don't bottle things up." A social worker we spoke with told us, "The carers are all really knowledgeable."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. They also completed induction training and the Care Certificate [the new minimum standards that should be covered as part of induction training of new care workers] to gain the relevant skills and knowledge to perform the role. Staff had the opportunity to develop professionally by completing an NVQ [National Vocational Qualification] level 2 or 3 in health and social care. One staff member told us, "I completed my NVQ 3 the year before last, it was definitely worthwhile." We saw training needs were monitored through staff supervisions and appraisals. In supervisions we saw that staff members performance against their job description was reviewed and assessed and each staff member had a development plan. Through the supervision and appraisal process staff members were also asked for their views of the service through a questionnaire and we saw that staff feedback was used to improve the service.

We saw training was specific to the needs of the people who used the service. One person had diabetes and due to their unwillingness to follow medical instruction and advice, all staff undertook the diabetes awareness training to enable them to have the knowledge and confidence to act swiftly in recognising potential problems. Another individual suffered a seizure and training was sought and completed by staff.

Staff told us they met together on a regular basis. We saw minutes from meetings, which showed that items such as day to day running of the home, training, and any health and safety issues were discussed. One member of staff told us; "Because we are such a small team and work together all the time, we keep really well informed and ensure we hand over everything in a consistent way." They also explained there is a clear shift planner so staff were delegated specific duties and activities. This meant the service communicated well internally and staff were clear about what was expected of them.

The home had a domestic kitchen and a dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. One staff member told us, "We have a set menu with alternatives. One person is using the self-catering kitchen. They are developing their skills and they are loving it."

The menu was planned with the staff team and people living at the service. Everyone completed a likes and dislikes of food document so it helped plan meals more effectively. Staff told us they tried to motivate people to help with cooking but this sometimes proved a challenge. Everyone we spoke with was really positive about the food and choices. One person told us, "The food is excellent, I eat everything," and another person said, "The food is great we have a choice, I don't like shepherd's pie so am having a fish pie instead." We saw that the staff ate with people which staff said they felt helped promote a more homely atmosphere.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a regular basis. One staff member told us; "We do try and watch what people have but we can't always do that if they are out on their own, so we do remind them about sugar for example." This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

Is the service caring?

Our findings

We saw staff interacting in a very positive way throughout the inspection and there was informal chat and laughter with people who used the service. People using the service were very positive about the staff support telling us; "I have known them all a long time and they help me when I need them," and "Yes, they are always there if I need them for anything." People who used the service also said of each other; "We are good friends, we've known each other a long time and often go to the cinema together."

Staff told us how they had to provide a lot of encouragement for people to be involved in daily living tasks and that often it was about; "We try and encourage people without being nagging, that is often the hardest thing to motivate people but we do really try." Staff also talked about letting people have their own space and freedoms saying; "People need time away from staff to but they know we are there if they need us."

The registered manager talked to us about choices. They told us, "People retire to bed and get up when they wish the only occasion staff encourage them to get up is if they have to attend an appointment. The home does not have set times. People have their own routines and staff understand that they function well and feel in control of their chosen lifestyle if these aren't interrupted. Staff don't try to influence them in anyway as this can have a negative effect, instead they offer support and guidance."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they supported and told us that this was an important part of their role. One staff member commented, "With new residents the most important thing to give people is your time."

We saw staff treating people with dignity and respect and people at the service said they were happy with how staff treated them and they were given their privacy. People we spoke with told us, "It's a lovely place and the staff are all like friends to me," and, "You wouldn't get a better place than this."

Staff told us that the registered manager reviewed care plans on a regular basis with the person and every six months there was a review involving everyone involved in the person's care.

Relatives we spoke with told us, "They are wonderful with my relative and do a great job," and, "They are very good, very caring."

We spoke with a social worker who told us, "It's so homely and they are adamant it's peoples home so they ensure everyone knocks at the door and doesn't just walk in. My client has nothing but praise for Sabre Court." We also spoke with a nurse practitioner from the local G.P. practice who told us, "People are really supported to look after themselves."

One staff member told us; "I love working here, I don't feel like I am coming to work. It's really relaxed and homely."

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. . We saw that people who used the service were informed of how to contact external advocates who could act in their best interests.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; "We talk through any concerns raised informally but we would enable people to use the formal complaints process if they wished." One person told us, "We do questionnaires and sometimes I take part in surveys from Social Services, I fed back recently about our obligations here and policies."

Staff demonstrated they knew people well. The whole staff team of five people had worked with the people using the service for several years and we observed people being very relaxed and comfortable in each other's company. The registered manager and registered provider were also at the service daily and had managed the service together for nearly 30 years. One person told us, "We worry about them retiring, what will we do then?" One staff was able to tell us whether someone's mental health was deteriorating because of changes in behaviour and staff were able to describe people's care plans in depth to us.

We looked at two care plans for people who lived at Sabre Court and saw they were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. They were all set out in a similar way and contained information under different headings such as a key information sheet, physical health, life skills, medication, recovery and outcomes and the person's perspective. Some plans were very specific to the person for example; one person currently had an alcohol detox plan in place. We saw the care plan was written with the person and they were reviewed every three months. One staff member told us, "We encourage people to review them with us." This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious as well as detailed information about risk such as self-neglect and risk reduction measures. Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again.

Staff told us the benefit of 24 hour support was that people who used the service got consistency. We saw that the risk to each person was reviewed twice a day at handover time. This was to ensure staff and the person was supported if perhaps someone had been drinking that day and additional staff or support may be needed to ensure people were kept safe. Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping and cleaning. One staff member said; "A lot of it is about motivating people, you need to have patience and encourage people as much as possible." One person told us, "I clean my room and [name] staff member helps me as I struggle to get my duvet cover on."

We talked to the registered manager about transition. They told us, "All areas are discussed and evaluated before a decision is made to ensure support is given to everyone. The home will not accept admissions without an assessment, background history and meeting the individual. Regardless of the number of vacancies the home is carrying we always take into consideration the current residents and if there any impact on them, the home will not consider the admission."

People were supported to maintain relationships with their family and friends. A computer had been purchased to encourage learning, new interests, and to help with one person who enjoys completing puzzles and to help communication with family and friends. One social worker told us, "They have been fantastic with my service user who can be extremely difficult. The systems work really well for them in terms of boundaries. The care plans are excellent they are responsive to new behaviours. They risk assess them straight away and get them across to me."

Is the service well-led?

Our findings

The home had a registered manager. The registered manager and their partner the registered provider had worked at the service for many years and set up the service together. We observed they knew people who lived at the service and staff very well and the service felt very homely and family orientated. The registered manager told us, "The home has a number of residents who have been here for 20 plus years and they are thought of as extended family." The staff we spoke with said they felt the registered manager was very supportive and approachable. One staff member said; "They are brilliant managers." One relative we spoke with told us, "They keep me really well informed and they are just wonderful people, I cannot sing their praise highly enough."

The registered manager and registered provider told us about their values which were communicated to staff. They told us how they worked alongside all staff to ensure that people who used the service were treated as individuals. The registered manager and registered provider were very focussed on people having the choices and as much independence as possible and the feedback from staff confirmed this was the case. A social worker told us, "My client says she finds [name] the registered manager really helpful and accommodating." A nurse practitioner told us, "[Name] the registered provider is extremely proactive."

Staff told us that morale and the atmosphere in the home was excellent and that they were kept informed about matters that affected the service. We asked what was good about the service and staff told us; "It feels like a large family here" and, "We all work really well as a team and support each other."

We asked one person who had lived at the home for twenty years if anything could be improved. They laughed and told us, "We could have steak and chips every night, that's the only thing I can think of."

The home carried out a wide range of audits as part of its quality programme. The registered manager explained how they carried out audits every three months that covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.

Staff told us about questionnaires they completed and meetings they had twice yearly. We saw minutes of the meetings showed staff talked about incident reviews, training and handovers. The questionnaires asked staff how they felt about working at Sabre Court and covered issues such as whether there was enough staff, whether handovers were adequate, whether the on-call was responsive and reliable and also if staff members felt there was enough information about people using the service. We saw that an issue a staff member fed back about cleaning rotas had been actioned by the registered manager. This showed the service listened to feedback from staff and used it to improve the service.

The service had developed good links with the local GP practice and people spoke highly of the staff they saw there. Our feedback from the nurse practitioner included, "We would really support this service they are

very good." The service told us they sometimes had difficulty in engaging with statutory services when people were in crisis or even to get services involved if people were beginning to decline in their mental health. The service had captured this issue as part of their review of 2016 and told us how they were trying to improve support from the statutory sector and to improve partnership work as this had been "very disappointing" for them recently.

We were told that people had decided they didn't want regular meetings and people we spoke with confirmed this was the case. Instead the service undertook questionnaires and people we spoke with told us how they were consulted over a wide range of issues at the service including "boundaries" that people worked on together to ensure the smooth running of the home such as cleaning up after yourself in communal areas and respecting each other's privacy. This showed the service listened to the views of people and made changes to its service delivery where needed.

The registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about and we saw that records in relation to the running of the service were very well maintained and up-to-date.