Arshad Mahmood

# Arshad Mahmood - 56-58 Carlton Road

## Inspection report

56-58 Carlton Road
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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

This inspection was announced and took place on the 27 and 30 July 2018. This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Arshad Mahmood is registered to provide accommodation for up to four people living with learning disabilities. At the time of the inspection there were three people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We found that the service promoted these values. There was not a registered manager in post. This was because the registered provider managed the service and there was a small staff team providing care and support to people.

At our last inspection on 12 July 2016 we rated the service as 'requires improvement' in all key questions. This was because staff required further training and development in relation to safeguarding, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We also found that quality assurance systems had not been used to identify shortfalls, develop action plans and drive improvement. At this inspection we found improvements had been made in relation to these areas.

People were supported by staff who knew them well and there were enough staff to meet their needs. Individual risks to people were assessed and staff knew how to minimise them. People were protected from risk of harm because staff knew how to spot signs of abuse and how to report concerns both within the organisation and externally from it. People received their medication as prescribed and staff were trained to give medication safely. The provider had a system in place to ensure safe recruitment.

People were supported by staff who had up to date training and the skills required to meet people's needs. Staff sought consent from people before providing support and people were supported to make their own decisions. People were supported to meet their nutritional needs. People had access to the relevant professionals when required and people and relatives were kept up to date about any changes in people's needs.

People were supported by kind and caring staff who knew their likes, dislikes, preferences and personal history. People were encouraged to be as independent as possible and had goals in place to achieve with the support from staff. People's privacy and dignity was maintained. People were communicated with in their preferred way. People were supported to meet their religious and cultural needs.

People were supported to engage in meaningful activities, both as a group and individually. People and relatives were informed of the complaints process and relatives we spoke with confirmed they knew how to complain. People and their relatives were involved in the review of their care and care plans and risk

assessments were updated to reflect any changes to people's needs.

There were quality assurance systems in place which had been analysed to identify areas for development and actions had been implemented. People and relatives feedback was sought on a regular basis and people were involved in the development of the service. Staff and relatives we spoke with told us the registered provider was approachable and supportive.

## 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 was safe.

People were safe from harm because staff had a good knowledge of what to do in the event of incident or allegation of abuse. There were enough staff to meet people's needs.

Individual risks to people were assessed and minimised. People were supported to have their medication as prescribed.

People were protected from the risk of infection because the home was kept clean and tidy.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People were given choices and staff sought consent before providing care and support to people.

People were encouraged to drink and eat sufficient amounts to meet their nutritional needs. People were supported to maintain their health and wellbeing and had access to health professionals when required.

### Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People's privacy and dignity was maintained. People were supported to communicate in their preferred way.

People were encouraged to be as independent as possible and had individual goals in place to work towards.

## Is the service responsive?

Good

The service was responsive.

People and relatives were included in the assessment, planning and review of their care and support.

People were supported to engage in both group and individual activities.

People and relatives were informed of how to complain and a relative we spoke with told us they felt confident doing this.

## Is the service well-led?

Good

The service was well-led.

The provider had made improvements to their quality monitoring systems.

People were encouraged to make decisions about the home and their input was used to drive improvement.

Relatives and staff spoke positively about the registered provider.

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**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 27 and 30 July 2018. The inspection was announced and the provider was given 24 hours' notice that we would be visiting the service. This was because the service provides care to a small number of people who often go out and we needed to be sure that someone would be in. The inspection team consisted of one inspector. The first day was spent at the care home speaking with staff, completing observations and looking at records and quality assurance systems. The second day was used to contact staff, professionals and relatives.

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR). A PIR is information we require providers to send us annually to give key information about the service, what the service does well and what improvements they plan to make. We also obtained feedback from the local authority and from the commissioners of people's care and no concerns were raised about the service.

The people living at the home at the time of the inspection had limited verbal communication so we observed interactions between them and staff, spoke with one of their representatives and viewed their care files. We also spoke with the registered provider, four members of staff and two professionals. We looked at a range of records. This included people's care plans, medicine records, staff records and quality assurance systems that were in place.

Good

# Is the service safe?

## Our findings

At our previous inspection in July 2016 we rated the provider as 'requires improvement' in this key question. This was because staff were not always consistent about the actions they would take in relation to an incident or allegation of abuse and risk assessments were not clear in relation to managing the triggers and preventing escalation. At this inspection, we found that these improvements had been made and the rating for this key question is now 'good.'

People were not able to tell us if they felt safe but we saw they looked happy and relaxed from the smiles on their faces. Professionals and a relative we spoke with told us they were happy with the service and felt people were safe. One relative told us, "I'm so happy with it [care home], he's very safe."

At the previous inspection in July 2016, we found that staff's knowledge in relation to safeguarding and how to report concerns was not consistent or clear. At this inspection we found that staff had received further training and improved their knowledge. Staff knew how to spot signs of abuse, how to report concerns and how to prevent potential incidents of abuse by knowing warning signs or triggers such as a person's behaviour. One staff member said, "I would speak to my line manager about this issue, however if I did not feel confident in speaking with my line manager, the manger has shown all staff where to find safeguarding alert forms within the home or online, we have also been shown how to raise concerns with the CQC." Another staff member explained how they felt able to minimise abuse by being aware of how to manage behaviours that challenge. They told us when referring to a person they supported, "We have plans in place, we know to stop what we are doing, count to 10, ask them if they are ok, and then use distraction."

Since our previous inspection, there had been improvements to people's risk assessments. During our last inspection, we found that risk assessments lacked clarity in relation to what the risks were and how staff should manage and minimise the risks. We also found that staff were not always aware of risks to people. At this inspection we found that the risk assessments were detailed and included this information. For example, where people had behaviours that could be challenging, their risk assessment included warning signs that a person may be getting agitated, triggers that may cause the behaviours and ways for staff to manage the behaviours and minimise or prevent escalation. Staff we spoke with were knowledgeable about the risks to people and how to manage them. One staff member we spoke with said, "We know them well so we know their behaviours, when [person's name] mumbles a lot, that is a sign that they will have an outburst so we will then use the distraction techniques." Staff explained that usually the distraction that would work for this person was talking to them about something that was important to them such as, their religion.

People received their medication as prescribed and where required people had plans in place to guide staff on when to give medication and what signs staff should be aware of. There was also guidance in place relating to the health condition that the particular medication was for, for example, epilepsy. Staff were trained in giving medication and their competency to do so was checked on a regular basis. We saw that there was an audit in place to check that people were receiving their medication as prescribed.

People knew the staff supporting them because the staff had worked at the service for a number of years. Staff told us and our observations confirmed that there were enough staff to meet people's needs. One staff member explained that they work well as a team and there is always someone available to cover any shifts. They said, "We always use permanent staff [not agency staff] because we want staff who know the people."

The registered provider had a system in place to ensure safe recruitment. All staff members had been required to provide references from previous employees and complete a check with the Disclosure and Barring Service (DBS). The DBS checks help providers reduce the risk of employing someone who is potentially unsafe to work with vulnerable people.

People were protected from the risk of infection because the home was kept clean and tidy. Staff told us they had access to appropriate person protective equipment (PPE) and the provider had systems in place to ensure standards were maintained throughout the home.

Good

# Is the service effective?

## Our findings

At the previous inspection in July 2016, we rated the provider as 'requires improvement' in this key question. This was because staff training was not up to date, care plans did not reflect what staff told us and staff were not aware of who had an authorised Deprivation of Liberty Safeguards (DoLS) in place. We also found that the recording of information in relation to people's capacity required improvement. At this inspection, we found improvements in relation to these areas had been made and the rating for this key question is now 'good.'

The provider had a system in place to ensure staff were supported to receive up to date training to meet people's individual needs. Staff told us and records confirmed that staff had completed training in various areas including; safeguarding, medication, first aid, challenging behaviour and epilepsy. Staff told us they were also supported to complete external training such as health and social care qualifications and leadership and management courses. One staff member said, "The manager is always offering internal or external training to further my knowledge." Another one told us, "Personal development is really good here." A professional we spoke with said, "On the occasions when I have visited the home and seen the staff interact with my client, I have been thoroughly impressed. Staff have shown knowledge and skills relevant to working with my client."

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 people lack the capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff demonstrated they had a good understanding of this legislation and what this meant for people and sought consent before providing support. One staff member said, "We should always assume capacity, if they lack capacity to make a decision, there should be a best interest meeting with professionals and family." At the previous inspection we found that the recording of information in relation to what decisions people were able to make for themselves and when they needed support required improvement. At this inspection we found that people's care plans included this information. For example, we saw that the care plan included information about whether they could choose their own clothes appropriate for the weather or if they required support with this. Where people required support with these decisions, staff explained how they gave people choices by showing them different items of clothing.

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were two people who had an authorised DoLS in place and one application was awaiting authorisation. Staff demonstrated they knew who had a DoLS in place, what this meant for people and how they could reduce the restrictions to people. One staff member said, "We are restricting them because they would be unsafe, if they go by the door, we will go out with them rather than stopping them."

Staff were knowledgeable about people's nutritional needs and preferences. Staff were able to tell us what people liked to eat and which people were at risk of choking and how they reduced this risk. One staff member told us, "Both [person's name] and [person's name] eat halal meet due to their religion and [person's name] has to have their food pureed and likes sauce on it." Care plans we viewed reflected what staff had told us about people's nutritional needs and likes and dislikes. This showed that there had been improvement since our previous inspection to keep people's care plans up to date and that staff were knowledgeable about people's needs.

We saw that people were supported to choose what meals they wanted each day. People were able to pick pictures of different foods and stick them onto a picture of a plate or point to foods to tell staff what they would like to eat. We also saw that due to it being hot at the time of our inspection, there was guidance in place to remind staff to encourage people to drink more to keep hydrated.

People were supported to maintain and improve their health and well- being and had access to relevant professionals when required. For example, prior to moving to Carlton Road, one person required regular input from the dietician and was having frequent epileptic seizures. Since having support from the staff and the provider, they had been discharged from the dietician and had not had a seizure since moving in. A professional we spoke with confirmed this and spoke positively about the support that had been provided. They said, "My client has improved in all aspects of daily living, prior to their move to the home, [person] was unable to walk, talk, suffering frequent epileptic seizures, losing weight etc. They have improved drastically and are like a completely different person." Records we viewed showed that people were supported to attend hospital appointments and see professionals regularly such as the GP, psychiatrist and dentist. Staff explained how they used photos to help people understand how their needs were to be met. For example, photos of them at the dentist or opticians to help reduce anxiety for their next appointment.

The premises were suitable to meet people's needs. There was a communal area and outside garden area where people could sit. We saw photos of people using the garden area and one person enjoyed watering plants and planting seeds and was supported to do this. There had been improvements made to the outside and inside of the building including new flooring. We saw that residents' meetings had been used to show people photos to allow them to have input into these decisions and choose what they would like in their home.

Good

# Is the service caring?

## Our findings

At the previous inspection in July 2016, we rated the provider as 'requires improvement' in this key question. This was because staff did not consistently know how to support people and language used by staff was not always age appropriate. At this inspection, we found improvements had been made and the rating for this key question is now 'good'.

We saw that people looked happy and comfortable with staff, people were smiling and one person we spoke with expressed that they were happy through hand gestures. For example, when asked if they liked living there, they put their thumbs up. A relative we spoke with told us how happy they were with the care and support and felt the staff were helpful. They said, "They do anything for [person], they are very helpful, I'm so glad [person's name] is there." A professional told us, "They have a good understanding of [person's name] learning disability needs and have shown a good relationship between themselves."

Staff knew people's needs well including their likes, dislikes and preferences. The staff had worked at the service for a long time and knew people well and had built up a relationship with them. People's care records had information about their history and individual interests so staff were aware of how to meet people's individual needs when supporting them. Staff promoted equality and diversity within the home and understood how past experiences could affect them. Staff were knowledgeable about people's cultural and religious needs and supported people to meet them. This included communicating with them in their preferred way. For example, for people that spoke Urdu as their first language, they were supported by staff that could speak Urdu to ensure they were communicated with effectively. When asked if people's cultural and religious needs were met, a relative told us, "Absolutely, yes they make sure they eat halal and [person] goes to the mosque." The registered provider told us they were not aware of anyone using the service that identified as being Lesbian, Gay, Bisexual or Transgender (LGBT). However, we asked the registered provider how they would support someone from the LGBT community. They explained that they would be supported to be open within their environment and protected from any form of discrimination.

People's privacy and dignity was maintained because staff ensured that people were supported to maintain their personal hygiene and were supported to choose clothes that protected their dignity. Staff addressed people by their preferred name and spoke discreetly when speaking to them about personal care. Staff gave examples of how they promote people's privacy and dignity such as closing doors and ensuring the person is happy to be supported.

People were encouraged and supported to be as independent as possible. People's care plans detailed what they were able to do for themselves and each person had goals in place which were reviewed to detail the progress of them. For example, making a meal for themselves, we saw that for one person they had chosen to make a cheese sandwich and there was detailed information about which parts of this task they could do independently and when they required some prompting or assistance. We also observed staff encouraging people to do things for themselves such as cleaning up after completing a task or activity. Staff told us how they promoted people's independence. One staff member said, "[Person's name] likes to fold clothes so they help out with the laundry."

Good

# Is the service responsive?

## Our findings

At the previous inspection in July 2016, we rated the provider as 'requires improvement' in this key question. This was because people were not supported to follow their individual interests and some activities were not age appropriate. We also found that where complaints had been received, there was no information on what actions were taken as a result of the complaint. At this inspection, we found improvements had been made and the rating for this key question is now 'good'.

We saw people engaging in activities of their choice such as art and watching television and they looked happy whilst doing this. People had both group and individual activity planners and were supported to access the community and education. Their individual activity planners were kept in their room and they were supported to choose an activity by sticking pictures of different activities that were important to them on to it. For example, one person had a picture of a mosque on Friday as this was important for them to go each week and another attended college. One person also had a prayer mat and hat kept in their bedroom and were supported to have this time to prey within their own privacy. A professional told us, "They are aware of people's likes and dislikes and actively support them to facilitate their participation in activities that they like."

The PIR told us and records confirmed they were personalised and reviewed every six months or when required and updated to reflect people's current needs. A relative we spoke with told us they were kept up to date about any changes and if there were any concerns. They said, "They contact me straight away if anything is wrong." A professional we spoke with told us, "I feel that I do have a good working relationship with [staff member's name], I can contact them anytime and they reply promptly and efficiently. They actively take on board feedback and show the changes that they have made in relation to this feedback." We also saw that people's care plans included detail about how staff should support them and meet their needs in line with their religious beliefs. For example, not having a clean shave due to their religion. Staff we spoke with were aware of this information and how to meet people's individual needs.

People had plans in place to support them at the end of their life to have the care and support they wanted. We saw that these had been developed with the person and their relatives and had been updated and reviewed when required.

People were supported to maintain contact with friends and relatives on a regular basis. The service had their own mini bus and used this to take people to their relatives or friends homes to spend some time with them.

Although people living at the home were unable to express if they had any concerns or complaints, people's representatives told us they felt able to raise concerns and knew how to do so if they felt they needed to. A relative told us, "I would phone them, they deal with everything, they sort it." There was a system in place to log complaints and compliments. Where complaints had been raised, these had been dealt with in an open and honest way and were analysed to reduce reoccurrence. The provider had used a residents meeting to show them who they should speak to if they had any worries. We saw that the service had received a number

of positive compliments from various different professionals and family.

Good

# Is the service well-led?

## Our findings

At the previous inspection in July 2016, we rated the provider as 'requires improvement' in this key question. This was because the quality monitoring systems in place did not identify the shortfalls that we did during our inspection. At this inspection, we found improvements had been made and the rating for this key question is now 'good'.

As part of the inspection process, a Provider Information Return (PIR) was sent to the provider to complete and return to us. The PIR included the areas identified for improvement at the previous inspection as well as what the service does well. We found the information in the PIR reflected what we saw on the day of inspection.

The provider had quality monitoring systems in place for areas including; medication, health and safety, care plans and risk assessments. We saw that these had been used to improve and develop the service by identifying any errors or areas for improvement and informing staff of this via either a staff meeting, supervision or verbal communication on a daily basis. At the last inspection, we found that staff were not always aware of what the risks to people were and how to manage them. At this inspection, the risk assessment audit had been used to improve staffs' knowledge in relation to this. It was used to check people's risk assessments were up to date and to randomly ask staff questions about people's needs and risks to check their knowledge and understanding.

We saw that the provider had sought feedback from relatives, professionals and staff to drive improvement within the home. Quality questionnaires had been sent out to people and professionals. This feedback was gathered and analysed with actions implemented where required. There was also regular resident and relatives' meetings held where they could give feedback and have input into the service. For example, changes to the building and decoration within the home had been decided by people living there by showing them different photos to choose from.

We also saw that regular staff meetings were held and were used to raise issues and recognise achievements and good practice. Staff told us they found these meetings useful and were kept updated. One staff member said, "It gives us a chance to talk about what's going on, how the service is running and we speak about residents." Another staff member said, "If I need to be informed about something, if it is not already written on notice boards, then the manager always ensures a staff meeting is undertaken to ensure all staff are kept up to date with whatever needs to be done to ensure we provide the best and most effective care for our service users."

The provider had strong links with the local community and professionals including GPs, social workers, the local college and psychiatrists.

Staff told us and records confirmed that they received regular supervision and support. Staff spoke positively about the registered provider, the support they received and felt the service was well-led. One staff member said, "If there is an issue, the manager is always there." Another staff member told us, "I feel the

manager is approachable, makes himself available to speak with and listens to service users and staff when making decisions about the service."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home. The provider had correctly notified us of any significant incidents and events that had taken place and was meeting the requirements of their registration. This showed that the provider was aware of their legal responsibilities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.  We found the provider had been open in their approach with us during the inspection and provided information in a timely manner.