

Sable Cottage Limited

Sable Cottage Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Sable Cottage is a residential care home providing personal and nursing care to 32 adults at the time of the inspection. The service can support up to 39 people.

Sable Cottage accommodates up to 39 people in one building over three floors. The top floor of the building is specialising in providing care to people living with dementia.

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

People were supported by staff that were caring, kind and treated them with dignity and respect. Sable Cottage Nursing Home provided a friendly and homely environment for people and visitors.

Staff knew about people's life history and their personal circumstances. Care plans were detailed and up to date about people's individual needs and preferences. People were encouraged to socialise with each other and some were supported to access the community.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them.

There was an ongoing programme to improve the building and the general environment in which people lived. We made a recommendation that this was reviewed to ensure that the prevention and control of infection was not compromised.

People's concerns were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

People were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role. There was no clinical support available to nursing staff and so we made a recommendation to the registered provider regarding this. Staff worked in partnership with local health and social care professionals to keep people healthy.

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.

The service was well led. People, relatives and professionals gave us positive feedback about the quality of care. They said the registered manager was approachable, organised, and acted on feedback. Quality monitoring systems included questionnaires, audits, observation of staff practice and checks of the environment. There were improvement plans developed in response to findings.

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

Rating at last inspection

The last rating for this service was good (published 18 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our well led findings below.

Good ●

Sable Cottage Nursing 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

The inspection was carried out by one inspector.

Sable Cottage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 professionals who work with the service and they had no concerns to report. 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. We reviewed the last Health Watch report following their visit in December 2018 which was positive. Health watch is an independent consumer champion that gathers and represents the views of the

public about health and social care services in England.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service, three relatives and two visiting professionals. We also had discussions with five staff and the registered manager.

We reviewed a sample of records relating to people living at the service such as care plans, risk assessments, daily records and medication administration. We also reviewed records kept regarding staff, training, recruitment and the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visited the service.

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 good. At this inspection, this key question had deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People felt confident that staff would keep them safe. One person said "The staff here really look out for you, they would never allow anything bad to happen to you" and another said "I really feel safe here as you can trust the staff and they wouldn't harm a fly let alone any of us".
- Staff had a good understanding of safeguarding and what they needed to do to protect people from the risk of harm.
- Concerns of a safeguarding nature had been reported, investigated and addressed in conjunction with the relevant local authority.

Assessing risk, safety monitoring and management

- Assessments were in place to address the risks associated with the building, environment and equipment. Some improvements were required to ensure that the assessment and control measures for some concerns were detailed and sufficed. These were completed by the close of the inspection.
- Consideration had been given to the risks associated with people's physical and mental health needs. Management plans were in place to assist staff in meeting people's needs safely.
- CCTV in communal areas proved valuable in many different situations. This included proving an allegation of abuse, confirming how an accident happened or how someone had left the building. It had reduced the number of falls as staff are more aware of the movements of people within the hallways and lounge areas.

Staffing and recruitment

- People said that, in the main, there were enough staff on duty to meet their needs. Some people commented, that at night, staff were not as readily available.
- We observed throughout the inspection, that staff responded quickly, and people received care in a timely manner.
- People felt that there were on occasions too many "Temporary staff". Agency staff provided cover whilst staff were recruited into vacant posts. Regular agency staff were being used, wherever possible, to minimise the risks and impact on people living at the service.
- Safe recruitment of new staff was demonstrated through a series of appropriate checks.

Using medicines safely

- Staff were not always consistent in recording when prescribed thickener or creams were being used. The registered manager provided information post inspection as to how this would be improved.
- Safe systems were in place for the ordering and administration of medicines. Improvements were

identified and made in regards to creams.

- Where medicines were 'as required', information was available to staff to assist them in making a decision as to when to administer. The effectiveness of these medications was also regularly reviewed.

Preventing and controlling infection

- There were areas of the home that required remedial repair and ongoing maintenance to ensure that they were visibly clean and safe. Some furniture, fixtures and fittings needed replacing due to wear and tear.

We recommend that the registered provider review the cleaning and maintenance activities, checks and schedules that have a direct effect on infection prevention.

- Staff were aware of the principles of infection prevention and control whilst carrying out personal care or nursing interventions.
- Gloves and aprons were readily available and used appropriately by the staff.
- Steps were taken to ensure that food and laundry facilities met required standards.

Learning lessons when things go wrong

- Accidents, incidents and 'near misses' were reviewed to ensure that measures were put in place to minimise the risk of reoccurrence.
- Concerns raised by families or whistle-blowers (a person who could be an employee disclosing information about any wrong doing) were investigated and actions taken to improve practice if required.

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 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

- Prior to coming to live at the home, an assessment of the persons' needs was undertaken to ensure the appropriate level of support could be provided.
- A range of nationally recognised tools and guidance documents were used to ensure that care, support and treatment effective. These included those for the assessment and management of nutrition, skin integrity, depression and pain.

Staff support: induction, training, skills and experience

- There was no clinical support or oversight of the nursing staff to ensure a formal, systematic and continuous process of professional support and learning.

We recommend that the registered provider source suitable clinical supervision for practicing nurses.

- Staff received induction and ongoing training that provided them with the skills, knowledge and competence required to deliver safe and effective care.
- Staff told us they had the opportunity to attend and participate in training tailored to their own interests and career development such as phlebotomy, diabetes and podiatry.
- Staff had 'one to one' sessions with a more senior member of staff to monitor and reflect on their work. Staff told us they felt supported.

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

- People said they liked the food and that they had enough to eat and drink. One person said, "The food is really good here" whilst another stated "There is an endless supply of tea, coffee and snacks".
- A corporate catering service was used to provide ready-made meals and desserts. Menus were tailored to suit different tastes, dietary, calorific and cultural requirements.
- Staff were allocated to support people who required assistance to eat or drink. Meal times were flexible to accommodate this.
- Hydration stations were available in communal areas, so people, staff and visitors could help themselves to a drink. Hot drinks and snacks were also available throughout the day.

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

- The service had positive working relationships with the local authority and health care professionals. They were very well supported by the local GP practice who provided support, advice and guidance to the nurse and registered manager.
- Where concerns were highlighted, for example, regarding weight, skin integrity or mental wellbeing, appropriate advice was sought and acted upon.
- A visiting professional told us "The staff here are really proactive and take an interest in someone. They refer people quickly and always do what we ask of them".

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

- Some changes had been made to the signage and decoration on top floor which accommodated people living with dementia to better meet their needs.
- Assistive technology was being used to enable people to remain safe and to alert staff to movement so that prompt support could be provided.
- Some bedrooms and communal areas lacked storage space for communal and individual equipment as people's needs increased. We were told that this was a challenge for staff in regards to moving and handling and keeping the environment safe.

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. We found that they were.

- Staff had a good understanding of the MCA and how this informed their day to day work.
- MCA and best interest decisions were evident within care plans. These were 'decision specific' and highlighted how a person's assessed capacity varied dependant on the decision to be made.
- Staff were aware that people had the right to make unwise decisions where they had the capacity to do so and respected this.

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 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

- Relatives told us that their loved ones were well cared for. One told us "I honestly never thought anyone could care for my [relative] as well as I did. But these staff have proved me wrong. They do it as well, if not better".
- People praised the staff for their patience, kindness and compassion. One person told us "It's like that advert on the telly, they do what is says on the tin! It is a care home and that is exactly what they do... they care". Another person said "I am not the easiest to care for and I can be horrible to the staff at times. But they are always kind to me and never snap back. They have so much patience".
- Staff had taken the time to get to know people and what was important to them. A "This is me" document was available for each person and contained detailed information relating to their background, family, things that upset them or made them happy, routines and preferences. This also included what a person liked to be called and by which pronoun they wished to be referred.
- Staff training had focused on not making assumptions about people's personal life and about being open to what different people may mean by family.

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

- We heard staff speaking to people kindly, offering them choices and supporting them to make day to day decisions.
- People had been provided with assistance to complete the recent quality survey asking their opinion about Sable Cottage.
- Care plans indicated that people had been involved in making decisions about things of importance to them including any care and treatment plans.

Respecting and promoting people's privacy, dignity and independence

- Not all staff respected the environment in which people lived. Careless actions sometimes caused damage to rooms, equipment or possessions. The registered manager told us this was primarily an issue with agency staff which they were constantly addressing.
- Staff took care to ensure that people's privacy and dignity was always maintained. Staff knocked and sought permission to enter a room and they closed the doors during personal care interventions. One person also said "The staff always make sure my curtains are drawn when they are assisting me as my room looks out onto the road. They remember this better than I do".
- Care plans were explicit in what a person could do for themselves. We observed staff encouraging and enabling people to be as independent as possible. One person was observed to help make drinks and lay

out the dining tables which they took much pleasure in doing.

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 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

- Care plans were in place that provided information for staff on how to provide person centred care.
- Information was gathered from people and their families about how they wished their care to be delivered. Changes had been made to admission paperwork and care plans making sure questions were more open about people's family life and how they choose to live it.
- People confirmed that staff knew them well and they were able to make choices such as when to get up or go to bed, when to have a shower, what to eat or how to spend their day. One person said "There are no rules here. You can make your own mind up about things".

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 had difficulty in communicating their wishes and expressing how they feel. There were picture menus so that people could make choices about their meals. Picture pain scales were available so that people could express if their level of discomfort.
- Forms were available in easy to read formats and documents could be loaded onto a tablet to increase the size of the font for those with a visual impairment.
- Care plans indicated each person's communication needs and how best to meet them.

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

- People at the service had stated they wanted more meaningful activities outside so a new raised bed was created in the garden which they helped plant and enjoyed in the summer months.
- One person said to us "This is not The Ritz: I am sure that here are better facilities and state-of-the-art homes out there but that does not make it a good care home. It does little to make you feel welcome. This place is a real home from home, we are treated as individuals and you don't feel lonely".

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and told us they felt quite able to do so. One person said "The staff here are open and receptive to criticism. I have had a few 'discussions' with the manager about things I wasn't happy about and it was all dealt with amicably".
- Complaints were logged, investigated and responded to. The registered manager had responded

promptly to any concerns reported to them via the CQC.

End of life care and support

- Staff had participated in the "Six Steps" programme which was set up to support staff and to help develop their roles around end of life care.
- Staff spoke passionately about providing appropriate support to people with life limiting conditions. A care plan was in place to outline a persons advanced preference in the event of their death to enable staff to fulfil peoples wishes.
- Nursing staff had completed additional training to enable them to verify that someone had died and therefore avoiding any unnecessary delay or distress to families in this being completed.

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 good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager in their PIR told us they adopted a human rights-based approach (HRBA) to the way decisions were made at Sable Cottage. They aimed to ensure that the principles and standards of human rights were central to all aspects of decision making.
- Feedback from people who lived at the service, relatives and staff confirmed that good outcomes were achieved. Staff expressed some frustrations that they could not enhance the quality of life for some people as they were constrained by the persons self-determination.

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

- There was a registered manager who had been at the service since its registration. They were aware of their regulatory responsibility and ensured that CQC were notified of key events.
- Systems were in place to monitor the quality and effectiveness of the service. A series of checks were carried out by staff, the manager and the registered provider.
- Electronic systems allowed the creation of action plans and 'to do' lists following an audit or concern. The registered provider assigned tasks to staff within the home and monitored their progress to ensure completion.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Action was taken following quality surveys. We saw examples of people's feedback being used to improve the service.
- The registered provider took a new approach to recruiting staff. They secured accommodation close to the service to enable work and accommodation to be offered to those wishing to relocate.
- The service was trying to be more environmentally friendly so were in the process of changing all ceiling lighting to LED lighting: the benefit also being a brighter environment in which to live and work .
- In response to feedback from people, the registered manager had created a small room to enable people to have private space and quiet time.

Working in partnership with others

- The service was not part of a corporate network and so the registered manager had developed their own

support networks with other professionals and organisations.

- Positive relationships had been formed which benefited the outcomes for people receiving support as well as staff.
- The registered manager and other members of staff were actively engaged with projects and training initiatives within the local area. These included clinical forums, react to red training, and to 'dip or not to dip' (an evidence-based pathway which aims to improve the diagnosis and management of Urinary Tract Infections).