

Minster Care Management Limited

# Saffron House

## Inspection report

2A High Street  
Barwell  
Leicester  
Leicestershire  
LE9 8DQ

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26 March 2019

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

About the service: Saffron House is a residential care home providing personal care and accommodation for up to 48 people, some of whom have dementia. There were 45 people living at the service at the time of our inspection.

People's experience of using this service:

- People felt safe living at Saffron House and staff knew how to keep people safe whilst supporting them, however we found that safety checks around water temperatures were not robust and not all fire doors were closing properly.
- People felt there were enough staff to be able to support them with their needs safely, risks associated with people's care had been assessed and managed appropriately.
- People were supported to take their medicines, staff followed systems and procedures to ensure medicines were administered safely and timely.
- People were supported with their dietary needs and to access healthcare in a timely manner.
- People were cared for by staff who were appropriately trained to support people with their needs in line with national guidance and legislation.
- People felt they received kind and caring support from staff. We observed staff talking kindly to people and treating them with respect. One relative said, "If there's a better place I have yet to hear of it."
- People had personalised plans of care which gave staff the knowledge and information to support them in a way that they preferred.
- People had the choice to engage with a variety of activities including those with local school children and a PAT dog.
- People and their relatives felt that the service was well-led, that management were approachable and that any concerns they raised would be dealt with efficiently.
- The registered manager had comprehensive monitoring systems in place, they were aware of their responsibilities and worked in partnership with others to ensure people received safe care and support.

More information can be found in the detailed findings below.

Rating at last inspection: This was the service's first inspection since it registered with the commission in 2018.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Saffron House

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by three inspectors 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. Their area of expertise was older people living with dementia.

**Service and service type:** Saffron House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Saffron House can accommodate 48 people across two floors.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was unannounced.

**What we did:** Before the inspection the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

**During inspection:** We spoke with eight people and three visitors. We also spoke with the registered manager, the deputy manager, the area manager and seven members of the staff team; including care staff, an activity coordinator, kitchen staff and domestic staff. We observed support being provided in the

communal areas of the service. We reviewed a variety of records about people's care and how the service was managed. This included six care records, including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for new staff employed by the service. We also looked at the providers quality assurance audits that the management team completed.

After inspection: The registered manager provided us with some of the providers policies and procedures, as well as the statement of purpose for our information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had systems in place to keep people safe from harm. However, the monitoring of the water system needed improving. Audits identified when water temperatures were not within safe range but actions had not always been taken promptly. There had also been a period where the provider did not have staff to carry out all the maintenance checks. Staff had now been recruited and all water safety checks had resumed and were taking place.
- The provider had systems in place to carry out regular fire safety checks. However, we found some of the fire doors did not close properly; when brought to their attention the registered manager had arranged for these to be fixed. Staff had received training in fire safety and regular fire alarm tests were carried out. People had personal evacuation plans for use in an emergency such as fire.
- People's risks had been assessed and reviewed regularly or as their needs changed. They included risks associated with people's ability to eat and drink and the risk of falls. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe. However, some changes were not always updated across people's care plans, meaning it could be confusing for staff to know which plan to follow to support people safely. This was brought to the attention of the manager who assured us they would update the plans.

### Preventing and controlling infection

- People told us that their rooms were clean and the environment was generally clean, however the service did not have any cleaning protocols in place for safe infection control. This meant there were no guides for staff on what needed to be cleaned or how, which led to inconsistencies. However, the manager has now assured us that protocols are now in place.
- People's bedrooms doors were not all sealed or painted which meant it was not possible for them to be kept clean effectively. This was brought to the attention of the manager who has arranged for the doors to be painted.
- In the dining room the light fittings had dead insects inside which was a potential infection control risk. This was brought to the attention of the manager on the day of inspection, who confirmed they would arrange for them to be cleaned.
- Staff used Personal Protective Equipment (PPE) which we saw was readily available throughout the service. People told us that carers wear gloves and aprons when supporting them most of the time. Most of the staff had completed infection control training to ensure they knew how to protect people from the risk of infection.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Saffron House. One person said "I feel safe and secure here because help is on tap

and I have never seen anyone being mistreated. The staff are lovely and I have seen the GP."

- Staff received safeguarding adults training and knew how to escalate any potential risks internally, for example they would speak to the manager if they saw anything of concern.
- The management team understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. There were safeguarding adult's policies in place and also a policy that covered safeguarding visiting children.
- People were safeguarded by the systems and processes in place.

#### Staffing and recruitment

- People felt that there were enough staff to meet their support and care needs. People said, "I think there are enough staff here most of the time" and "carers don't take long to come when you call, even at night." Staff felt staffing levels were ok and said that when the service needs more staff due to people's needs then more staff are brought in.
- The registered manager assured us that they regularly monitor staffing levels to ensure appropriate numbers of staff were available to meet people's care and support needs.
- Appropriate pre-employment checks had been carried out on new staff members to make sure they were safe and suitable to work at the service.

#### Using medicines safely

- People were supported to have their medicines in a safe way at the right times.
- Medicines were kept in locked cabinets inside dedicated locked medicines rooms on each floor that people occupied. Staff had completed medicines training and their competency was checked regularly by management.
- Medicines systems were organised and the provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. The management had a system in place to analyse these and shared learning with staff at meetings.
- The registered manager had set up a falls team which involved someone from each section of the service - kitchen, activities and care - meeting up to discuss any concerns and if any equipment needed putting in place. As a result of these meetings more assistive technology, such as sensor mats to alert staff to people mobilising, had been put into place to protect people from potential injury.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support and care needs were assessed before moving into the care home. A relative explained, "They [the provider] assessed her before she came in and she has had good care since, so we made the right choice. It is nice to have peace of mind."
- People were supported on a daily basis to make choices about the care and support they received.
- The management supported staff to provide support and care in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- People felt that staff had the skills to support their needs. One relative said "I feel she is in the best place being looked after by people who know their job."
- All new staff completed a comprehensive induction before they started supporting people independently.
- The registered manager had a system in place to clearly identify training that had been completed and training that needed to be scheduled.
- Staff had received appropriate training to support people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to food and drink throughout the day and had the option to eat meals in their rooms if they chose to. One person explained "If I want, I can have breakfast in my room. It's usually toast but I could have something cooked if I felt like it."
- We saw that menus were displayed so people knew the options. Staff told us an example of how they identified that a new resident wasn't eating much at first and they realised it was because he liked spicy food so they changed his food to suit his needs and he began eating well again.
- Staff had good knowledge of people with food allergies and special diets. One person explained "I am gluten free so they make sure that my food is safe for me to eat" and "I can't tolerate dairy either so they make sure I have my Soya."
- The provider had appropriate systems in place to identify and monitor concerns about people's fluid intake, diet, weight and nutrition.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked efficiently within the service, one person explained "I think they (staff) are all very professional and work well as a team."
- Staff also worked with external agencies to provide effective care. This included providing essential information to medical staff when people were transferred into hospital, so their needs could continue to be



met.

- People had 'ReSPECT' plans in place. The 'ReSPECT' process is an approach to encourage people to have an individual plan to ensure that they get the right care and treatment in an anticipated future emergency.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised and decorated to reflect their tastes. One person explained, "This bedlinen is my own and I have all my family photos up. I can even decorate the room if I wanted to, but it suits me as it is."
- People had easy access to an enclosed garden from the communal lounge on the ground floor, a lift was available for people who lived on the first floor.
- People were supported to navigate their environment by the use of pictures on doors to represent what was in the room, making it easier for people living with dementia to find their way around the home. For example, a picture of a bath on a bathroom door. However, the use of colours on the doors could potentially be confusing. For example, it was not clear by the colour which ones were toilets, although they did have pictures on them to mitigate potential confusion.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare care services in both the community and within the home including occupational therapists, speech and language therapists, general practitioners, district nurses and chiropodists. The service also worked closely with the local In-Reach team for specialist dementia and mental health support.
- A relative explained "The staff are very kind to mum and they handle it quickly if she is unwell."
- The provider had processes in place to ensure that people received the correct healthcare in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw DoLS had been submitted appropriately and conditions on authorisations were being adhered too.
- Staff worked within the principles of MCA. People were being supported to have choice and control over their lives, and the providers policies and procedures supported this practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt they were supported in a caring way by staff. People said, "They are very kind and caring and show respect when they are doing personal bits for me", "Staff are respectful and show caring and kindness to everyone", "They would help you at the drop of a hat" and "They are very kind and not at all pushy. I have a main key worker and she is very caring."
- People's care plans included their spiritual needs and sexual preferences, ensuring staff respected equality and diversity within the home.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us that they made time to talk and listen to people. People told us they even chatted to the manager when they did their rounds.
- People could express their views about the care they received. One person said, "They (staff) know I prefer a female carer so I always get one for personal bits."

Respecting and promoting people's privacy, dignity and independence

- People were able to choose to be in their room or in the lounge, one person explained, "They (staff) know I am a bit of loner, so they let me do what I want." Another said, "I can stay in bed until 11am if I wanted to."
- The service promoted privacy and dignity by using aids such as dignity signs on doors to ensure people were not disturbed whilst they were receiving personal care.
- Relatives and friends could visit any time meaning people could maintain important relationships. Staff regularly supported people to go into the village, for example to the barbers and the pub, meaning people stayed connected to the community.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's plans of care had been developed when people first moved into Saffron House. They contained personalised knowledge so staff could meet the needs of people and support them in a way that suited people. Care plans seen were comprehensive and covered areas such as mobility, personal care and nutritional needs.
- Staff had access to information about people's history, their spiritual needs, preferred names and what they enjoyed doing. Records included a 'resident profile at a glance' which allowed bank and new staff to get important information about people quickly to ensure people's needs were met how people preferred.
- People and their relatives were involved in the planning of the care they received and were kept informed of any changes. One relative said "I have been invited to mum's care plan review meeting and feel that if I have any input, I am listened to."
- People told us they were supported to take part in activities if they chose to do so. The service had an activity coordinator and the provider had arranged for school children to visit weekly. One person said, "The activities are good and I like it when the [PAT dog] comes. The young children make you smile too, they are so open and chatty. We have them regularly and it's a pleasure to watch them." A relative told us, "She enjoys the activities and likes the singers and the little children that come in and the (PAT) dog." A PAT dog means a 'Pets as Therapy' dog who visit people to enhance their wellbeing.
- People's communication needs were identified, recorded and highlighted in care plans. The registered manager understood the Accessible Information Standard. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example the use of pictorial cues to help communicate with people that were non-verbal.
- People had wi-fi access and one person used this to Skype their family.
- The service arranged for a Church Service every other month for people interested in following their faith.

Improving care quality in response to complaints or concerns

- A complaints process was in place and the procedure was displayed for people's information.
- People knew who to talk to if they had a concern or complaint. One person explained, "I speak to the manger if I am not happy and things soon get sorted. I feel that they do at least listen to me."
- Both formal and verbal complaints that had been received had been investigated and responded to appropriately. Where necessary, actions have been taken to improve the service.

End of life care and support

- People's wishes at the end of their life were included in their plans of care. We saw feedback from relatives of people who had recently passed away that was complimentary of the staff team for being loving, caring and supportive at a difficult time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff and management worked as a team to deliver high standards of care and support. One explained, "Our aim is to maintain high standard of care and make sure people are happy and contented." A person living at the service told us "I think they (staff) are all very professional and work well as a team."
- The registered manager and all the staff we spoke with were committed to providing person-centred, high quality care. One member of staff explained that they support people as if they are their own mother.
- The registered manager worked in a transparent and open way when incidents occurred in line with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in place and people spoke positively about them and the management team. One relative said, "I know the manager. It's a well-led place and there is a good team spirit."
- Staff were clear about their responsibilities and understood their roles. Staff knew the leadership structure and they felt supported by management. One said, "I get regular supervision and if I need to say something, I do feel heard."
- The registered manager had a monitoring system in place to monitor the safety and quality of the service. The area manager for the provider also undertook quality assurance on a weekly basis.
- The registered manager understood their responsibility for reporting deaths, incidents and injuries that affected people using the service. Notifying the Care Quality Commission of these events is important so that we are kept informed and check that appropriate action has been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff felt able to contribute their views on the service informally. One staff member said, "I can speak with [the registered manager] anytime."
- The registered manager held resident's meetings every three months, however the people we spoke with did not remember attending these.
- Family surveys had been used and information received had been analysed and displayed in reception on a 'What you said, What we did' board. For example, people asked for care review meetings with people and their families, there was evidence that these were underway.
- The service was involved in the 'Food for Thought' programme which brought in children and their

teachers to bake and eat with people using the service.

#### Continuous learning and improving care

- The registered manager understood the importance for learning lessons when things went wrong to ensure that people received good quality care and support.

#### Working in partnership with others

- The registered manager worked in partnership with the local authority safeguarding team, commissioners and healthcare professionals to ensure people received the support and care they required.