

Saffron Care Homes Ltd

Arlington House

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 

Overall summary

This unannounced inspection took place on 4 November 2015. At our last inspection on 19 June 2014, our inspection found that the provider breached regulations relating to Care and welfare of people who use services and Notifications – notice of absence. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make.

Arlington House is a care home for up to six adults with a learning disability. At the time of the inspection there were three people using the service, and one of these was away on a holiday.

The service did not have a registered manager. We had been notified that the registered manager had resigned a week before this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People’s relatives had positive views about the staff and the support care provided at the home. They told us staff were kind and caring. We observed staff were not rushed

Summary of findings

when supporting people. This showed staff understood what and why they were doing in providing care. Staff told us they had relevant experience, knowledge and training to provide care that met people's needs.

People's relatives told us there were enough staff at the home. The staff rota showed that the staffing level was reviewed to reflect the needs of people. We noted that risk assessments were completed and the provider had assigned one-to-one staff support as required by some people.

People's health needs were regularly reviewed and they had attended various medical appointments. We saw that there were good systems in place for storing and administering medicines.

Staff knew how to support people in the ways that were explained in their care records. They ensured that people were treated with respect and dignity and were able to make choices about how they were supported in their daily lives.

There were systems in place so that the requirements of the Mental Capacity Act 2005 were implemented when required. This legislation protects people who lack

capacity to make informed decisions in their lives. We noted that best interest meetings had taken place and Deprivation of Liberty Safeguards (DoLS) authorisations obtained for people as required. DoLS applications are authorised to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Staff were properly supervised and supported in their work by the registered manager. The staff also attended a variety of regular training in matters related to their roles.

There was a system in place to ensure complaints were investigated and responded to properly. People's relatives knew how to make their views known and they had access to up to date information to help them to make a complaint.

People's relatives and staff told us the acting manager and the provider were approachable and were available if they needed to see them. The provider had ensured that regular checks on various aspects of the service had been undertaken. We were advised by the provider that they were seeking to employ a person suitable to become the registered manager of the home.

Summary of findings

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. People's relatives told us they were happy with the service and staff were kind. We observed staff treated people with respect and dignity.

The service had recruitment procedures in place which ensured that staff were appropriately checked and had the necessary experience and knowledge to support people. We noted that enough staff were deployed to work with people.

Risks assessments were completed and guidance was put in place for staff to manage the risks.

Good



Is the service effective?

The service was effective. Staff received training and support for their roles. People were supported to maintain health through access to healthcare services and appropriate nutrition and hydration.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through use of the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. People's relatives told us staff were compassionate and treated each person as an individual.

Staff maintained relationships with families and kept them up to date with information about people's wellbeing.

Good



Is the service responsive?

The service was responsive. People were supported to participate in personalised and stimulating activities.

The service had a complaints procedure available to people and their relatives.

Good



Is the service well-led?

The service was well-led. The service was managed by an acting manager and the provider told us a new manager was being recruited. The acting manager was supported by a deputy manager.

A range of checks and audits of various aspects of the service were undertaken. People's relatives and staff told us that there was an open and transparent culture within the home and they could talk to staff.

Good



Arlington House

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 4 November 2015 and was unannounced. The inspection was conducted by two adult social care inspectors.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we observed people using the service, spoke with two relatives, two staff and the provider. We reviewed three people's care files, six staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also had a guided tour of the premises.

Is the service safe?

Our findings

We observed people were relaxed when interacting with staff. A relative told us, "Staff are very friendly." Another relative told us that they were "quite happy with the home" and felt that people "were safe" in the home. We saw staff were kind and friendly when supporting people with tasks such as tying up shoe laces and helping them with meals.

People's care files contained detailed risk assessments. For example, one person's risk assessment stated that they did not have an awareness of heat or fire and therefore the kitchen door must always be kept locked. We saw that this was the case and noted that the kitchen had a partial door which allowed people to see and interact with staff.

Risk assessments covered possible incidents that could happen when using public transport, taxis or the home's car, and when eating meals. We saw that detailed guidance of how to manage these risks were outlined and reviewed. Staff confirmed that they had read the risk assessments and the associated guidance put in place for them to follow. This showed that possible risks to people were identified and managed appropriately.

Staff and people's files showed that there was a one-to-one staff support when people went out in the community. The staffing rota showed that there were two staff working during the day shift and one sleeping staff at night. The acting manager informed us that the staffing rota would be reviewed depending on how many people were at the home. We were informed that when the person on holiday returned the staffing level would be increased to make it three. Records and discussion with a relative confirmed that one person stayed with their family every weekend and the staffing at the weekends was two.

There were systems in place for recruitment of staff. Each of the staff files we checked contained evidence of two written references, police checks, right to work in the UK, and completed application forms. The acting manager and staff confirmed that new staff had attended an induction programme before starting work. The acting manager told us that the home recruited staff who had experience of supporting people who had behaviours that challenged a service. Staff we spoke with confirmed that they had work experience before being employed by the service. This showed that people were supported by staff who were properly vetted to ensure that they had experience and knowledge to provide care.

Staff administered people's medicines. We checked the medicines and the medicine administration record sheets (MARS) and found that they were all in order. We saw that staff had signed the MARS to confirm the medicines had been administered as prescribed. Staff told us and records confirmed that staff had attended medicines administration.

We observed that medicines were kept in a locked room. The acting manager told us and records showed that medicines were audited weekly. This ensured that people's medicines were kept and administered safely by staff.

All parts of the home were clean and tidy with no offensive smells. Staff told us they carried out the cleaning of the home. There were hand washing facilities in the toilets and people's bedrooms were personalised and kept clean. Staff told us they had attended training in infection control and said they would use protective clothes such as aprons and hand gloves when providing personal care or handling soiled items. We saw staff washed their hands before and after preparing a meal. This showed that the risks of infections were managed.

Is the service effective?

Our findings

Relatives made positive comments about how people were supported and assisted with their needs. One relative said, "Staff do a very good job." Another relative told us, "Staff are always there to help [the person with their needs]". We observed that staff communicated with people effectively by taking time and using gestures to explain what they were doing. We noted staff assisting people in ways that showed they knew how to support people with their needs. Staff used a calm manner and approach with people who were anxious due to their needs.

Staff demonstrated they understood how to provide people with effective support with their needs. They told us how they worked with people to help them to feel calm and relaxed. Their role included motivating people with attending various activities and appointments. People's care plans confirmed that staff assisted them to attend activities and medical appointments.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005. 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).

The registered manager told us how they would ensure Deprivation of Liberty Safeguards (DoLS) were used appropriately. They told us and records confirmed that authorisation of DoLS had been obtained from the local authority for people living in the home. DoLS are legal safeguards that ensure people's liberty is only deprived when absolutely necessary for their own safety.

Care files showed that people had health plans and were supported to have regular health checks. We noted each person was registered with their GP and had access to other health care services such as audiology, chiropody and psychiatry. There was a "Hospital passport" for each person. This contained personal and medical information which health professionals needed to be aware of when treating people. Staff told us they always ensured that the people's Hospital Passports were available with them when they attended healthcare appointments.

We observed staff were patient and allowed people to eat at their own pace when supporting them with their breakfast and lunch. A relative told us that there were varieties of food at the home and that they had no concerns about the food. There was a four week rotating menu which was also presented in pictorial format. Staff told us that the pictures were shown to people so that they were able to choose what they wanted. We saw that the lunch provided on the day of the inspection matched the menu. We observed that there were fresh fruits which people were able to choose from when they wanted. A relative said staff provided services that reflected and met people's religious and cultural needs. Staff told us and care files showed that people's preferences of how to be supported were discussed and recorded. This ensured that the needs of each person was discussed and recorded in their care plans.

Staff received training to enable them to support people effectively. Staff spoke positively about the training and learning opportunities they were able to attend. They said they had been on training in subjects such as adult safeguarding, first aid, management of medicine, health and safety, fire safety, food safety and lone working. The training records confirmed staff had attended training in a range of relevant areas to their roles.

Staff told us they received support, supervision and appraisal from management. These were confirmed in the staff files we checked. We also saw the minutes of staff meetings which showed that staff were able to discuss various matters related to the service.

Is the service caring?

Our findings

Relatives spoke positively about how staff provided care. They told us staff looked after people with compassion. One relative said, "[Staff] are caring and treat everybody as an individual. They are very caring and polite." We saw staff were friendly and caring when interacting with people and when supporting them with meals. We observed staff sat by people's side and communicated with them when supporting people with their meals. We observed staff were kind to people offering them a seat during lunch time. We noted they understood the signs of behaviours and reassured people by talking to them and offering them drinks.

The staff demonstrated that they had understood how to provide people with personalised care that met their needs. They told us they knew what time people liked to be supported to get up. The staff knew people's preferences and routines which meant that they were able to provide the care and support people needed. We noted that people responded positively when staff used approaches that reflected their needs.

Even though the kitchen was kept locked based on risk assessments, this did not stop people from interacting with staff and having drinks and food they preferred. We observed people had opportunities to interact with staff in the kitchen and have snacks and drinks. Staff told us and

records confirmed that each person had a named key worker responsible for monitoring people's care plans were reviewed and met. Staff explained their role as a key worker and said they met with people, updated records and organised review of care plans.

Each person had their own bedroom and staff told us they always knocked on the doors before entering. Staff told us how they ensured people's privacy and choice by, for example, "asking people what they wanted to wear" and "by closing doors when supporting people with personal care". We observed that staff knocked on the doors before entering bedrooms and they asked people if they were ready to get up and if they wanted breakfast. These showed that people's privacy was respected and staff were caring.

Staff maintained relationships with people's families. For example, two relatives of people said, "[Staff] keep us updated [about people's well-being]." They said staff informed them about people's health and social care or appointments. They told us people were well looked after and they "would recommend the home [to others]".

All people's care files we checked contained information about "What I want or need to do; Do I need help; What help is needed; Who will do this; How often; and When does this need evaluating?" We saw that the care plans were detailed and up-to-date. This showed that people's care plans were regularly updated and reflected their current needs.

Is the service responsive?

Our findings

At our last inspection in June 2014 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had not reviewed care plans yearly and monthly reviews were not clear as they did not contain information about possible changes or about the people involved. During this inspection we noted that care plans were reviewed regularly and people, their relatives and professionals were involved.

The care plans reflected how to support and encourage people with activities and daily living. We noted that the care and support people received was personalised and responsive to their needs. The care plans showed that people and their relatives had been asked about their individual preferences and what goals people wished to achieve. A relative told us they were happy with the overall care provided and with the activities available to people.

People were supported to take part in social and leisure activities they enjoyed. Each person was encouraged to plan their own timetable of weekly activities they wanted to take part in. These included attending a day centre, going for a walk, going to sensory classes, horse riding and cycling. We saw that the home had a television with a large screen which showed programmes people enjoyed.

We noted the home received feedback from the families and professionals. We saw satisfaction surveys were in place and these were also in easy read versions. The provider told us that they continuously asked relatives for feedback and included their comments in the improvement of the service. This was confirmed by the relatives. We were also informed that the provider visited the home once every week and observed interactions between staff and people. The provider told us she checked records and spoke with staff during her weekly visit. She told us she would keep the records of the tasks she undertook and the outcome of her visit for future reference. This would help the provider to present evidence that the weekly visits had taken place and improvements to the service had been made.

The complaints and compliments policy was available in easy read format. We noted that one complaint had been recorded since the last inspection. Records showed the complaint was investigated and addressed appropriately by the provider. Relatives told us they were aware of the provider's complaints policy and they were "confident to raise any issues".

Is the service well-led?

Our findings

At our last inspection in June 2014 the provider was in breach of Regulation 14 of the Care Quality Commission (Registration) Regulations 2009 because they had not informed the Care Quality Commission of the absence of the registered manager. At this inspection we found that the provider had made sure that they had sent notifications as required to the CQC. For example, we had been notified of the recent resignation of the registered manager and the progress being made to recruit a new manager .

The home was currently managed on a part time basis by an acting manager who was registered with the CQC to manage another care home. Relatives and staff talked positively about the acting manager and the provider. A relative said, "[The manager] is approachable and I can call the Provider anytime." A member of staff told us, "The acting manager and provider are supportive. They listen and I can talk to them." We observed that the acting manager was "visible on the floor" supporting people when they were anxious. We noted there was good communication between staff, the acting manager and the provider.

Staff meetings were held regularly. The minutes of the meetings showed that there was an open and transparent culture in which staff felt confident to raise and discuss practice issues. The agenda items of staff meeting were

varied and the minutes showed the manager encouraged and supported each member of staff to contribute. This showed that there was an effective management system in place. We noted that this system was implemented under the management of the manager who had resigned and we encourage the practice to be sustained.

Health and safety audits and quality checks on the service and the care people received were undertaken regularly. Actions were put in place where risks and improvements were needed. We noted that regular audits of electrical appliances, microwave, oven, fridge/freezer, radiators, cutlery and fire doors were undertaken. Records showed that incidents and accidents were recorded and appropriately dealt with by staff.

The home had a car which was used as a means of transport for people to go to places including holidays. The provider and records showed that the car had undergone appropriate annual checks. We noted at the time of the inspection there was no member of staff who had a driving licence . The provider said she was aware that the car would be used when staff had a suitable driving licence and insurance to use the car.

Relatives and records showed that relatives could see people at different times. One relative told us that there were no restrictions on visiting times and that the person spent every weekend with them. Another relative told us that they were happy with their communications with staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.