

## Saffronland Homes Limited

# Mundania

### 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

Mundania is a residential care home for a maximum of six people with a learning disability. At the time of the inspection there were five people living at the service receiving care and support from staff.

At the last inspection on 8 October 2014, the service was rated Good. At this inspection, we found the service remained Good.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service at the time of the inspection. A new manager is in place at the service. They are employed by the registered provider managed the day to day operation of the service. The registered provider plans to submit an application to register a manager with the Care Quality Commission.

Staff continued keeping people safe from harm and abuse. Staff had training in safeguarding adults and showed they understood the ways in which people display signs of abuse. Staff told us how they would contact the local authority if they suspected an allegation of abuse.

Staff identified risks to people's health and well being. When risks were identified, a plan of action was developed. This provided guidance on the risk and the actions staff would take to manage the risk. Staff used this process to continue to keep people safe from risks.

The registered provider maintained staff numbers that were sufficiently deployed on each shift. People continued to have their care and support needs met. Staff availability was flexible to meet the needs of people during the day and at night.

The management of people's medicines continued to remain safe. Systems for the safe management of people's medicines were embedded in the service. Staff practiced safe administration, storage, and disposal of medicines.

The registered provider continued supporting staff. There were embedded systems in place for appraisal, training, and supervision for staff. Staff had the opportunity to discuss their role, training needs and their professional development within the service.

People's care continued to be delivered in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff continued to seek people's consent to care and treatment and respected their decisions. People remained supported by staff to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's nutritional needs were met and maintained by staff. Staff continued to prepare meals for people that reflected their cultural needs and preferences. Staff provided sufficient food and drink through the day to meet people's needs and choices. Systems in place for people to access healthcare services were maintained by staff. The health care needs of people were met. People had access to health care services to meet their health care needs. Staff were aware of people's health care needs and made referrals to care services when people's needs changed.

Staff understood people well. Staff maintained a caring and respectful relationship with people. Staff were able to describe people's likes and dislikes and how people wanted to receive their care. Records showed that staff continued to support people and their relatives in making decisions their care. Staff spoke with people in a way that showed they respected them and protected their dignity and privacy.

People continued to take part in a variety of social activities. Each person has a weekly plan that contained information about the activities they were taking part in. Relationships and friendships were maintained. People had the opportunity to remain in contact with people that mattered to them.

People and their relatives were continued to remained involved in an assessment of need. Following an assessment, a care plan is developed to ensure staff supported people to meet their needs. The care plans continued to be reviewed with people on a regular basis to ensure they remained relevant.

The complaint process was made available to people and their relatives. Complaints raised and continued to be investigated and a response provided to the complainant.

The manager maintained effective leadership to staff at the service. The manager was at the service each day and provided management support at the service.

Events that occurred at the service were reported to the Care Quality Commission as required. The service continued with the regular monitoring and review of the service. Audits of the quality of care were maintained. The manager developed an action plan to help make improvements to the service where necessary.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Mundania

## **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 checked 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 28 March 2017 and 5 April 2017 and was unannounced. One inspector carried out the inspection. Before the inspection, we gathered and reviewed information we held about the service. We looked at statutory notifications, the provider's Provider Information Return document.

During the inspection, we spoke with three people using the service and one relative. We spoke with the manager of the service, a senior manager and the nominated individual. The registered manager was no longer employed by the service.

We completed general observations of the service, including interactions between people and staff. We looked at four care records and the medicine administration records (MARS) for all people living at the service. We also looked at other records relating to the management of the service including service audits and questionnaires.

After the inspection, we contacted two health care professionals.

# Is the service safe?

## Our findings

We found that the service remained safe. When asked people told us, they felt safe living at the service. One person said, "Yes, I am safe." Another person was able to respond "yes" when asked if they felt safe living at the service.

Staff continued to protect people from harm and abuse. Staff understood how the signs of abuse are presented in the people they cared for. Staff understood their responsibilities to report and respond to an allegation of abuse. We saw staff had raised an allegation of abuse to the local authority for investigation. We found that the service responded to safeguarding allegations in a way that protected people from harm from abuse. Staff continued to follow the registered provider's processes to escalate an allegation of abuse. Staff followed safeguarding processes to keep people safe.

Staff identified and managed risks to people's health and wellbeing. Staff continued to manage risks to people in a safe way. When risks to people were identified staff developed guidance to help them care for people safely. For example, we saw risks identified that were associated with a person's medical condition. The risk management plan described in detail the person's medical conditions, what action staff needed to take in an emergency and how staff could keep the person safe. We saw another example where the person's risk assessment detailed how staff would support the person with outdoor activities. They needed support with using public transport and the risk assessment detailed risks associated with using public transport. Guidance in place provided staff with sufficient information from their plan to manage those risks for people.

People were supported with their care and support needs. The manager ensured there was enough staff to support people safely. We saw the staff rota and this showed the staff on duty and the names of the people they were supporting for the day. Each person had individual support throughout the day from staff. The manager informed us that additional staff would be available to support people on an outing or to attend an appointment when required.

People received their medicine as prescribed. We checked each person's Medicine Administration Record (MAR). Staff signed these on each occasion, accurate and with no gaps in them. We checked the medicine stocks to ensure they reflected what was recorded on people's MARs. Staff requested from the GP repeat prescriptions for people to ensure they had sufficient stocks of medicines available. People had access to 'when required medicine'. The medicine process in place gave staff guidance to manage people medicines in a safe way.

People lived in a service that was clean. Staff had access to appropriate equipment to carry out their jobs. Staff had access to personal protective equipment for example, gloves, and aprons. Staff had access to these as required and helped them to reduce the risk of infection. The home environment was clean and clutter free.

## Is the service effective?

### Our findings

People lived in a service that remained effective. Staff employed were skilled, trained and knowledgeable. Staff completed training to support them in their role. Training provided was mandatory for staff. The training programme in place included safeguarding adults, medicine management, first aid and infection control. Staff completed other training relevant to their role. When a person had a specific medical condition, training on this was provided for staff. People were also encouraged to attend training arranged for staff. This gave staff an understanding of the condition and guidance on how to care for people. Staff records contained training certificates and an attendance register that confirmed which staff attended training and which staff needed to attend this training.

People gave their consent to receive care and support. We observed people providing their consent to staff. Staff spoke to people in a way that they were able to understand. Staff supported people to make a decision in what they wanted to wear each day. One person said, "The staff talked to me and then help me to choose what I want." People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that staff had applied to the 'supervisory body' for an assessment within the MCA framework for people. The 'supervisory body' completes an assessment on people's mental capacity and grants an authorisation, which provides guidance for staff to care for people under DoLS. This authorisation protects people from the unlawful deprivation of their liberty.

People had sufficient food and drink to meet their needs. Staff completed regular shopping for the service. Stock checks were made of food and other supplies. People contributed to the food ordering and had the opportunity to contribute to the development of the menu. We saw that there were sufficient food and drink for people to access as they chose. Staff provided meals at the service. People were able to choose what meals they wanted to eat. We saw staff had prepared meals for people that they enjoyed. Staff prepared meals that met people's cultural needs. Staff are able to tell us what meals people enjoyed. One person said, "Yes, I like the food." When we visited, we saw a person eating their breakfast. We could see from the way they were eating their meal they were enjoying it.

People were supported to access health care services when required. Staff took appropriate actions to ensure people's needs were met. Records showed that staff made a referral to a behaviour specialist for advice and support. Staff told us "[person's name] behaviour had changed from what was normal for them. We made a referral to the mental health services for support." Records held details of the referral the assessment by a health care specialist and the health care professional's recommendations made. The person's care records were updated to reflect this information. The daily records showed that staff had followed this guidance to support the person in an effective way. Staff acted in a way that supported people to access appropriate health care services to help them maintain good health.

People lived in a service that was maintained. We saw that areas of the service was designed so people could move around freely. There were handrails thorough the service and people could use them if needed.

Bathrooms were adapted for people who had difficulties using the bath or shower independently. The manager informed us that there was planned refurbishment and redecoration of the service.



# Is the service caring?

## Our findings

People lived in a service that was caring. During our inspection visit, we observed positive interactions between people and staff. Staff demonstrated they cared for people in a compassionate way. One person said, "I like [staff's name]. From our observations, we saw people and staff had developed positive, caring, and compassionate relationships with each other. We observed people and staff engaging in conversations with each other. We saw people were comfortable speaking with staff and heard people speaking about things that interested them. One person said, "Chelsea is my team." Another person said "[Staff's name] likes football!." They discussed football results with staff that were enthusiastic and engaged with the person in that conversation.

People continued to be supported to make decisions regarding their care and support. Weekly support plans were developed with people enabling them to include their views. These detailed the social activities people did within the week, which people chose and enjoyed. We saw care records that described activities people enjoyed. We saw that people were able to make changes to this plan as they chose. People were supported to make decisions in the way they received care and support.

Staff respected people's privacy and dignity. People had access to a private bedroom. Personal care needs were carried out in private. Some people had access to a private bathroom. Staff spoke with people in a way that was respectful. We saw staff speak with people with kindness. When people wanted to speak this happened.

People and their relatives made decisions about the end of their life. We found staff had supported people to make plans for the end of their lives. Staff arranged a meeting to discuss end of life care with people and with their family. People discussed what they wanted to happen and who they wanted involved in the process. Staff recorded notes from this meeting and developed a plan of action. This provided staff with guidance on what people had chosen to happen at the end of their life. This plan met people's needs and recorded their choices and made available to staff and people when required.

Staff maintained people's care records. We found that records were kept in a safe way. Records were located in an office where staff had access to them. Staff understood how to protect people's private and personal information. Staff described how they maintained the confidentiality of people's care records and locked these away when not in use.

## Is the service responsive?

### Our findings

People lived in a service that was responsive to their needs. We found that the service continued to respond to people's needs. We found people had an assessment before living at the service. On admission, people had regular assessments of their care. Assessments were person centred because they placed the person at the centre of their assessment. Assessment identified concerns and needs people had with their health and well-being. Assessments took place with people and their relatives. This meant that people had the opportunity to discuss issues relevant to their care. Assessment information was used to develop a plan of care and support for people. Support plans were developed and regularly reviewed to ensure they remained relevant and updated. We saw each person had a person centred care plan. These contained details records of people health and wellbeing needs.

The service continued to provide support to people to access social activities. People continued to be supported to take part in activities that interested them. Staff supported people to access activities that met their interests. Staff worked with people to help them decide what activities they wanted to take part. Staff used this information to develop a weekly activity plan. Staff used this information to record the activities people took part. Weekly support plans detailed the activities people had chosen to take part. People and staff had access to the weekly plan so they knew what activities were happening.

The manager maintained managed systems to handle complaints. The manager and staff acted on concerns and complaints from people and their relatives. The service had a complaints policy and procedure in place. The complaint policy was displayed within the service so people had access to this information. Staff supported people and their relative to make a complaint about the service. We saw records that showed a person had made a complaint about the quality of care of their relative. We saw that the manager had taken action to investigate the complaint. The manager had responded to the complainant in a timely way. The manager's response contained details of the investigation and the response to the concerns. This showed that the manager had acted on complaints raised and handled them in an appropriate way.

# Is the service well-led?

## Our findings

The service continued to be well led. We saw good leadership in the service. Records showed that the registered manager met with staff on a regular basis. Records showed that staff had received advice and support from their manager when required. For example, when a person's health care need change staff were advised to see advice for them.

Staff had access to management support out of hours. Managers were available to staff on urgent matters that occurred at the service. Staff told us that they were confident that the manager listened to their views and opinions and welcomed their views on people or aspects of the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since the last inspection, the management and organisational structure of the service had changed. At the time of this inspection, the registered manager had left the service. The registered manager had not deregistered with CQC. However we are following up with the registered provider about this. Another of the provider's managers was in post at the service. The plan is for them to remain at the service to continue to manage the service.

Staff understood their role supporting people. Staff told us that they liked and respected the manager. People told us that they liked the manager of the service. One person said, "I like [manager's name]." Staff we spoke with were complimentary about the manager. They described the manager as fair and understanding of their needs. One member of staff said, "Since [manager] has arrived. Everything here is running smoothly." Another member of staff said, "The service is much better, he [manager] trusts us and we can feel free to ask him anything. He knows our clients well and helps us if we are busy."

The quality assurance systems in place were used to monitor and review the service. The manager and service manager carried out quality audits at the service. Audit records completed by staff showed that the quality of care was reviewed and monitored. For example, staff reviewed care records to ensure staff had completed regular reviews of people's care needs as required. We saw from the records we reviewed that these were up to date.

Staff and external health care services met people's care and support needs. Partnership working took place between the service and health and social care services. We saw records from community mental health team workers detailing their involvement with people. Staff had a clear understanding of the main contact of health and social care professionals in the local authority and the clinical commissioning group (CCG). Details of the contacts were available to staff when needed. Staff worked in a co-ordinated way with health care services. For example, when a person's behavioural needs changed, contact with the community mental health team was contacted for advice. Staff told us that joint working with health and social care professional means people's needs are managed in a safe way.