

Sambrook Care Limited

# Sambrook House Residential Home

## 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

About the service: Sambrook House Residential Home is a care home that provides personal care for up to 28 people, some of whom are living with dementia. At the time of the inspection 27 people lived at the service. The home had some large rooms that could be utilised as a double room to accommodate couples, friends or family members who wished to share a room.

People's experience of using this service: We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw that staff were very thoughtful in their approach to people. They knew them well and what they needed and liked.

People we spoke with gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people well. We saw that warm, positive relationships with people were apparent and one person described the staff as "Marvellous, all of them and the manager. She is fantastic and gets the job done."

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw that relatives were involved in supporting staff to understand how people wished to be cared for. Relatives were consulted with and played an important part in the running of the home.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The food served at the home was of a very high standard. The home had won awards for the quality of the food; The Shropshire Partners in Care Healthy Eating Award in 2014 and 2016. Everyone we spoke with told us that they enjoyed the food and we saw that it was plentiful and good quality and people could choose what they wanted to eat.

There were many social activities provided at the home and people told us that they enjoyed them. These were provided by a small team of volunteers from the local village who had connections with the home.

The registered manager and the provider used a variety of methods to assess and monitor the quality of the service. They had a positive working relationship that was apparent during the inspection. They completed regular audits of the service and held staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home and to relatives.

More information is in the detailed findings below.

Rating at last inspection: The service was rated Good at the last inspection in June 2016.

Why we inspected: We inspected the service in accordance with our ratings programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

## 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 safe

Details are in our Safe findings below.

Good ●

### 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 ●

# Sambrook House Residential Home

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspection manager.

Service and service type: Sambrook House Residential Home is a care home. People in care homes receive accommodation and personal care. 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 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: We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eight people who lived in the home to ask about their experience of the care provided. We spoke with two members of care staff, a senior carer, the provider and the registered manager.

We reviewed a range of records. This included three people's care records and medicine records. We also

looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety audits developed and implemented by the registered manager.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One person told us "I'm very safe here. There is always someone on hand if you need them."
- The staff had all received safeguarding training and were able to explain what action they would take if they had concerns.
- Safeguarding information was available in the home.
- The registered manager maintained a clear audit trail of incidents and actions taken in response to concerns. The registered manager had made a number of safeguarding referrals regarding the support people in the home had received from other health care professionals. This showed that the service protected people from potential harm when required.

Assessing risk, safety monitoring and management

- The environment and equipment was safe and well maintained.
- Risk assessments clearly identified people's needs and actions to take to support them and maintain their safety. We saw that risk assessments were working documents with updates made when there were changes in people's health or behaviour.

Staffing and recruitment

- We looked at staff recruitment and reviewed two files for staff members who had been recruited during the last year. We saw that this had been done safely and all the required checks had been completed prior to the new staff commencing work in the home.
  - We looked at staff rotas and saw that there were adequate staff on duty to meet people's needs.
- Throughout the inspection we observed staff responding promptly to people's requests and staff observing people's needs and offering support without needing to be asked.

Using medicines safely

- We saw that staff were trained to administer medicines and their competency was checked on a regular basis by observed practice.
- Medicines audits were carried out regularly. We looked at these and they demonstrated the improvements that had been made to the administration processes. The local Clinical Commissioning Group had carried out an inspection of medicines management in December 2018 and the home had passed the inspection.

Preventing and controlling infection

- We looked around the home and saw that it was clean and tidy and audits were regularly carried out to ensure that the home was kept clean. The home had recently appointed an infection control champion to support the staff in maintaining a clean and safe environment.

- Gloves and aprons were available in all the bathrooms and toilets for when they were required.
- The kitchen had been awarded five stars at the last environmental health inspection. This was the highest possible score.

#### Learning lessons when things go wrong

- We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- We observed that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. When people could not make their own decision then legal processes had been followed. We asked the registered manager to revisit capacity assessments and review them periodically to ensure that people's circumstances had not changed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and concluded that they were.

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

- One person told us "I often push their buttons and test the boundaries but to be fair to them, they could not be more accommodating."
- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- Staff had been developing their skills in supporting people living with dementia via training and used learning from best practice.

Staff support: induction, training, skills and experience

- We looked at the support that staff received and saw that it was good. All staff received training when it was due. Competency was tested after training to ensure that staff had understood the learning.
- Staff induction, supervision and appraisals were recorded and we could see that these were regularly completed. All staff had regular access to the registered manager to discuss any issues or concerns.
- Agency staff were not often used. Consistent staff were provided from the same agency when required so

continuity of care could be provided.

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

- We observed people having lunch during the inspection. Lunch was relaxed and staff were on hand to support people who needed help. The food looked and smelled appetising.
- The food served at the home was of a very high standard. The home had won awards for the quality of the food; The Shropshire Partners in Care Healthy Eating Award in 2014 and 2016. Everyone we spoke with told us that they enjoyed the food and we saw that it was plentiful and good quality and people could choose what they wanted to eat.

Staff working with other agencies to provide consistent, effective, timely care

- The service demonstrated that they worked closely with medical staff, social workers and district nurse teams to meet people's needs safely.

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

- The home was decorated to a good standard. We saw that some carpets were being replaced and people living in the home had been involved in choosing the pattern of the new carpet.

Supporting people to live healthier lives, access healthcare services and support

- The home was part of a pilot scheme in the local area to minimise admissions to hospital. The scheme was also in place to ensure that when there were hospital admissions then people took the correct information in with them so they could receive appropriate and safe care. The staff in the home had been trained in the new system.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service had a very close relationship with the local church. The church held every 3rd Sunday of the month service in the care home for the local community and the people who lived in the home to access, as well as communion services in the home.
- The home also had affiliation with other local churches in case anyone came to live in the home with different religious beliefs.
- Without exception, people living in the home told us that they were treated with dignity and respect at all times. One person said "I'd recommend anyone to come here. They look after you like family would."

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

- Throughout the inspection we saw lots of examples of people being encouraged to make choices for themselves about what they wanted to eat and how to spend their time. We saw that some people had made very clear decisions about how they chose to spend their day and where they wanted to eat their meals. Their choices were respected.
- One staff member had been awarded the "Unsung hero of the decade award" by 'The Carer' publication. The staff member had worked at the home for over 28 years and had been recognised for their devotion, commitment, hard work and dedication for enhancing the lives of the people that they supported in the home. The people who lived in the home and all the staff were very proud of this person's achievement.

Respecting and promoting people's privacy, dignity and independence

- We observed lots of warm, positive interactions between staff and people who lived in the home. Staff knew people well and how they liked to be cared for. We saw that one person enjoyed a glass of wine with their lunch. We were told that they did this every day and it enhanced their well-being.
- Staff were discreet with support that they provided by approaching people quietly and carefully. Staff recognised that some people found it difficult to accept that they needed support with day to day living.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some people in the home had very strong ideas about how they liked to be cared for. They told us that the staff respected their choices even when they didn't agree. One person told us "I like to stay in my room, eat in my room and live in my room. They've tried everything, bless them! They accepted it now but it doesn't stop them trying."
- The care plan files we looked at were very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as what was important to them, and their emotional and physical health needs.
- Lots of social activities were provided in the home by a small team of volunteers from the local village who had a connection with the home. The volunteers spoke with people and asked them what they would like to do and provided this. Activities varied from storytelling and keep fit. We also saw that paid entertainers regularly came in to sing and play music. One person only ever left their room when the singer came in so this was booked regularly.

Improving care quality in response to complaints or concerns

- The complaints procedure was on display in the home and in the 'resident's welcome pack' in people's bedrooms. The registered manager had an open door policy so people spoke with them whenever they wished to discuss something and this reduced the complaints.
- People we spoke with told us that they knew how to complain but they had never needed to.
- We saw that any complaints made were responded to robustly and the registered manager looked at how to improve the service to minimise any further complaints of the same nature in the future.

End of life care and support

- Staff understood how to support people and their families at the end of their lives.
- Some people had advanced care plans in place to make their choices clear for the end of their lives to ensure that the staff understood their wishes.
- The registered manager and two other staff members had recently completed Qualification Credit Framework (QCF) Level 3 in End of Life Care to enhance the end of life care that the home could provide.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Services are required to inform CQC of certain events. These are called statutory notifications. The service had sent a number of these as required by law.
- Staff told us they felt listened to and that the registered manager and provider were approachable and always available to them.
- Staff told us and we saw records to show they had regular team meetings. We saw that meetings were held for senior staff and night staff as well as full team meetings.
- The registered manager had been awarded the Shropshire Partners in Care (SPIC) Registered Managers Award 2016. They were very proud of this achievement.

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

- The registered manager was present during the inspection and they showed us the systems and processes that they had put in place in the home which meant that the service continued to function well and progress was closely monitored.
- The registered manager had a close supportive relationship with the provider of the home. They worked closely together but had clearly defined roles and responsibilities. The registered manager met formally with the provider and the other director of the service to discuss the home and the needs of the service they provided.

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

- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example by purchasing a labelling machine when there was a mix up with people's clothes.

Continuous learning and improving care

- Satisfaction surveys were sent to people who lived in the home, relatives, and staff members involved with the home to give feedback to make improvements. We could see that the registered manager analysed feedback and made changes to the care provided to ensure that people's views were responded to.

Working in partnership with others

- The service had good links with the local community. The home was at the centre of a small, friendly village and they were very much a part of the local community.

