

Santa Bapoo

Santa Care

Inspection report

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Northwood
HA6 1PW
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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 

Overall summary

The inspection took place on 9 June 2015 and was unannounced. The previous inspection of the service had been on 29 November 2013 where no breaches of Requirements were made.

Santa Care is a care home for up to four adults who have a learning disability and mental health needs. Three of the four people who were living at the home at the time of our inspection had a hearing impairment. These people used BSL to communicate and the majority of the staff could also communicate using BSL. One person spoke Gujarati as a first language. Some of the staff also spoke Gujarati. The home was owned and managed by

Santa Bapoo, an individual who owned two other care homes in North West London. The owner also managed the service. There is no requirement for a separate registered manager.

There were appropriate procedures for safeguarding people and the staff were aware of these.

The risks people experienced had been assessed and there were plans in place to minimise the likelihood of harm.

There were enough staff employed to keep people safe and meet their needs.

Summary of findings

People were given the support they needed with their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider was aware of their responsibilities and had acted in accordance with the legal requirements.

People were supported to stay healthy and to see other health care professionals when needed.

People were supported to have a varied and nutritious diet.

People had good relationships with the staff. They thought the staff were kind and caring.

People's privacy and dignity was respected.

People's needs had been assessed and care plans informed the staff how they should support people.

People took part in a range of different activities which they chose.

There was an appropriate complaints procedure and people knew how to make a complaint.

There was a positive culture at the home where people living there and staff felt able to contribute their ideas. They felt valued and listened to.

There were systems for monitoring the quality of the service.

Summary of findings

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 safe.

There were appropriate procedures for safeguarding people and the staff were aware of these.

The risks people experienced had been assessed and there were plans in place to minimise the likelihood of harm.

There were enough staff employed to keep people safe and meet their needs.

People were given the support they needed with their medicines.

Good



Is the service effective?

The service was effective.

The staff had the training and support they needed to support people and understand their roles and responsibilities.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider was aware of their responsibilities and had acted in accordance with the legal requirements.

People were supported to stay healthy and to see other health care professionals when needed.

People were supported to have a varied and nutritious diet.

Good



Is the service caring?

The service was caring.

People had good relationships with the staff. They thought the staff were kind and caring.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care plans informed the staff how they should support people.

People took part in a range of different activities which they chose, but they did not have a structured timetable of activities.

There was an appropriate complaints procedure and people knew how to make a complaint.

Good



Is the service well-led?

The service was well-led.

There was a positive culture at the home where people living there and staff felt able to contribute their ideas. They felt valued and listened to.

Good



Summary of findings

There were systems for monitoring the quality of the service.	
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Santa Care

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 checked 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.

The inspection took place on 9 June 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we looked at all the information we had about the provider including notifications of significant events.

During the inspection we met all four people who lived at the home and two members of staff, both support workers. We spoke with the manager on the telephone. We looked at the building, observed how people were being cared for and looked at records which included two care plans, medicines management, records of checks and quality assurance and meeting minutes. One person could verbally communicate with us and we spoke with them. We asked everyone if they could write down some of their views and experiences and answer some questions we which we wrote down. Everyone responded and gave us their views.

After the inspection we spoke to two relatives of people who live in the home on the telephone to ask them about how people were being cared for. We also spoke with one external professional involved in people's care and support.

Is the service safe?

Our findings

People, their relatives and other representatives told us they were safe at the home. People said, “yes I feel safe.” They thought there were enough staff to meet their needs and they were happy with the support the staff gave them with their medicines.

There were procedures on safeguarding and whistle blowing. Copies of these were available for staff and all new staff were required to read these and confirm their understanding of the procedures. The staff were aware of safeguarding procedures and knew what they would do if they were concerned someone was being abused or at risk of abuse. We saw records to show that the staff had alerted the local authority about concerns they had had in the past. There was evidence that these had been investigated and action had been taken to address the concerns.

The risks people experienced had been assessed and recorded. These assessments had been reviewed and updated regularly and people living at the home had agreed to these. The assessments included people’s independent use of the community and smoking. We discussed these with the manager and staff. They were able to tell us how they had provided support to minimise the risks to people and to give them more freedom to make their own decisions. For example, one person wanted to access the community on their own. The staff had assessed the risks of them crossing roads safely and had a plan to provide them with the support they needed.

The recorded risk assessments included pictures and were written in plain English to help people to understand them. One record stated the risk of one person smoking in their bedroom would be managed by confiscating the person’s cigarettes for 24 hours. The person had agreed to this

restriction at the time it was written, however this could be seen as a punishment and was not an appropriate way to reduce or manage the risks associated with smoking in the house.

Three of the four people living at the home smoked. The house rules stated that they were not allowed to smoke within the building. No smoking signs were posted throughout the home and each room was equipped with smoke detectors.

The fire prevention officer visited the home in January 2015 and made a number of requirements to improve fire safety at the house. The provider employed an independent organisation to review the fire risk assessment and make sure all the requirements of the fire prevention officer were met. The staff carried out regular checks on fire safety equipment and the alarm system. Three of the four residents had hearing impairments and the home was equipped with fire alarms which flashed and also vibrating alarms for people when they were in bed. The staff carried out fire drill evacuations and recorded these.

People’s medicines were managed in a safe way. They were stored securely. Records of medicines held at the home were accurate. There were clear, accurate and up to date records of medicines which had been administered. Information about people’s medicine requirements, allergies and side effects for medicines were recorded. People had been assessed as having capacity to understand why they were prescribed their medicines. They were able to tell the staff if they were in pain and whether they required pain relieving medicines.

There were enough staff employed at the service to meet people’s needs and to keep them safe. The recruitment procedures included a formal interview, checks on the person’s identification, references from previous employers and a criminal record check before they started work at the service.

Is the service effective?

Our findings

One person told us the best thing about living at the home was the "staff and the food".

The staff told us they felt well supported and trained. They said they had regular individual and group meetings with their manager. They had opportunities to discuss their work and plan future training needs. The provider employed an external agency to provide training to new staff and also refresher training for staff who had worked at the service for over a year. The staff confirmed they had received training in safeguarding adults, moving and handling, fire and health and safety, first aid, learning disabilities, the Mental Capacity Act 2005 and medicines management. They told us the training was helpful and were able to give examples of the positive things they had learnt which helped them in their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager and staff were aware of their responsibilities under this legislation. People living at the home had been assessed as having capacity to make decisions about their care and treatment. Their consent to their care plan, risk management plans, support with finances and administration of medicines had been obtained and recorded. The staff made sure people were offered choices and consented to their support throughout our inspection. No one was restricted at the home and they were able to leave when they wanted. People had agreed to certain house rules, such as no smoking within the building, but their liberty had not been restricted in any way.

People were able to choose the food they ate each day and individual diets were catered to. Sometimes people ate together, but the staff also said they prepared individual meals when people wanted this. People told us they liked the food at the home. People were involved in planning, shopping and preparing their food. Some people participated in cooking or making snacks and drinks for themselves. During our inspection the staff made people meals and gave them individual food which they had specifically requested.

Meals were prepared each day from fresh ingredients. There was a variety of fruit and vegetables available for people. People were able to help themselves to food and drink when they wanted.

People were weighed each month and changes in weight had been acted upon, by referring people to appropriate healthcare professionals. No one was assessed as at nutritional risk.

People were supported to stay healthy. One person told us "the doctor is good." We saw evidence of regular consultation with professionals for mental and physical health needs. Advice from professionals and the outcome of consultations was recorded. People were supported to access the services they needed which had been identified in their care plans. They had regular GP, optician and dental appointments. The professional we spoke with said the staff worked with their team who supported a number of people with their mental health needs. The staff completed daily care notes where they recorded any changes in people's health so that these could be monitored.

Is the service caring?

Our findings

People living at the home told us they were happy there. One person said, "it is brilliant." They told us the staff were kind and very caring. They had good relationships with the staff and felt comfortable with them. One person said, "there is always someone here to help." People told us they were able to do what they wanted and they were happy with this.

The relatives told us people were happy with the staff and living at the home. They said they were very emotionally attached to the home, to the others who lived there and the staff.

We observed the staff and people living at the home getting on well. The staff used sign language and people's first language to help them communicate. They also used objects of reference to help communication. The staff

explained what was happening and what they were doing. They were patient with people and allowed them time to communicate their needs and wishes. People were able to relax and spend time doing what they wanted at the home. They were unrestricted. We saw people enjoying spending time together, on their own and with the staff throughout the day. The staff supported people to do what they wanted and to make choices.

Records for people included the use of photographs and pictures to help explain information.

People's privacy and dignity were respected. Everyone had their own bedroom which they could lock if they chose. The staff knocked on bedroom doors before entering and respected people's wishes when they did not want to be disturbed.

People stayed in contact with their families and friends and the staff supported them to do this.

Is the service responsive?

Our findings

People told us they were happy with the things they did each day. One person said, "I go to the library and shopping." People told us they liked cooking, watching TV, gardening, DIY, playing board games and using the internet.

People did not have an individual programme of regular planned activities and no one attended a college or work. Some of the people living at the home enjoyed regular trips to the library and local shops. One person also attended a deaf club and people saw friends and family regularly. One relative told us they were concerned about the lack of activity and stimulation for people. The staff said that people liked to play board games, watch TV and use gaming consoles. People's care plans confirmed this. One relative told us, "there is not a lot to do and (my relative) lacks motivation." One health care professional told us they thought the staff "supported a range of individualised, stimulating activities particularly in the community." People made good use of the local community and the staff told us they had built positive relationships with people who worked in the local high street.

People's individual needs had been assessed and recorded. Care plans had been created to show how the staff should meet people's needs. These included pictures and photographs. Care plans were written in plain English. People had signed agreement to their plans. There was evidence that care plans were regularly reviewed by the person, staff and other important people in their lives. Information from professionals involved in their care had been recorded.

People's care was person centred and reflected their needs and abilities. They were given different levels of support depending on these. Where people had expressed a wish to try something new there was evidence the staff had supported them to do this. The staff had responded to

changes in people's needs and how they expressed themselves. They had consulted other professionals when needed to obtain advice, guidance and support to help meet people's needs.

One professional told us the staff were good at meeting "general needs, including communication and activities." They said they thought the staff did not always know how to support people when they showed physical aggression and they felt there was a need for them to improve their skills in this area.

Three people used British Sign Language (BSL) to communicate. The majority of the staff also used BSL and we saw one member of staff communicating with people. Two of the staff were still learning BSL and knew some basic signs. They used other ways of communicating to support their signing, for example pictures and objects of reference. Some people could also read and write so the staff used this to help communicate with people. One person's first language was not English. Some of the staff could speak in the person's first language, Gujarati, and we observed them communicating with the person in this language during our inspection. The person could also speak some English and could understand English. The manager told us all staff were receiving training in BSL or could use BSL and this was a requirement of their employment. The staff told us there was always one fluent BSL user on duty.

People told us they knew what to do if they were unhappy about anything. They told us they would speak with the manager or relatives about their concerns. There was an appropriate procedure for complaints. People living at the home and their representatives were given copies of this. The manager discussed complaints which had been made and how these had been dealt with. There had been an investigation and feedback had been given to the complainant.

Is the service well-led?

Our findings

People told us they were happy at the home and they did not want any changes.

There was a positive culture at the service. The staff and people living there felt relaxed and were able to discuss the service with their manager. There were regular meetings for people living in the service, and they contributed their ideas for menus, activities, how the service was run and any concerns they had. They were well informed about the service and could make decisions about the aspects of the service that affected them.

The staff told us they were able to speak with their manager about any concerns or ideas and they felt listened to and valued. They said they were well supported.

The provider was registered as an individual who also managed the service. She ran two other care homes in North West London and worked closely with the local authorities and other professionals to develop good practice and meet individual needs.

The staff carried out regular checks on the safety of the environment, such as fire, water and electrical safety. These were recorded and the provider employed staff to maintain the environment. People living at the home participated in reviews of their care. There was evidence of regular contact with families and other professionals when planning and reviewing people's care. The manager told us she was in the process of writing to people living at the home and other stakeholders to ask them to complete surveys about their experience. The manager worked at the service most days each week and carried out audits and checks of the service. There was evidence of regular checks on records and medicines management.

There was a file of policies and procedures which staff were required to read. These had been regularly reviewed and were up to date.