Saffronland Homes Limited

Fenwick

Inspection report

29 Fenwick Road
East Dulwich
London
SE15 4HS

Tel: 02077325261
Website: www.saffronlandhomes.com

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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

Fenwick is a residential care home providing care and accommodation for up to three people with a learning disability. At the time of our inspection, three people were using the service. All the people living at the service had communication needs and had minimal use of speech.

At the last inspection on 1 December 2014, the service was rated as Good.

This inspection took place on 13 April 2017 and was unannounced. At this inspection, we found the service remained Good.

People received safe at the service. Staff were able to identify and report potential abuse to keep people safe. Staff had received safeguarding training and understood the procedures to follow to report concerns on people's safety.

Risks to people were assessed and plans put in place to monitor and minimise the likelihood of harm without unnecessarily restricting their freedom. There were effective plans for dealing with emergencies and accidents at the service.

People's needs were met by a sufficient number of skilled staff deployed on each shift. Additional staff were made available to support people to attend healthcare appointments, outings and provide one to one support when needed. Appropriate recruitment procedures reduced the risk of people receiving care from staff unsuitable for the role.

People received their medicines safely and in line with the provider's policy. Medicines management procedures were safe and effective. Staff were trained and competent to manage and administer people's medicines appropriately.

People's care was delivered effectively because staff were trained and skilled for their roles. Staff were supported in their role, received supervision, and undertook training to equip them with the skills necessary to provide effective care. Staff knew people well and understood their communication needs and had information on how to provide their care.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood and promoted people's rights as required by the MCA and DoLS requirements. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the support this practice.

People enjoyed the food provided at the service and were offered a choice about what to eat and drink.

People's health needs were met and staff made referrals to healthcare professional when necessary.

Staff had developed positive relationships with people and provided their care with kindness and compassion. People and their relatives were involved in planning and making decisions about their care and their choices were respected. Staff treated people with respect and promoted their dignity and privacy.

Staff assessed people's needs and developed plans to meet their individual needs. People's care was regularly reviewed to ensure they received care responsive to changes of their health. People and their relatives had information about how to make a complaint and were confident any concerns raised would be resolved. Feedback about the service was used to drive improvement at the service.

Relatives and staff had positive views about how the service was focused on providing person centred care and how the service was run. Regular checks and audits monitored the quality care people received at the service and findings were used to make improvements.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Fenwick

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 13 April 2017 and was unannounced. The inspection was carried out by one inspector.

Prior the inspection, we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to inform the planning of the inspection.

During our inspection, we spoke with a person's relative. None of the people that lived at Fenwick were able to communicate verbally with us because of their communication needs. We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with the registered manager and two care staff. We looked at three people's care records and their medicines management records. We reviewed staff duty rosters, three staff records including training, recruitment and supervisions, quality assurance checks and audits, policies and procedures and other documents related to the management of the service. We checked feedback the service had received from people and their relatives.

After the inspection, we received feedback from one healthcare professional.

Good

Is the service safe?

Our findings

People remained safe at the service. One relative told us, "[Relative] is safe here and contented. I trust the staff to continue providing them with good care as they have done over the years."

Staff understood how to protect people from abuse because they had received training in safeguarding adults. They were able to describe the types of abuse and the action they needed to take to report any concerns about people's safety and were confident their concerns would be investigated. Staff were aware of the provider's safeguarding procedures including whistleblowing to protect people from abuse.

Risks to people's health and safety were identified and managed without unnecessarily restricting their freedom to live an independent life as possible. Staff were aware of risks to people and had sufficient guidance on how to protect them from avoidable harm or injury. Staff had identified risks to each person which included falls, misuse of finances and medicines, burns in the kitchen and choking. Risk assessments were reviewed to ensure support plans remained effective.

There were sufficient numbers of staff on duty to meet people's needs in a safe and effective manner. Staff told us and duty rotas confirmed the staffing levels were adequate and allowed them time to spend with people without being interrupted or rushed. Staffing levels were reviewed in line with people's changing needs and to cover outings and appointments. An appropriate recruitment system was effective in ensuring that pre-employment checks identified staff suitable to provide people's care.

Medicine management systems remained safe and effective. People received their medicines safely when required in line with the support they required to carry out the task and the provider's procedures. Staff had access to an updated medicines policy for guidance and received training to enhance their competence. Medicine administration records (MAR) showed each person's details, doses and allergies and were completed and accurate. Regular checks and audits of medicines ensured people received their medicines safely. Medicines were stored safely and securely and were audited regularly to ensure safe practices.

The premises were safe for people to use. However, we observed from outside, the windows at the service needed some maintenance as the paint had peeled off and appeared tired. We highlighted this to the registered manager who told us the provider was aware of this and that she would make a follow up. Health and safety checks ensured staff minimised the risk of infection to people. Staff understood and applied the provider's infection control procedures when providing personal care, cleaning the premises and handling of food and medicines. We observed staff used appropriately personal protective clothing such as gloves and aprons.

Good

Is the service effective?

Our findings

People continued to receive care that was effective because they were supported by trained and skilled staff who had the relevant skills required to meet their needs. A relative told us, "The staff are very capable. I have no concerns at all about how they look after [relative]." Staff told us the training was useful as it equipped them with the skills they needed to support people effectively. Records confirmed the registered manager maintained a training schedule and had ensured staff attended when required to remain up to date with their knowledge. The training included health and safety, medicines management and safeguarding. Staff received additional training for example epilepsy and self-harm to enable them to meet people's specific health needs. Staff told us they were supported in their roles. Staff and records confirmed they received regular formal supervision to discuss any concerns or training needs and an appraisal of their performance and setting of goals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were on people's records about their ability to make specific decisions about their care. People received the support they required where they lacked capacity to make decisions and best interest procedures were followed as required under the MCA. DoLS authorisations were in place for the three people and their safety was maintained in line with the restrictions placed on their liberty. The registered manager and staff showed a good understanding of the MCA and were able to explain how they applied its principles when providing people's support. During the inspection, we saw that people were offered choices about when to have their meals and were asked what they wanted to eat or drink. Staff gained people's consent before supporting them.

People had sufficient to eat and drink and their nutritional needs were met. People were involved in menu planning and their choices and preferences were reflected in their care records. Staff monitored and recorded people's food and fluid intake and had made a referral to a healthcare professional about their concern on a person's weight fluctuations. We observed people were able to access the kitchen and prepare their refreshments and were supported by staff to prepare meals safely.

Staff supported people to eat and live healthily to promote their well-being. A relative told us, "Staff always involve the GP whenever they have concerns about [relative]." People's general health and well-being was monitored daily and observations shared at staff handover meetings. Each person had an annual review of their health needs and appropriate plans were put in place on how best to support them. Records confirmed timely and appropriate referrals to healthcare professionals, such as GP's, chiropodists, opticians and dieticians when needed. Staff maintained records of visits from professionals, outcomes of the meetings and any follow up appointments. The registered manager ensured staff had sufficient guidance to meet people's health needs and that they followed advice from healthcare professionals.

People's bedrooms were decorated according to their style, preferences and needs which made it homely. People had access to a communal lounge and an open plan kitchen and dining area which they enjoyed

using.

Good

Is the service caring?

Our findings

Relatives and healthcare professionals remained positive about the care and support people received at the service. One relative said, "[Relative] enjoys a high standard of living here. The staff have been wonderful and caring." A healthcare professional told us, "Staff are very caring and understand people's needs." People were comfortable and relaxed around staff and were able to spend time in their rooms and in communal areas when they needed to. People received care from a regular care team which allowed them to be familiar with people's needs. We observed staff had built positive relationships with people and engaged in pleasant conversation whilst they supported them for example when preparing a meal in the kitchen.

People were supported to make decisions about their care. Staff knew people and their care needs well and understood how best to provide support to them. People's communications needs were identified and staff considered this when involving them in their care. Each person was assigned a keyworker, who was a member of staff with the additional responsibility of coordinating their care with healthcare professionals, their relatives and the service. Staff maintained records of keyworking sessions which showed people's views and the action taken to ensure they received the care they needed. People's care records contained details about their background, hobbies, likes, dislikes, interests and preferences.

People were encouraged to maintain relationships that mattered to them. One relative told us, "We are always made to feel welcome here. This feels like a second home to us; always greeted with a smile" Relatives were encouraged to visit as when they could and were invited to functions at the service. Staff supported people to make contact with their friends and relatives whenever they wanted. We observed staff supporting a relationship by assisting a person to prepare for an outing with their relative.

People's privacy and dignity continued to be respected and upheld at the service. One relative told us, "The staff treat everyone very well. We are here every week and see that staff treat people with respect and the utmost patience." Staff understood their responsibility to treat people with respect and demonstrated this by knocking on their doors before entering and providing personal care behind closed doors and curtains. People were supported to do as much as possible for themselves such as getting dressed, brushing their teeth. People were supported to complete tasks such as cooking, laundry, hair washing, tidying their bedrooms and setting and clearing dinner tables. We observed that staff spoke to people in a respectful and dignified manner. People's information was kept confidential and stored in an office where records were accessible to authorised staff. Staff understood the provider's policy on data protection and confidentiality and shared information about people with healthcare professionals involved in their care on a need to know basis.

Good

Is the service responsive?

Our findings

People received care responsive to their needs because staff continued to involve them and their relatives in planning their care. One relative told us, "We discuss with staff any concerns about person on the phone and when I visit. I am kept informed of any changes about [relative]." Staff provided person centred care that was focused on people's identified needs and what was important to them. Staff were able to describe people's needs and care records contained information on people's health, histories, interests, likes and dislikes and guidance for staff on how to support them. Records confirmed regular reviews of people's needs and showed up to date support plans on how staff were to deliver care in line of their changing needs and preferences. Staff told us and records confirmed healthcare professionals were involved when needed to ensure people received appropriate care and treatment.

People and their relatives continued to have access to the provider's complaints procedure in formats they understood. A relative told us, "We are in constant touch with the staff. I have nothing to complain about but would talk to the staff or [registered] manager about any concerns." Relatives were confident any concerns raised would be acknowledged and resolved quickly. The registered manager and staff understood how to respond to complaints and knew how to support people to report their concerns. Staff supported people in keyworking meetings to identify any concerns, which they reported to the registered manager to take action. The registered manager told us and the recording system showed the service had not received any complaints since our last inspection.

People were supported to take part in a wide range of activities of their choice at the service and in the community. Activities people had enjoyed included attending days services, massages, walks in the local parks, shopping trips and visits to restaurants for meals. People's care files contained information about people's interests and staff maintained daily records of activities people took part in. On the day of our inspection, we observed one person went out with a relative for shopping and a meal.

Good

Is the service well-led?

Our findings

Since our last inspection, people continued to benefit from a service that focused on their individual needs and promoted an open and transparent culture about how their care was provided. Information about people's needs was recorded clearly and shared appropriately to ensured staff provided people with the support they required. Keyworker sessions ensured staff understood how people wanted their care delivered. An open door policy allowed people, their relatives and staff to discuss any concerns about people with the registered manager at any time and they were confident their issues would be resolved. Throughout the inspection, we observed staff were able to approach the registered manager and discussed people's care.

An experienced registered manager understood how to meet people's needs. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had informed CQC of significant events at the service as required.

Staff and a relative described the registered manager as supportive, approachable and visible at the service. A relative told us, "The [registered] manager listens and shows empathy. She has everything well organised but flexible." There was a clear management structure and understood their roles and responsibilities to support people to live independent and fulfilling lives as possible. Staff understood and applied the provider's vision to support people have the best possible outcomes with their health needs. Regular team meetings, supervisions and appraisals ensured staff had the opportunity to contribute to the development of the service. The last relative's questionnaires showed they were happy about the quality of care at the service.

Quality assurance and monitoring systems remained effective in identifying shortfalls and ensuring these were addressed in a timely manner. Records showed regular checks and audits of staffing levels, staff training, supervisions and meetings, health and safety, medicines management, care planning and risks assessments, complaints and accidents and near misses to monitor and improve the standards of the service. A service manager reviewed the quality checks for accuracy and completeness and worked with the registered manager to put an action plan in place when needed. Issues identified by an external audit were addressed which showed the registered manager's drive to improve the quality of people's care. The audits we saw of the above did not highlight any concerns at the service. Policies and procedures about how to provide safe and effective care were up date and available to staff.

The service worked closely with other healthcare professionals and a range of external agencies to enhance people's quality of life at the service. The registered manager attended external meetings to learn of developments and changes in the care sector and shared the knowledge with staff to improve on their practice.