

# Saffronland Homes 1 Limited

# Fenwick

## 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

Fenwick is a residential care home, supporting up to three people with learning disabilities. At the time of our inspection there were three people using the service. The home is a three-bedroom residential property with a lounge, kitchen and dining area as well as a garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

The provider had appropriate systems in place to identify risks to people's health, safety as well as their risk of experiencing abuse. There were enough staff working at the service and all had been appropriately vetted before working with people. The provider supported people effectively with their medicines and staff received annual training, but their competencies were not checked every year. We have made a recommendation about the completion of medicines competency assessments. The provider maintained good levels of hygiene within the home and had appropriate systems in place to deal with accidents and incidents.

The provider was not always following best practice guidance as they were not conducting annual medicines competency assessments. The provider gave staff the support they needed to do their roles and supported people with their health and nutritional needs, working with external professionals as needed. The home was appropriately designed and decorated to meet people's needs.

People's relatives gave good feedback about the care workers and told us their family members were well treated. People were supported to express their views and were supported with their religious needs. The provider respected people's privacy and dignity and supported people to be as independent as possible.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 provider planned people's care to ensure their needs and preferences were met. The provider supported people to communicate their needs and had clear communication care plans in place. They were

meeting the requirements of the Accessible Information Standards (AIS) and were able to provide information to people in different formats when needed. People were supported to participate in a varied activities programme of their own choosing. There were clear complaints and end of life care policies and procedures in place to guide staff if needed.

People's relatives told us the service delivered high quality care and they were asked for their feedback. Staff told us the registered manager was supportive. She and other staff understood their responsibilities and the quality of the service was monitored effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 10 January 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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 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** ●

# Fenwick

## 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.

#### Service and service type

Fenwick is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the last inspection report which was under a different provider along with notifications received. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and two care workers. We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment and staff supervision. We also

reviewed a variety of records relating to the management of the service, including quality monitoring documents. We also spoke with one relative who was visiting their family member. We were unable to speak with people using the service as they were unable to communicate with us, but we observed their interactions with care workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with another relative and one professional over the telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems and processes in place to safeguard people from abuse. People's relatives told us they thought their family member was safe using the service. One relative told us "I absolutely trust them with [my family member]. They've had different staff here over the years and they've all taken good care of my family member."
- Staff received safeguarding training and understood their responsibilities to keep people safe. They understood the different signs of abuse as well as the process they were required to follow if they suspected someone was being abused. One care worker told us "I would report any concerns to the manager. If I was concerned about the manager, I would go higher."
- There had been no safeguarding incidents since the registration of this service. The provider had a clear safeguarding policy and procedure in place which staff were aware of. People's care records also contained detailed information about any risks. For example, one person's care record included a risk assessment about their risk of experiencing financial abuse. There were appropriate safeguards in place for this person which included the appointment of a legally appointed representative.

Assessing risk, safety monitoring and management

- The provider took appropriate action to identify and mitigate risks to people's health and safety. People had detailed and personalised risk assessments in place which identified risks to people's health as well as risks which could emanate from their participation in activities. For example, we saw risk assessments had been completed in relation to one person's chosen activity which included clear advice for how staff could mitigate this to ensure the person could attend the activity of their choice.
- Risk assessments were completed in relation to equipment people used and there were also clear PEEPs in place. A PEEP is a Personal Emergency Evacuation Plan. It is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided.
- Care workers understood the risks to people's health and safety and gave us examples of actions they took to help mitigate these. One care worker told us "When you are out, we are concerned about certain things and need to be careful."

Staffing and recruitment

- The provider ensured there were a suitable number of staff to provide people with care. On the day of our inspection, we observed there to be enough staff available to support people. We reviewed the provider's rotas and saw a similar number of staff had been scheduled to support people throughout the week.
- Staff confirmed they felt there were enough of them scheduled to provide people with care and people's relatives confirmed this. One relative commented "There are enough staff here. They don't seem like they're rushing" and one care worker told us "There are enough staff. We have enough time to do our work."
- Appropriate checks had been conducted before new staff worked with people. Staff files included

evidence of a full employment history, two references, their right to work in the UK and criminal record checks.

#### Using medicines safely

- The provider managed people's medicines safely. People had clear medicines care plans in place which included information about the medicines people were taking, the dosage as well as the times they were supposed to be taken and the manner of administration. Medicines administration record charts (MARs) were fully filled in after administration and people's medicines were safely stored within a separate room.
- Staff received medicines administration training every year and were observed to administer medicine before they were allowed to do this independently. However, staff competencies were not checked annually and were only checked before they started supporting people with their medicines and if there were concerns thereafter.

We recommend the provider reviews best practice guidance in relation to medicines competency assessment.

- Care workers demonstrated a good understanding about the procedure they were required to follow when administering medicine to people. One care worker told us "The general procedure when giving people their meds is that we get the MAR sheet out. We give one client their meds at a time. We cross check the MAR sheet with the meds."
- The provider had a clear medicines administration policy and procedure in place which stipulated their responsibilities.

#### Preventing and controlling infection

- The provider took reasonable action to prevent the risk of infection. The home was clean and tidy on the day of our inspection and we observed care staff washing their hands throughout the day.
- Care workers received annual infection control training and demonstrated a good understanding about their responsibilities. Care workers gave us examples of how they maintained good levels of cleanliness throughout the day. One care worker told us "we wear gloves for personal care and for cleaning around the home. We use different gloves for different tasks" and another care worker said "We remind people to wash their hands- after the toilet, before eating."
- People's care records contained reminders for care staff to ensure people washed their hands. The provider had a clear infection control policy and procedure in place which stipulated the provider's responsibilities.

#### Learning lessons when things go wrong

- The provider had policies and procedures in place to learn lessons when things went wrong. At the time of our inspection, there had been no accidents or incidents within the home.
- The provider had a clear policy and procedure in place which stipulated the provider's responsibilities to report and investigate accidents and incidents.



# 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. This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider conducted regular assessments of people's needs and updated their care plans when needed. The provider conducted quarterly reviews of people's care needs to ensure that people's care plans were up to date and these included GP visits to ensure their health needs had not changed.
- The provider delivered care in line with current standards, but did not always follow best practice guidance as staff were not receiving annual medicines competency assessments. Care staff received up to date training every year, which followed current standards and the provider had up to date policies and procedures in place in a number of different areas.

Staff support: induction, training, skills and experience

- Staff received appropriate support to conduct their work. Before anyone started working at the service, they received an induction which followed the principles of the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received supervisions every two months and appraisals of their performance every year. Care workers told us they found these useful and they felt they received the support they needed to conduct their roles. One care worker told us "We get enough supervisions and appraisals. We can also request meetings any time we want- you don't have to wait for a supervision."
- The provider ensured staff received enough training to do their jobs. Records demonstrated that care workers received training every year in mandatory subjects and they confirmed they could request extra training if needed. One care worker told us "We get enough training and support. They will provide any extra training we ask for."

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

- The provider supported people with their nutritional needs. People had specific nutritional care plans in place which stipulated whether people had any particular dietary requirements or allergies. At the time of our inspection, nobody using the service had any particular dietary needs or allergies.
- People's records contained detailed information about their likes and dislikes in relation to food along with the support they needed to prepare and eat their food. We saw people's records contained clear information about the extent of support people needed to prepare their food safely and these included a consideration of safety risks within the kitchen environment. There was also clear consideration about whether people could serve their own food safely and whether they could use cutlery without support.
- Staff were clear about the support they were required to give people and had a clear understanding about people's likes and dislikes in relation to food. Weekly menus were devised in accordance with people's preferences and there was variety in the food offered to people. One care worker told us "We put things [on

the menu] that we know they like and that's how we do the shopping. We have shepherds pie, a Sunday roast- chicken or lamb. Fish and chips. There is variety, they will not eat what they do not like. We keep monitoring this."

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

- The provider worked effectively with other agencies to provide consistent and timely care. We saw evidence of detailed communications with multi- disciplinary professionals and these details were also incorporated into people's care plans.
- The provider kept suitable documentation for effective handover of information to healthcare professionals. People's records also included a 'hospital passport'. A hospital passport is a document which contains information about appropriate means of communication, support needs and wishes, which has been created for health professionals to best communicate and make appropriate decisions about people's care. We saw these documents were up to date and comprehensive in their level of detail, particularly around people's communication needs.

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

- The home was designed to meet people's needs. People could independently navigate themselves throughout the home. Bathrooms were clearly marked, the home was easy to navigate and pleasantly decorated.

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

- The provider supported people with their healthcare needs. People's care records included a separate health information file. This included details of appointments as well as up to date healthcare information relating to each person. People had annual GP reviews in relation to their healthcare needs and their medicine was also reviewed at this time.
- People's care plans contained information about people's healthcare conditions as well as how these effected their care needs. Care workers confirmed they had read these documents and demonstrated an understanding of people's conditions and needs.

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.

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 the provider had clear DoLS authorisations in place and conditions were being met.

- People using the service had mental capacity assessments in place which demonstrated that they did not have capacity to consent to decisions about their care. These had been properly completed and best interest decisions were in place to demonstrate their care was being provided properly in their best interest.
- Each person using the service also had a DoLS in place for their safety. These had been appropriately authorised and the provider was tracking the timings of these in order to make further applications when

needed.

- Care workers understood the principles of the MCA and DoLS and demonstrated an understanding of these. They confirmed they asked people for their permission before they provided them with care or support and we observed that this was happening.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider ensured people were well treated. People's relatives gave good feedback about the service and the care workers in particular. One relative told us "The staff are really kind and caring. They do go above and beyond and it gives me peace of mind to know [my relative] is being well taken care of." We observed care staff to be supporting people in a kind manner and they appeared to be comfortable with them.
- The provider respected and promoted people's equality and diversity. People's care records included information about their ethnicity and whether they had any particular cultural needs. At the time of our inspection nobody had expressed any particular cultural needs, but people's religious needs were being supported. We read that one person was being supported to attend church every week in line with their requirements.

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

- The provider supported people to express their views and be involved in their care. Each person using the service had a relative involved who was consulted in relation to their care needs. Relatives confirmed they were consulted in relation to their family member's needs. One relative told us "They call me to ask for my views."
- Care workers confirmed that people's views were taken into account in the formulation of their care plan and ongoing care needs. People using the service were not able to verbally communicate their needs, but we observed care workers communicating with people to ascertain their choices during our inspection. One care worker told us "We observe their behaviours and look out for their non- verbal cues about how they are responding. If they're not interested in something or not happy, it's quite obvious."
- People's care plans contained extensive information about people's preferences in all areas of their care needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. We observed care workers approaching people in a respectful manner throughout our inspection. People's relatives told us their family member was treated respectfully. One relative told us "They're very respectful and polite. There have been no issues."
- Care workers gave us examples of how they respected and promoted people's privacy and dignity, particularly when giving personal care. One care worker told us "We make sure the curtains are drawn when we give personal care. We make sure people are wearing clean clothes. [One person] prefers you to leave [them] alone- [they] will wave you out when [they] do[es] not want you in [their] room and we respect this."
- The provider supported people to be as independent as they wanted to be. People's care records included clear guidance about what people could and could not do for themselves. We observed care workers

encouraging people to do things themselves during our inspection.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider planned people's care to ensure their needs and preferences were met. The provider assessed people's needs and choices before they started using the service. People's care records contained initial referrals that had been received from the local authority along with historical information about their care and support needs. The provider used this information and conducted their own assessment with people and their families and professionals to produce their own plans of people's care.
- People's care plans were comprehensive and holistic. They covered a range of areas which included their communication needs, physical and mental health needs among others.

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.

- The provider met people's communication needs and met the requirements of the AIS. The registered manager confirmed that where information needed to be provided to people, she would ensure this was available in an easy read format. We saw copies of the provider's recent survey had been provided to people in this format.
- The provider had clear communication care plans in place to support staff to communicate effectively with people. We saw these contained guidance on how people expressed different emotions along with guidance for staff in how they should communicate with people. We observed staff communicating with people during our inspection and they responded well to this.

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

- The provider supported people to maintain and develop new social interests. People had individual, comprehensive activities timetables in place. These were displayed in the kitchen area and the office within the home, so all staff were aware of what activities people were supposed to be doing on a daily basis. We observed that people were out of the home for some of our inspection due to their participation in these activities.
- People's activities varied and depended on their individual interests. People took part in physical activities such as cycling or going on shopping trips, as well as taking classes in painting. People also took an annual holiday and recently took a trip to Centre Parks holiday resort.
- Staff knew which activities people enjoyed and gave us examples of these. They confirmed that people also regularly attended new activities. One care worker told us "we do new activities. We tried going to the

cinema as a group and do bingo on a Saturday and they enjoyed these. They were really successful. We try new things all the time."

#### Improving care quality in response to complaints or concerns

- The provider was able to effectively respond to complaints or concerns. At the time of our inspection, the provider had not received any complaints. However, people's relatives told us they would feel comfortable making a complaint if necessary. One relative told us "I don't have any complaints and never have. But I talk to the staff all the time and they would sort out any problems."
- The provider had a clear complaints policy and procedure in place which stipulated the provider's responsibility to respond to complaints in a timely manner.

#### End of life care and support

- The provider was able to provide suitable end of life care to people if needed. At the time of our inspection everybody using the service was under the age of 50 and did not have any life-threatening conditions. However, people's care plans included details about whether they had any particular spiritual needs and people had funeral plans in place in case these were needed.
- The provider had a clear end of life policy and procedure in place. The registered manager confirmed that they were able to provide end of life care if people wanted and needed this in the future.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 provider promoted a positive culture for people, their relatives and staff. People's relatives commented positively on the culture of the service. One relative told us "Everyone's really friendly. I can come whenever I want and have a cup of tea with the staff." We observed a relative being warmly welcomed into the home and conversing in a friendly manner with all members of staff.
- Care staff told us the home had a positive culture and they felt valued. One care worker told us "The manager is supportive and approachable. You can talk to her about anything" and another care worker said, "There is good teamwork here- everyone works well together."
- People's relatives told us the home achieved good outcomes for people. One relative gave a detailed account of the positive benefits the home had achieved for their family member since they started using the service.

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

- The registered manager understood their duty of candour responsibilities and had transparent processes in place to learn lessons when things went wrong. Notifications were sent to the Care Quality Commission in line with requirements.

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

- The registered manager and staff were clear about their roles and responsibilities within the service and towards the people they cared for. The registered manager understood the regulatory requirements in relation to a number of different areas and had systems in place to ensure all requirements were met. This included the requirement to ensure all risks relating to people's health and safety were identified and mitigated and that staff were well supported. Tasks were delegated appropriately and systems were in place to ensure these were completed.
- Care workers understood their responsibilities and confirmed this was made clear to them before they started working at the service. They confirmed they were provided with job descriptions and we saw these provided a clear explanation of their roles, which tallied with their experiences of doing the job.

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



## characteristics

- The provider engaged with and involved people, their relatives, staff and professionals. The provider completed annual surveys of care provided with people using the service. We saw these documents were available in an easy read format and were discussed with people. The forms indicated that some people did not want to answer the questions posed, but those who did, commented positively on the quality of care. Staff were also asked to complete a survey and an action plan had been put in place as a result of this. People's relatives told us the provider engaged with them and asked for their feedback.

## Continuous learning and improving care

- The provider undertook regular audits of the quality of the service and took action to improve care where issues were identified. We saw numerous audits were conducted in various areas including medicines, care records, quarterly care reviews and an audit of the night- time care.
- The registered manager also completed a quarterly 'manager's report' which involved a check of numerous areas of the service and home. Where issues were identified, we saw actions had been put in place with clear timeframes for completion.

## Working in partnership with others

- The provider worked in partnership with other organisations to meet people's needs. Records indicated that people received support from multi- disciplinary professionals including GP's, pharmacists, psychiatrists among others. We saw their advice was incorporated into people's care plans when needed.
- Staff also confirmed they received training from professionals when needed. For example, the provider arranged training in oral care with the Kings College Hospital dentistry team.