

# Saffronland Homes 2 Limited

# Minehead

## Inspection report

18 Minehead Road  
London  
SW16 2AW

Website: [www.saffronlandhomes.com](http://www.saffronlandhomes.com)

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26 January 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Minehead is a residential care home providing personal care to up to 6 people. The service provides support to people with mild to severe learning disabilities or autistic spectrum disorder. At the time of our inspection there were 5 people using the service. The care home accommodates people in one adapted building in the London borough of Lambeth.

### People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People's medicines were managed safely. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. People received support from staff to make their own decisions about medicines wherever possible.

### Right Care

Staff supported people to express their views using their preferred method of communication. People had the opportunity to try new experiences, develop new skills and gain independence.

### Right Culture

The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection and update

The last rating for this service was good (published 16 January 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Minehead on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Minehead

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Minehead is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Minehead is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person using the service as the other 4 people were on holiday. We spoke with 2 relatives and contacted 2 healthcare professionals to gather their views. We spoke with 5 staff members including, care staff, the registered manager of a sister service and the registered manager. We reviewed 3 care plans, medicines records, accidents and incidents, staff recruitment records and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received support with their medicines. However, we found gaps in medicines administration records (MAR) for 2 people. Therefore, we were not assured that on these occasions people had always received their medicines at the time they needed them. We raised this with the registered manager who was able to assure us this was a recording error.
- The registered manager took responsive action to address our concerns. For example, supervisions with staff, team meeting discussions around safe medicines management, medication refresher training and a review of medicines support plans and risk assessments for all people using the service. We were satisfied with their timely response.
- Notwithstanding the above, a relative said, "I get an email with a report on my relative's medicines, and they will let me know if there have been any changes. I'm kept informed."
- People had medicines management plans and were supported to take their medicines in ways that met their preferences and ensured medicines were administered safely.

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

- People continued to be protected against the risk of abuse.
- The provider had a safeguarding policy in place which staff were familiar with. Staff had a clear understanding of how to identify, respond to and escalate suspected abuse.
- Staff spoken with told us they would be confident to raise poor practice through whistleblowing.
- Records showed staff received on-going safeguarding training to ensure they had the most up to date guidance to keep people safe.

### Assessing risk, safety monitoring and management

- Potential risks to people were clearly assessed, with up to date risk management plans in place. People had risk assessments for areas such as falls management, accessing the community, medical needs and key areas specific to people's behaviours.
- A staff member told us, "The risk assessments are there to safeguard people. The risk assessments assess each task and what the best approach to follow for each task, to keep people safe."
- Risk assessments were clear in recommending risk control systems and ways to reduce potential risks to people. This meant staff had clear guidance as to how to support people safely.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff had a clear understanding of their role and responsibilities in line with legislation.

#### Staffing and recruitment

- People continued to receive support from adequate numbers of suitably vetted staff, to ensure their suitability for the role.
- One relative told us, "I think the staffing levels are adequate and people get more or less one-to-one support. My relative is not restricted and there are enough staff to take my relative out [into the community]." A staff member said, "We are managing with the staffing levels we have."
- During the inspection we observed staff responding to people's needs swiftly in line with their preferences.
- The provider undertook pre-employment checks to ensure only suitable staff were recruited. We reviewed the staff recruitment files and found these contained a completed application form, satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The home ensured that current government guidance and best practice was adhered to ensure people visiting the home did so safely.

#### Learning lessons when things go wrong

- People benefited from a service that learned lessons when things went wrong. The registered manager had systems in place to ensure swift action was taken to address any concerns identified, and guidance given to staff to drive improvements.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a service that placed people at the centre of the service and sought positive outcomes for them.
- The service followed the 'self directed support outcomes' method, which enables people to have greater control over their lives, wherever possible. For example, staff follow the principles of, 'I am able to learn new things or get a job', 'I am able to get help to make decisions when I need it' and, 'I am able to get support when I need it'.
- Relatives and staff spoke highly of the registered manager. Comments included, 'I think [registered manager's name] is a wonderful manager, she is easy going and easy to talk to. I have no complaints about her', 'I'm very fond of the [registered] manager, she demonstrates she cares for my relative. This service is a lot different from other service my relative has been in, the staff here understand my relative. I can always call her if I need to' and, '[Registered manager] is very good, caring and professional. There are no problems in getting hold of her. [The staff] keep me updated on [my relative] and have I no complaints."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management had clear oversight and governance of the service. Regular quality checks were completed to check for improvements to the quality of care. This included areas such as premises, care records and medicines. Where improvements were identified records showed that timely action plans were implemented and completed.
- The registered manager had a clear understanding of their role and responsibility in notifying the Commission of reportable incidents where appropriate.
- The registered manager was aware of their responsibility under the duty of candour.

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

- People, their relatives and staff's views were regularly sought to drive improvements.
- People and staff views were captured through annual quality assurance questionnaires and frequent staff meetings. We reviewed the most recent survey results and feedback received from people, their relatives and staff was positive.
- The questionnaires covered all aspects of the service provided, including, information sharing, concerns,

food and drink, activities and relationships.

- Comments received, included, 'I have a good relationship with the [registered] manager and staff' and, 'Issues which are dealt with by staff [are done] very sensitively and sensibly'.
- The provider also captured people and staff views through regular house and staff team meetings. These meetings were well attended and people were encouraged to share their views and discuss any matters of importance to them.

Continuous learning and improving care and Working in partnership with others

- People continued to benefit from a service that sought partnership working with external services to drive improvement.
- Where one person's mobility levels had changed, records showed the provider had accommodated the recommendations from the occupational therapy team to improve the person's quality of daily living.