

Sable Care Limited

# Sable Care Limited - 22 Ashbridge Road

## 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

This inspection took place on 9 February 2017 and was unannounced. At the previous inspection in July 2016 we found three breaches of regulations. This was because the service did not have effective systems in place to protect people from financial abuse, people were deprived of their liberty without having Deprivation of Liberty Safeguards in place and the service did not have effective quality assurance and monitoring systems in place. We found these issues had been addressed during this inspection.

The service is registered to provide accommodation and support with personal care to a maximum of four adults with learning disabilities. Four people were using the service at the time of our inspection.

The service had recruited a new manager in December 2016. They were not registered with the Care Quality Commission at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager of the service did not have a good understanding of the effective management of medicines in a care home and we have made a recommendation that they undertake comprehensive training about this.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

Staff received on-going training to support them in their role. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager. Systems were in place to seek the views of people on the running of 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 was safe. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner. However, we have recommended that the manager of the service undertakes training in the effective management of medicines in care homes.

### Is the service effective?

Good 

The service was effective. Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

People were supported to access relevant health care professionals if required.

### Is the service caring?

Good 

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

### Is the service responsive?

Good 

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

People were supported to engage in various activities in the home.

The service had a complaints procedure in place and people knew how to make a complaint.

**Is the service well-led?**

**Good** ●

The service was well-led. The service had a manager in place. People and staff told us they found them to be supportive and helpful.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications the provider had sent us. We contacted the local authority to seek their views about the service.

During the inspection we spoke with two people that used the service. We spoke with eight staff. This included the manager, quality assurance manager, deputy manager, care coordinator and four support workers. We observed how staff interacted with people using the service. We reviewed two sets of care records relating to people including care plans and risk assessments. We looked at medicine records and quality assurance systems. We reviewed five sets of staff recruitment, training and supervision records. We examined various policies and procedures.

# Is the service safe?

## Our findings

At the last inspection of this service we found the service did not have effective systems in place for safeguarding people from financial abuse and that a staff member had been able to defraud people of approximately £2000 which had gone undetected by the service. During this inspection we found the service had taken steps to address these issues.

At the previous inspection the service managed the bank accounts for two people and staff had access to those accounts. At this inspection we found that each person's finances were now managed by their family and the service no longer had any access to people's bank accounts. Family members brought money to the service as it was needed. This was stored in a locked facility. Monies were checked and signed for at handovers to make sure they were correct and receipts were kept of any purchases made involving people's money. A member of the quality assurance team checked financial records every two weeks and we saw records which confirmed this. We checked the monies held in stock and those that had been spent recently and found they tallied with the records. This meant the service had taken steps to reduce the risk of financial abuse occurring.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibility to report any allegations of abuse. One staff member said, "I have to take action to call the manager or head office." Another staff member said, "I would report it to my manager. If I saw they were not doing anything I would report it to the head office." The service also had a whistle blowing procedure in place which made clear staff had the right to whistle blow to outside agencies such as the Care Quality Commission if appropriate.

Risk assessments were in place which included information about the risks people faced and how to mitigate those risks. Risk assessments were personalised and based around supporting the individual risks people faced. For example, the risk assessment for one person stated, "Staff to make sure her food is cut into small pieces so that it's easier for her to chew and swallow. Staff need to prompt [person] to slow down when she is trying to drink in one go or putting everything in her mouth without chewing."

Staff told us they did not use physical restraint when working with people who exhibited behaviours that challenged the service. Risk assessments were in place around supporting people who exhibited behaviours that challenged the service. For example, the risk assessment for one person stated, "Staff should remain calm and encourage [person] to calm down. Staff should give her plenty of fluid to take as her blood pressure can go up from hyper activity. Staff should do an activity to distract her."

Staff told us they believed there were enough staff working at the service to keep people safe. They said they had enough time to carry out their duties. During the course of the inspection we saw staff were able to carry out required tasks in an unhurried manner and were able to respond to the needs of people in a prompt manner.

The service had robust staff recruitment practices in place. Records showed that checks were carried out on

staff before they commenced working at the service. These included employment references, proof of identification and criminal records checks. This meant the service had taken steps to help ensure suitable staff were employed.

Medicines were stored securely in locked and designated medicines cabinets. Most medicines were contained in blister packs which made it easier to make sure the right medicine was administered. Records were maintained of the quantities of medicines held in stock and we found these records tallied with the actual amounts of medicines held. Medicine administration record (MAR) charts were maintained. These included the name, strength, dose and time of administration of each medicine. Staff signed these to evidence each time they administered a medicine to a person. We saw the MAR charts were completed accurately and up to date.

The manager had only a limited knowledge of issues relating to the management of medicines in care homes. For example, they were not aware of what a controlled drug was and did not know about the recording and storage requirements for controlled drugs. We recommend that the manager undertakes training that provides them with a comprehensive understanding of the management medicines in care homes.

# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the previous inspection of this service in July 2016 we found that people were being deprived of their liberty unlawfully. This was because staff and management at the service told us that if required they would have prevented people from leaving the premises without the support of staff. The service had not made any applications for DoLS authorisations and staff were not aware of what a DoLS authorisation was. During this inspection we found this issue had been addressed. DoLS applications had been made for all people using the service which had been authorised by the local authority. The service had notified the Care Quality Commission of these authorisations. Staff had undertaken training about DoLS and the MCA and had a good understanding of how DoLS applied to people using the service.

Staff told us and records confirmed that they had regular access to training. One staff member said, "Recently we had DoLS training, fire training, the Mental Capacity Act and food hygiene." Another staff member said, "I had training on medicines, safeguarding, equality and diversity, DoLS and the Mental capacity Act." Records showed the service was up to date with staff training. This included training about health and safety, the principles of care, equality and diversity, behaviours that challenged the service, fire safety, DoLS and MCA.

Staff told us and records confirmed that they had regular one to one supervision with a senior member of staff. One member of staff said of their supervision, "We talk about the shift and about the work, about the resident's needs and everything." Another member of staff said, "The last one I did was on Tuesday, it was about safeguarding adults. We talked about MCA and DoLS." Supervision records showed discussions about staff development, issues relating to people and keeping up to date with key-working responsibilities.

People told us they enjoyed the food at the service. One person described it as "nice." Another person said, "I like [staff member], she cooks nice food, rice and chicken." People were involved in planning the menu and we saw people were offered choices. Food served reflected people's cultural preferences. Food served on the day of inspection appeared appetising and nutritious and was made using fresh ingredients.

Hospital passports were in place for people which contained information for hospital staff in the event people were admitted to hospital. They included information about how people communicate, prescribed medicines, health conditions and what support the person required with eating and drinking. Health Action



Plans were also in place for people which included information about supporting people to be healthy.

Records showed people were supported to access health care professionals including dentists, GP's, speech and language therapists and opticians and we saw that a person was supported to attend a medical appointment on the day of our inspection. Records of medical appointments included details of the reason for the appointment and of any follow up action required.

## Is the service caring?

### Our findings

People told us they liked living at the service and staff treated them well. One person told us, "Yes I do like living here. I like [member of staff] because I do." The same person described the staff as "friendly" and told us, "Yes they are [nice to me]." Another person said, "I like living here" and described staff as "good."

Care plans included information about people's past life history. For example, about where they grew up and family members. This information helped staff to get a better picture of people so they could build good relationships with them.

Staff had a good understanding of how to promote people's privacy and dignity. One staff member said when providing personal care to people, "We cover them with the towel, close the door." Staff told us how they supported people to make choices about their daily lives. One staff member said, "When I open the draw I say to [person] 'what do you want to wear?' and she will point to it." The same member of staff added, "You open the cabinet and ask her what drink do you want, she always chooses." Another member of staff said, "If they need help I would ask them if they want me to come inside [the bathroom], but if not I stay outside." A third staff member said, "I tell them what I am going to do as I go along. I say 'I am going to take your top off.'" Care plans provided information about supporting people to make choices. For example, the care plan for one person stated, "Staff will need to ask [person] to choose their outfit and see if it is OK for the weather. If it's not, staff will need to explain to [person] and encourage her to choose another outfit."

The service sought to promote people's independence. Staff told us how they did this when providing support with personal care. One member of staff said, "You have to be with her to support her, but with prompts she can wash her face and front." Another member of staff said, "I have to ask them what they need, I say 'Do you want me to help you to take this top off?' I can't just do things." The same staff member said, "[Person A and Person B] can do mostly things themselves, they just need a little support." Care plans included information about supporting people to maintain their independence. For example, the care plan for one person stated, "Staff will prompt [person] to brush her teeth and supervise her so that she does it properly." People were involved in developing independent living skills and one person told us they helped with their laundry. The care plan for one person stated, "Staff will encourage me to take my laundry downstairs and put it in the machine as I can do it with prompts and support. Staff to support me to put the washing powder in the machine and turn it on."

We observed staff interacting with people in a caring manner. For example, the socks were coming off one person's feet and we saw staff gently encouraging her to pull them back up. We later observed staff supporting people to play with toy building blocks and colouring books and saw that people were enjoying the attention from staff."

Each person had their own bedroom which were homely and cosy. One person showed us their room and said "I like my room." Another person said, "I like my room, I've got a TV." Bedrooms were personalised to people's individual taste with their own possessions and decorations such as family photographs and religious iconography. We found that bathrooms had locks fitted that included an emergency override

device. This promoted people's privacy and safety.

## Is the service responsive?

### Our findings

All of the people using the service at the time of our inspection had lived there for several years and there had not been any recent admissions to the service. The manager told us if there was a new admission they would first carry out an assessment of the person's needs to determine if it would be a suitable placement for them.

Care plans were in place which were personalised and based on the needs of individuals. For example, the care plan for one person on oral hygiene stated, "Staff need to make sure [person] uses her mouthwash and wipes her mouth properly afterwards as most of the time she leaves toothpaste on her lips." The care plan for another person stated, "I need a lot of prompting before I wash myself as I do not like to put water on myself. Staff will need to encourage me to wash properly as I don't like scrubbing myself. Staff will have to prompt me to use my deodorant and change my clothes as I like wearing the same garments every day."

Care plans had been drawn up with the involvement of staff, people using the service and their relatives. We saw that care plans had been signed by people which indicated their involvement in them.

The manager said care plans were subject to review, telling us, "Every three months we have reviews." Records confirmed this. This meant care plans were able to reflect people's needs as they changed over time. Daily records were also maintained which meant it was possible to monitor the care people received on an on-going basis.

People told us they were supported to take part in activities which they enjoyed. One person said, "I go and eat lunch outside, I go to the park." They also said they attended a day centre where they did singing and dancing. Another person said that staff supported them to, "Eat out and go shopping." Records showed people took part in a variety of activities in the community. These included Zumba classes, an African-Caribbean club and on the day of inspection we noted that people went out to various activities including to a day centre and for lunch. People were also supported to take part in a variety of activities within the home including watching DVD's, listening to music, drawing, and various games.

People were provided with a service user handbook which included information about the services and what it provides support with. This document was in English and pictorial formats to help make it more accessible to people.

The service had a complaints procedure in place. This had been produced in pictorial format to help make it more accessible to people. People we spoke with told us if anything was wrong they would talk to the staff about it. The manager told us there had not been any complaints since they started in December 2016 and the complaints log showed there had not been any complaints received since our previous inspection in July 2016.

# Is the service well-led?

## Our findings

At the previous inspection of this service in July 2016 we found that leadership was not always effective. This was because systems were in place that were open to financial abuse and that financial abuse had occurred. We also found the registered manager at that time was not aware of their legal responsibilities with regard to Deprivation of Liberties. During this inspection we found these issues had been addressed. The previous manager had left the service and systems were now in place to protect people from financial abuse. People were deprived of their liberty in line with legislation.

The service had recently appointed a new manager who commenced their employment in December 2016. They had not applied for registration with the Care Quality Commission. We spoke with the quality assurance manager for the service who told us it was planned that the manager in place would be applying to register with CQC in the near future. The manager was supported by a deputy manager and senior care worker in the running of the service. Staff spoke positively about the new manager. One staff member said, "She is new, but at the moment it's OK. I am happy here, it's a very good environment, it's a good team." Another member of staff said, "[Registered manager] is a fine person. All I can say is that she is good at the moment." A third staff member said, "So far, for me, she is good" and added, "Staff working here is very good, everybody is client focused."

Staff told us and records confirmed that the service held regular team meetings. One staff member said of team meetings, "We talk about the safety of residents, we talk about room cleaning. We talk about the shopping and taking them out for activities." Another staff member said of team meetings, "We discuss what we can do, what is in the best interest for the residents." Records showed staff meetings included discussions about the menu, staff shifts, good handover practice and how to improve working relations with professionals involved with the service.

People told us and records confirmed that the service held residents meetings. One person said they attended the meetings and that they could talk about "anything" in them. Another person told us they talked about their day centre in the meetings.

The quality assurance manager told us, "Someone from the quality assurance team will come out every two weeks. We check medicines, money, training, the condition of the property." We saw records of these visits which showed they included checks about finances, activities, cleanliness in the home and medicines.

The local authority had visited the service and found the upstairs bathroom and one of the bedroom windows in a poor state of repair. In response, the service had put in place plans to renovate these areas of the home by the end of March 2017.

The registered manager told us they had devised a survey in the form of a questionnaire that they planned to issue within two weeks of our inspection. The survey was for people using the service and their relatives, staff and professionals involved with the service. It asked how the service could be improved, if staff are responsive and how well people's needs were met.

