

Santa Bapoo

Santa Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 25 May 2017 and was unannounced. The last inspection took place on 9 June 2015 and was rated as 'Good'.

Santa Care is a home for up to four adults with learning disabilities or mental health needs. Two of the three people living in the home used British Sign Language (BSL) to communicate which staff had been trained in to various levels of competency to use.

The home is one of three owned by the person who is also the 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.

During the inspection, we observed that not all risk assessments were robust and up to date.

Ongoing medicines competency testing was not undertaken, the service did not have a PRN (as required) medicines policy and were not recording the temperature of the medicines cupboard.

We recommended the service use analysis of incidents and accidents to contribute to safe and effective service delivery.

The service did not always follow the principles of the Mental Capacity Act (MCA) 2005.

There were no written records of supervisions or appraisals so we could not be confident staff were receiving the support they needed to deliver care as required by the people using the service.

The service had some systems in place to monitor how the service was run to ensure people's needs were being met and they were being kept safe, however there were no medicines or service user file audits.

The service had safeguarding and whistle blowing policies and staff knew how to respond to safeguarding concerns.

Safe recruitment procedures were followed and there was sufficient staff to meet people's needs.

People were involved in menu planning and cooking and had access to the kitchen.

People were supported to maintain good health and access healthcare professionals.

People using the service told us staff were kind and caring and could communicate with them.

Care plans were person centred and reviewed in a timely manner.

The service had a complaints procedure and people we spoke with said they would raise any concerns with the deputy manager.

We found breaches of regulations in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Not all risk assessments were up to date.

The service did not have a PRN (as required) medicines policy and did not undertake medicines competency testing.

There were safeguarding and whistleblowing policies and staff knew how to respond to suspected abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff said they had supervisions and appraisals but there was no written evidence.

Not all staff had up to date Mental Capacity Act (2005) training and the service did not always follow MCA principles.

People using the service had a sufficient amount to eat and drink.

People had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People using the service said staff were kind.

People's dignity was respected.

People's families were welcomed to the home.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care plans and these were reviewed yearly.

People using the service were supported to access activities both inside and outside the home.

There was a complaints procedure. People said they would speak with the deputy manager about concerns they had.

Is the service well-led?

The service was not always well led.

The service had some data management processes in place, however there were no medicines or service user file audits.

The service notified the Care Quality Commission (CQC) appropriately.

All the people using the service and care workers said they could speak with the deputy or registered managers.

Requires Improvement 

Santa Care

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 25 May 2017 and was unannounced. One inspector carried out the inspection.

Prior to the inspection we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We viewed the Provider Information Return (PIR) which the provider completes and sends to us to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority's Safeguarding Team and Commissioning Team to gather information on their experience of the service.

During the inspection we spoke with three people who used the service, the deputy manager and three care workers. We looked at the care plans for three people using the service. We viewed four files for staff which included recruitment records and we looked at training records.

We looked at medicines management for people who used the service. We also looked at records including maintenance and servicing checks and audits.

Is the service safe?

Our findings

During the inspection we saw each person had individual risk management plans. However, these were not always robust and up to date. For example, one person's risk management plan said that when they become disorientated they could not find their way home. However, there was no information on how to manage this although the care plan indicated the person travelled independently. This meant that potential harm was not minimised and this put people using the service at risk.

Medicines were kept in a secure cabinet, were delivered on a seven day cycle and no extra stock was kept on site. We counted the medicines for all three people using the service and found the numbers reconciled with the MAR charts. One person had PRN paracetamol, but had not yet used it and there were separate PRN (as required) medicines administration records. The service had a medicines procedure but this did not include a PRN protocol. This had been noted the week before by a pharmacy audit and the pharmacist had said they would provide the service with a PRN protocol.

The deputy manager told us that when staff were inducted they completed medicines training as part of a workbook and the registered manager provided them with practical training. However, there was no evidence of ongoing medicines training or medicines competency testing. Therefore, we could not be certain staff had the required level of competency to administer medicines safely.

The service had a thermometer in the medicines cupboard but were not recording the temperature. The deputy manager told us they had a form to record the temperature and would start using it immediately.

The above paragraphs demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People using the service told us, "I feel safe. There's lots of people around me" and "I feel safe here."

The service had safeguarding and whistleblowing policies. Care workers we spoke with were able to describe the types of abuse and knew how to respond if they had a safeguarding concern. Comments included, "I will talk to my manager and if I don't see any change, I will call CQC" and "If I had a safeguarding concern, I would talk to (registered manager) or (deputy manager). If they don't do anything about it, I can ring the local authority because it's very important."

We saw that information around how to raise a safeguarding alert with the local authority and the Care Quality Commission was kept on a notice board in the lounge. Each resident had 'grab cards' on the notice board with the name and address of their social worker on them, so they could ask someone other than staff to support them to talk to their social worker.

We looked at the recruitment records for four care workers and saw the provider followed safe recruitment practices to ensure care workers were suitable to work with people using the service. There was evidence of two references, Disclosure and Barring Service (DBS) checks and proof of identity. We saw four weeks of

rotas which indicated there was sufficient staff employed to meet people's needs.

The service had a policy for managing people's finances and either the service supported people to manage their money or people had an appointeeship, so money was managed safely. People were supported with finances in a manner that suited each person. One person was the only one who knew the access number to the secure safe where they kept their money and another person kept their money in the service's safe along with their bankcard but they were the only person who knew their PIN. We saw financial transaction logs were kept of monies in and out and receipts were kept. We audited people's money against the ledger and saw that it reconciled.

The service had a fire in February 2017, which was contained to mainly one room. After the fire, the London Fire Authority visited the service and served an enforcement notice which made a number of recommendations that the service was required to action. We saw a letter dated 10 May 2017 from the London Fire Authority stating that further to a second inspection, the works specified in the enforcement notice had been complied with.

The service used flashing lights and a vibrating alarm under peoples' pillows to alert them to the fire alarm. Each person had a risk assessment for evacuating in the event of a fire. The fire evacuation plan had been updated in accordance with people's personal emergency evacuation plans (PEEPs) and the service had a 'grab bag' containing people's basic details. Additionally, an independent organisation also reviewed the fire risk assessment. The service completed a monthly fire risk assessment which identified the hazard, prevention and action required and we saw records of weekly fire alarm testing and monthly fire drills. Two of the people using the service had attended a fire awareness course with staff.

Smoking was confined to the garden. Two of the three people using the service smoked and they confirmed to us that they had agreed that staff would keep their cigarettes which they asked for if they wanted to smoke.

The service had up to date servicing for the building and equipment. These included gas safety, fire alarm, emergency lighting, fire extinguishers and electrical testing. There was also a monthly environment and equipment check.

Staff told us if there was an incident or accident they would call the emergency services if appropriate and record the incident. The last incident occurred on 19 December 2016 and was treated appropriately as a safeguarding alert. Incident reports recorded what the incident was, what action was taken and who was informed but there was no analysis which meant we could not see how the service learned from the incident and improved the service.

We recommend the service use analysis of incidents and accidents to contribute to safe and effective service delivery.

Is the service effective?

Our findings

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The deputy manager said they understood the need to make a DoLS application if restrictions were placed on someone using the service. However, we saw one person's file indicated that they 'required a high level of supervision' when they went out. When we asked the deputy manager if the person could go out alone, they said staff would always accompany them and indicated that the person would be at risk if they went out alone. We discussed with the deputy manager that if the person could not come and go as they pleased, then there was a restriction and this required the service to act in accordance with the MCA, Deprivation of Liberty Safeguards. The deputy manager said they would discuss making a DoLS application with the person's social worker.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a policy regarding DoLS. Care workers we spoke with understood the principles of the MCA in terms of having the right to choose and to not be restricted. Comments included, "They can choose their activity and if they want to go out. They can choose what to eat and to plan their menu for the next week." One person told us, "It's easy to walk to the shop. I can go whenever I want." Each person had a consent form they had signed, which indicated what tasks staff could support them with, for example, finances and medicines. We saw these were individualised as not everyone had consented to support in all areas.

Care workers said they were supported to develop their skills through inductions and supervisions with the registered manager. We saw an induction policy and care workers told us the induction included reading care plans and policies, shadowing another member of staff and on line training. One care worker described supervision as, "(The registered manager) asks me what I would do in certain cases." The deputy manager confirmed the registered manager undertook supervisions monthly but there was no written record of either supervisions or appraisals.

In three of the four staff files we viewed, staff had completed the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. Safeguarding training was included in the Care Certificate and the fourth person had last completed safeguarding in March 2015. Only

one staff member's file had evidence of medicines training.

The lack of written supervision and appraisal records and up to date training meant the service was unable to demonstrate the care workers were being adequately prepared for their roles and that they had the required skills to support the people they provided care for.

The above paragraphs demonstrate a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service supported people to have sufficient food and drink. We saw people being offered drinks throughout the day and they were free to help themselves from the kitchen. We saw one person's request for food written in the communication book. People told us, "The food is nice. It's different every day. I like the food" and "I tell (deputy manager) what food I want and they buy it". Menus were on the weekly residents' meeting's agenda, so people were involved in choosing their meals and during the inspection we saw a service user cooking with a member of staff.

People using the service were supported to maintain good health and we saw evidence of appointments with various health professionals. For example, the dentist, optician, GP and psychiatrist. Visits to the psychiatrist and hospital were recorded on individual contact sheets so there was a clear record of the appointment and outcomes. People's care plans had information on how their healthcare needs should be managed and how to support people with specific areas regarding both their physical and mental health needs. One person also had an additional 'Health Care Plan' which was dated 2015 but there was no indication if it had been reviewed or was up to date. The deputy manager agreed to update the plan.

Is the service caring?

Our findings

People using the service told us, "Staff are lovely. They give me a bath, they change my clothes and they ring my (relative)", "Staff listen to me", "Staff are kind and caring" "Staff are nice" and "Staff are good because they take me out to the library, shops, meals and clothes shopping."

Two of the people using the service were deaf and used British Sign Language (BSL) to communicate. We observed staff signing with people and also using a written communication book. All staff could sign the alphabet and basic phrases and several staff were proficient in BSL.

We saw that care plans actively encouraged people to have choice and control and that 'wishes and choices are considered in (person's) interests'. A care worker told us, "The best thing here is they have the choice to do whatever they want. They have liberty. They are at home here. They have someone to help them and give them a hand."

We observed staff interacting positively with people and their conversations indicated they knew of people's individual interests. A care worker told us, "I read the care plans at the beginning but after weeks you see people and know how they act by just being with them every day."

Some people needed help with personal care and staff us it was "important to maintain privacy" and "ask for permission" to support them with tasks.

One person's family member visited and brought home cooking for the person each week.

In one person's file, we saw that they had been asked if they wanted to be part of the interview process for new staff.

Is the service responsive?

Our findings

We looked at the care plans for all three people using the service to see if individual needs and preferences were met and saw that people were involved in their care plan. Care plans had been signed by people and they told us their care plans reflected what they wanted. Preferences such as hobbies and food, and people's aims and how these might be achieved, were recorded. There was information on how to provide care to people, for example, how people communicated or what support they required with their personal care. People's independence was promoted and they were encouraged to help keep their rooms tidy and participate in making meals. People's care plans reflected their needs and abilities and provided guidance on how to meet these needs. For example, one person's file had information on what signs to look for regarding the person's specific health needs and how to support the person if they relapsed. However, we did note that not everyone's care plan had the same level of updated detail. The deputy manager said they would review this.

We saw evidence that people had care plan reviews which documented their progression. We also saw a record that the care plan updates were explained in BSL to people.

Care plans contained information from other professionals and if people who were deaf had appointments, for example with the GP, a member of staff who was fluent in BSL would attend the appointment with them to interpret.

Each person had a daily report which was completed in the morning and evening. It listed activities and what people did but also noted their mood.

People's files had support plan charts which indicated people's routines, how they liked to spend the day, their interests, any household tasks they completed and people to keep in touch with. People using the service objected to having a daily activity planner. Therefore, activities were agreed each morning. These included life skills such as helping to cook meals. As the service only had three people living there, it was possible to use the diary to record people's activities and we saw in line with people's care plans activities such as cooking and shopping were written in the diary for people to do on the identified days.

We also saw people telling staff they wanted to do a particular activity, in this case go to central London, the following day and that was agreed and written in the diary. One person attended a deaf club monthly and another went to the library daily. We saw efforts had been made to engage people in activities such as college. People told us they went out to the shops and they liked cooking and making cakes and we saw one person using a laptop.

The service had a complaints policy dated December 2016, which also provided contact information for agencies outside of the organisation. They did not have a complaints file because they said it was a small service and they had never had a complaint. When we asked if people knew how to make a complaint they said, "Everything is good. I'm happy here", but if they did have to make a complaint they would talk to the deputy manager or another named care worker because they sign. Another person said they would speak to

the deputy manager or registered manager.

Is the service well-led?

Our findings

The service had some systems in place to monitor the quality of service delivered and we saw a number of checklists and audits that included checking the environment, fire safety, finance and infection control. As it was a small home, the service had a domestic diary that recorded what needed to be cleaned. The deputy manager checked this daily and we could see where they had entered notes.

However, these were not enough checks to keep people safe and mitigate risks. For example, we found medicines audits were not being recorded. There was a record of the medicines delivered every seven days but there was no other record of medicines checks. The deputy manager told us as they were in the service every day they did a visual check that medicines had been administered. They advised that they would start a written record immediately. Additionally the service did not have audits to ensure peoples' care plans were up to date, for example the Health Care Plans, and there was no written evidence of medicines competency testing. This meant the service was not effectively monitoring and improving the quality and safety of the service provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service promoted a positive culture. People living there indicated it was their home and we observed they were relaxed. The staff knew people and their needs well and the communication between people using the service and staff was positive. People had regular access to the community and we saw from people's files there were ongoing working relationships with various community-based professionals that contributed to meeting people's individual needs.

Care workers told us they attended staff meetings and said, "We talk about residents, if something changes. Maybe a manager asks a question and we all talk or any of us can ask a question" and "It's very important to know what is going on." We saw staff meeting minutes for January and February 2017 but not for the following months. The deputy manager told us they were doing joint staff meetings with another home in the organisation and the minutes were with the other home. The deputy manager agreed they would provide copies of the staff meetings for the file at Briarwood Drive.

We saw the service had weekly 'house meetings' with the people using the service. Topics of discussion included activities, menus and complaints and there was evidence people were able to give their opinion on what they would like to do and eat the following week.

A care worker told us, "If I have a problem, I can talk to (deputy manager)." Another care worker said, "I talk to (deputy manager). If a make a complaint (deputy manager) will sort it out. It is very important to have a team who get on together."

The service undertook a yearly service user satisfaction survey for both people using the service and their families.

The registered manager had notified the Care Quality Commission and the local authority of significant events as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not do all that was reasonably practical to mitigate risk. Regulation 12(2) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not act in accordance with the Mental Capacity Act (2005) Deprivation of Liberty Standards. Regulation 13(5)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not did assess, monitor and improve the quality and safety of the service provided. Regulation 17 (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not provide appropriate support to enable staff to fulfil the requirements of their role.

