

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 ●

Summary of findings

Overall summary

Arlington House is a care home for up to six adults with a learning disability. The service has six bed rooms with ensuite facilities, two of these are on the ground floor and are wheelchair accessible. The other four bedrooms are on the first floor. At the time of the inspection, two people were using the service.

At the last inspection in November 2015, the service was rated Good.

At this inspection we found the service remained Good.

The service had a registered manager in place. 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 service had systems in place to safeguard people from the risk of abuse. Each person had a risk assessment which identified possible risks and how to manage them to ensure people were safe. The staff recruitment process was robust which meant that staff were employed only after they were successfully checked to determine they were suitable to work with people. We observed that there were enough staff to meet people's needs. Staff managed medicines in a safe manner.

Staff received on-going training and supervision to enable them to support people effectively. They had knowledge of the Mental Capacity Act 2005 and were able to demonstrate that people's capacity to make decisions about their care required assessment if necessary. People were provided with meals that reflected their choices, preferences and culture. Staff supported people to have access to healthcare. This showed staff worked with healthcare professionals to ensure people received appropriate health and medical care.

Relatives told us staff were kind and caring. They treated people with respect and had knowledge and experience of how to promote people's privacy and dignity. Each person had a care plan which was regularly reviewed.

Staff supported people to engage in different activities. Relatives were aware of the service's complaints procedures. The registered manager audited various aspects of the service. Relatives were satisfied with the quality of the service and how it was managed.

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.

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 30 August 2017 and was unannounced. The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service, which included notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and the local Healthwatch (an independent consumer champion for health and social care) to obtain their views about the care provided by the service.

During the inspection, we observed care and interaction of staff with people who used the service. People at the service were non-verbal and we did not speak with them. However, we spoke with two relatives by telephone, and with two care staff, the registered manager and the provider in person. We looked at two people's care files, three staff files and other records relating to the care and management of the service.

Is the service safe?

Our findings

Relatives told us that people were safe in the service. One relative said, "I do feel [my relative] is very safe. Staff know how to look after [my relative] and ensure [my relative] is safe. I am happy". Another relative told us, "[My relative] is safe because staff look after [them] very well. If I thought [my relative] was not safe, I would have moved them out."

Staff understood adult safeguarding and abuse. They explained the different kinds of abuse and how to ensure people were safeguarded and what to do if they became aware of a safeguarding incident. A member of staff said, "If I become aware of people being abused, I will report to my manager and record the incident. If my manager is not taking action I will inform the local authority or the CQC." We observed staff knew how to manage incidents and ensure people were not harmed. For example, staff monitored behaviours that challenged the service, calmed people when they were distressed and prevented people from harming themselves or others.

Each person had a risk assessment which detailed the hazards, risks and action required to minimise these risks. Records showed that the risk assessments were reviewed regularly and we noted staff were aware of each person's risk assessment. For example, staff told us about one person's risk assessment and what action they needed to take to ensure the person was safe. We observed that access to the kitchen was restricted by locked doors following guidance provided in people's risk assessments. We also noted that the communal areas were spacious, bright and tidy to ensure risks to people were minimal.

Medicines were kept safely in a locked cabinet in a room. Only one person was receiving medicines at the time of our visit. We checked the person's medicines and Medicine Administration Record Sheets (MARS) and found that they were accurate and up to date. We found there were no gaps in the medicines or MARS. We noted the temperatures of the room where medicines were kept were recorded daily and that medicines were audited weekly and monthly by the deputy manager and the registered manager. The registered manager told us, and MARS, confirmed, that two care staff administered medicines and signed the MARS. We also noted that staff had received training in medicine administration. This showed that the management of medicines was done safely.

There were enough staff to meet people's needs. Relatives told us they were satisfied with the number of staff available to support people. The staff rota showed that there was a minimum of two staff on shift during day time and one sleep-in member of staff at night. The registered manager was also available during most days of the week. Staff told us that the provider increased the number of staff in the service, for example, when people went on holiday, or on day trips or when their needs changed. They told us that they were happy with the staffing level. The provider told us that they would accept new people to the service when they were satisfied that there were enough staff to meet their needs.

There was a safe recruitment process in place. We looked at three staff files and noted that appropriate checks (such as two written references, criminal record checks and a form of identification) had been taken before staff were employed. Records showed that new staff had to submit application forms, attend

interviews, and successfully complete an induction programme and a three month probationary period before they became permanently employed. This ensured that staff were thoroughly checked and safe to work with people in the service.

Is the service effective?

Our findings

Relatives told us staff were knowledgeable and experienced to meet people's needs. One relative said, "Yes, definitely they have training, knowledge and experience. I am happy [with the way staff treat my relative]." Another relative told us, "Staff are trained. The same staff have worked for quite a while and they know how to work with [my relative]."

Staff told us that they had previous experience of working with people and had attended various training programmes relevant to their roles. A member of staff said, "I had worked in a care home [before coming here]. I had also lots of training [in care]." Staff training certificates and records showed that staff had completed training in areas such as adult safeguarding, medicines, moving and handling, autism awareness, equality and diversity, health care, risk assessment, principles of care, assessing needs, first aid, confidentiality, health and safety at work, food safety, fire and epilepsy. We observed staff used their training, knowledge and skills to support people effectively. We saw how they supported people effectively when they were anxious in the lounge and during lunch in the dining room.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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. 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). We checked whether the service was working within the principles of the MCA and noted that there were documents which detailed people's capacity assessments.

Records showed that DoLS authorisations had been granted for both people using the service and staff were aware of what they needed to do when someone was deprived of their liberty for their own safety. Records and the service's calendars showed that staff followed procedures in applying for new DoLS before the expiry dates of the existing authorisations.

Staff received support and regular supervision from their line managers. They told us they were happy working at the service "[because their line manager and the provider] are supportive." Records confirmed that supervision (one-to-one meetings) took place between staff and the registered manager to discuss work performance and any issues staff might have. We also noted staff received a yearly appraisal where their work performance was reviewed and any areas for development were identified.

Relatives spoke positively about the food provided at the service. One relative told us that "[the person using the service] enjoys the food. The service also provides [cultural food]. I am quite happy with the variety and portion of the food [the person has]." Another relative told us that staff presented food in a way that suited the person's needs. They said the presentation of the food allowed the person to have a nutritious diet. We noted the menus were pictorial to allow people who had difficulties reading, to choose what they wanted.

Staff told us they developed the menus every week with people. Our observations showed staff provided support and people enjoyed their meal.

Staff told us they supported people to attend their healthcare appointments. A member of staff said "We go with the 'residents' to GP and consultant psychiatrist appointments. The registered manager said, and records showed, that people had yearly medical checks and attended appointments with dentists, chiropodists, opticians and a psychiatrist. We saw that there was a "Hospital Passport" (a document containing advice for healthcare staff on how to communicate with and support a person with a learning disability) which staff took with them when people attended healthcare appointments. Staff told us they liaised with families and healthcare professionals about people's medical needs.

Is the service caring?

Our findings

Relatives spoke highly of the care and support provided at the service. A relative said, "Staff are friendly and caring. I wouldn't leave [the person] at the service if I thought staff were not caring." Another relative told us, "The staff are lovely. They understand [the person's] needs and are willing to help." We observed staff were compassionate and caring. We noted staff had built good relationship with people and were able to support them, for example, when they presented a behaviour that challenged the service and when supporting them with meals. We also noted that staff addressed people by their preferred names.

We noted people appeared relaxed with staff. We also noted staff had knowledge and experience of communicating with people. A member of staff told us that they used body language, gestures, pictures and other expressions to communicate with people. Staff told us they had worked with the people for a long time and knew how to support them with their needs, for example, when they were anxious.

People's privacy and dignity was respected. We observed staff knocked on the doors before entering bedrooms. Staff told us how they promoted people's privacy and dignity. One member of staff said, "I ask [people] if they want personal care. I close rooms and curtains [when supporting people with personal care]." Staff told us they promoted independence by encouraging people as much as possible for themselves.

The service supported people to keep in touch with relatives. Relatives told us staff welcomed them when they visited and kept them up-to-date with information about people's welfare. Relatives visited people every week and people enjoyed going out to cafés, for meals and going away for weekends. Staff told us and records showed that both people in the service were visited by relatives every week.

People and relatives were involved in the review of care plans. A relative told us that staff invited them and that they were able to discuss the care and support required to meet their relative's needs. The care files we reviewed contained detailed information about people's needs and staff confirmed that they followed the plans to provide care and support people needed.

Is the service responsive?

Our findings

The registered manager explained how new people were admitted to the service. They told us that before their admission, new people were assessed to make sure their needs could be met with the facilities available at the service. At the time of the inspection, one new person's assessment of needs was being completed by the registered manager and a date had been set for the relatives to visit the service to meet people and staff. The registered manager said new people would be admitted if people or their representatives and staff believed that their needs could be met. This showed that there were systems in place to ensure that people's needs were assessed and appropriate before they were admitted.

People received personalised care based on their care plans. The care plans provided information about what people wanted or needed to do; whether or not they needed help; who will do this, how often, and when did it need to be evaluated. Areas included in the care plans included the management of finance, choices of food and the need for people to celebrate religious festivals in line with their faith. We noted staff knew each person's needs and how to respond to them.

Care plans were regularly reviewed and updated to reflect changes in people's needs. Records showed that other professionals such as social workers were involved in the annual review of care plans. Staff also regularly reviewed care plans and kept daily notes of the care and support provided. We noted each person had a named key worker. A key worker is a member of staff who has a special interest in the day to day care of a person and is responsible for making sure that appointments were made, reviews were completed and that the person had essential items such as toiletries and appropriate clothing.

Relatives were satisfied with the activities available at the service. One relative said, "I am happy with the activities. [The person] goes out every day. For example, [the person] goes to hydrotherapy." Another relative told us, "[The person] is not bored [at the service]. [The person] recently went on holiday." During the inspection, we noted both people went with staff to a day activity and returned to the service. Records and the activity programme showed that a range of activities such as walks in the parks, trips to the seaside and day centres were available to people.

Relatives told us they were "happy with the service" and had "no complaints". They told us they knew how to make a complaint if they had a concern. One relative said, "[If I had a concern], I would contact the manager, or CQC or the local authority. I know how to complain." We noted the service had a complaints procedure included in the service user guide. The registered manager told us and records confirmed that there were no complaints recorded since the last inspection. Staff told us they had read the complaints procedure. We saw that all previous complaints were investigated and responded to within the timescales given in the procedure.

Is the service well-led?

Our findings

The service had 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.

Relatives told us that the management of the service was open and transparent. A relative said they could "talk with [the registered manager and the provider]". They told us they felt they were listened to by the registered manager and provider. Relatives told us and records showed that the registered manager organised quarterly relatives' meeting which gave the relatives an opportunity to discuss various aspects of the service, with a view to making further improvements to the quality of the service.

Staff were satisfied with the management of the service. A member of staff told us, "[The registered manager] is approachable. I am happy with the management and the provider. If I was not happy, I wouldn't be here this long". We noted that monthly meetings were arranged for staff to talk about various areas of the service including how they could ensure that it was well run and people's needs were met. We saw the minutes of the meetings and noted that care practice and general health and safety matters were discussed to ensure people's needs were met.

Staff told us and records confirmed that staff received training in relation to equality and diversity over the last 12 months. The service was able to demonstrate in their service plan how they would build upon this learning to promote best practice. We noted people's assessment of needs and care plans were detailed and included areas such as religion, culture and sexuality. This showed that staff had knowledge of equality and diversity and human rights to ensure that people's needs were identified and met.

The service sought relatives' feedback about the quality of the service. All the relatives we spoke with said the registered manager asked them formally and informally how they felt about the service. They said that they had completed survey questionnaires about the quality of the service. We noted that relatives were completing new survey questionnaires at the time of the inspection. We looked at the last survey questionnaires and noted that the feedback was positive. The registered manager confirmed that they would use the feedback to develop an action plan to improve the quality of the service.

The registered manager worked well with healthcare professionals, local authorities, the day centre and the CQC. Records showed that there was good communication between the service and the other organisations. The registered manager and the provider were aware of their duties to raise any safeguarding concerns and send notifications to the CQC of reportable incidents.