

Mrs Taslimah Salamut

Residential Care Home

Inspection report

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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

This inspection took place on 27 April 2017 and was announced. At the previous inspection of this service in March 2016 we found one breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider did not have robust risk assessments in place. During this inspection we found this issue had been addressed.

The service is registered to provide accommodation and support with personal care for up to six adults with learning disabilities. Six people were using the service at the time of our inspection. The service provider is a registered individual. This means there is no requirement to have a registered manager as the provider is considered a registered person. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. However, medicines were not always managed in a safe manner.

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the spirit of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. We observed staff interacting with people in a caring way. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Systems were in place to seek the views of people on the running of the service.

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. Medicines were not always managed in a safe manner.

Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place and followed.

Requires Improvement ●

Is the service effective?

The service was effective. Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care and were free to come and go from the service as they wished. This included choosing what they ate and drank.

People were supported to access relevant health care professionals if required.

Good ●

Is the service caring?

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Good ●

Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

Good ●

People were supported to engage in various activities in the home.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

The service was well-led. People and staff told us they found senior staff to be supportive and helpful.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

Good ●

Residential Care Home

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 April 2017 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications the provider had sent us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with four people who used the service. We spoke with four staff, this included a director of the service, the deputy manager and two support workers. We observed how staff interacted with people. We reviewed three sets of care records relating to people including care plans and risk assessments. We looked at the staff recruitment, training and supervision records of four staff. We checked medicines records and minutes of various meetings. We examined the quality assurance processes at the service and sampled some policies and procedures. We spoke with a health professional who was visiting the service at the time of our inspection.

Is the service safe?

Our findings

At the previous inspection of this service in March 2016 we found they were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because risk assessments were not sufficiently robust and the service did not have effective systems in place to reduce the risk of financial abuse. During this inspection we found these issues had been addressed.

At the time of inspection two people had been prescribed medicines on an 'as required' (PRN) basis. The service did not have any guidelines in place about when to administer these medicines and they were not listed on the medicines administration record (MAR) charts. The deputy manager told us the supplying pharmacist did not enter these details on the MAR charts. The deputy manager told us people had not recently required these medicines. Without proper guidance for staff there was a possibility that these medicines may be given incorrectly or not given when they were required. We discussed this with the deputy manager who took immediate action to contact the supplying pharmacist to arrange to have the MAR charts amended and also the prescribing GP to develop guidance on the administration of PRN medicines.

Medicines were stored securely in a designated and locked medicine cabinets. Records were maintained of medicines entering the service and of those that were returned to the pharmacist. The service carried out regular audits of medicines stock to check they had the correct amounts in store. MAR charts were accurately maintained with the exception of the omission of the PRN medicines.

Staff had undertaken training about administering medicines and knew what action to take if they made an error with medicines. One staff member said, "I would have to phone the GP straight away [if they gave a person the wrong medicines by mistake]."

Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. Risks covered by assessments included risks associated with diabetes, falling, personal hygiene and alcohol consumption.

Since the last inspection the service had reviewed the way it recorded accidents and incidents. More details of any accidents were recorded and these were reviewed so they fed into reviews of risk assessments if required.

Where the service held money on behalf of people steps had been taken to reduce the risk of financial abuse. Most money held was stored in a locked cupboard that only the director of the service had access to. They transferred money as needed to another locked cupboard where all staff were able to access it. Records and receipts were kept of monies held and spent. We checked the records of monies and found they tallied with the amounts actually held. We also checked bank books and found that all monies withdrawn were accounted for in the services financial records.

People told us they felt safe at the service. One person said, "Yes, I am safe."

The service had a safeguarding adults procedure in place which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities. One member of staff said, "I would report [abuse] to the manager, and if it was the manager I would speak to the CQC and the police and I would report it to the social worker as well." Another staff member said, "I have to raise the alarm, make a report and pass it across to the manager."

Staff told us they did not use any form of physical restraint when working with people. A staff member explained how they supported a person who on occasions exhibited behaviours that challenged the service. They said, "I speak to him calmly, I ask if he wants to go to his room to have a chat. Sometimes it helps if he speaks to his family so I ask if he wants to phone his mum or dad."

People told us there were enough staff working at the service. One person said "Yeah, they [staff] are here all the time. Staff also told us they had enough time to carry out their duties. During our inspection we observed that staff were able to support people in a timely and unhurried manner.

The service had robust staff recruitment practices in place. Staff told us they had to undergo checks before they were able to work at the service. One staff member said, "They did all my checks, my right to work, I went through the DBS (Disclosure and Barring Service) and references. Everything was checked." Records showed the service did carry out pre-employment checks on prospective staff including proof of identity, previous employment history and criminal records checks. However, we found that staff application forms asked for personal details about the person, including their age, their marital status and the number of children they had. This could have an implication with regard to equality and diversity. We discussed this with the director of the service who sent us a revised application form after our inspection which no longer asked about these personal details.

Is the service effective?

Our findings

Staff told us they undertook regular training. One member of staff said, "I had food hygiene training, safeguarding, first aid, skin care as well as moving and handling." Another member of staff told us, "Yes, I've done the training. I've done health and safety, food hygiene, safeguarding, MCA as well." The same staff member also told us that a person had recently moved in to the service with a mental health condition and staff had been given training about this. This showed training was based around supporting the needs of individuals. Records showed staff training was up to date. The deputy manager told us, "Every month I check staff training to make sure it is up to date."

Staff told us they had regular one to one supervision meetings with a senior member of staff. One staff member said, "I have it [supervision] with the manager. We discuss about the clients, my training, how I work with the staff. Anything I am not happy with or improvements in the house." Another member of staff said of their supervision, "We normally talk about my work, the improvements in terms of my care delivery. For me supervision has been good." Records of supervision showed it included discussions about performance, training, people using the service and any other issues staff wished to discuss.

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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us all that people using the service were subject to DoLS authorisations. Staff had a good understanding of what this meant for how they worked with the different individuals and people were routinely supported to leave the premises with staff support.

People told us they were able to make choices about their daily lives. One person said, "They ask me what I want and I choose [in relation to what clothes they wore]."

People had signed consent forms to allow relevant people to access confidential information about them and to agree to the service administering their medicines. Care plans had also been signed by people which indicated their agreement with the contents of the plans.

People were able to decide what they ate and drank. One person said, "It's my choice, they ask me what I want to eat." The same person told us they were learning to cook to develop their independent living skills, saying, "I want to learn things, they [staff] support me to cook the veg." Another person said, "That's not too bad, she [staff member] asks me what I want for my lunch and my late afternoon dinner."

Staff told us that people were asked every day what they wanted to eat. On the day of inspection we saw people were able to choose various options, including a pasta dish, sandwiches and take away food. People were observed to enjoy their lunch and one person commented, "It's nice." People were supported to eat food that reflected their cultural heritage and there were staff working at the service who were knowledgeable about how to cook these foods.

People were supported to eat a healthy balanced diet and care plans included information about supporting people with this. For example, the care plan for a person with diabetes stated, "Encourage [person] to buy diabetic chocolate and switch to diet drinks."

People told us the service supported them to attend medical appointments. One person said, "If I am poorly they take me to the doctors." Records were maintained of appointments with health care professionals which included details of any follow up action that was required. Records showed people had access to health care professionals as appropriate, including GP's, district nurses, the diabetes clinic, chiropodists, the sensory team and opticians.

During the course of the inspection we spoke with a visiting health professional. They told us they believed the service was doing a good job in meeting the needs of the person they worked with and that they had improved considerably since moving in to the service. They said staff were knowledgeable about the person and good at asking for advice when required.

Hospital Passports were in place for people. These provided information about the person to hospital staff in the event that the person was admitted to hospital. For example, they included details of people's medical history, any medicines they were taking and their communication needs. Information was person centred, for example for one person the passport stated, "I need food to be cut up but can eat ok. I drink from a normal cup. I like boneless chicken and meat."

Is the service caring?

Our findings

People told us they liked the staff and that staff treated them well. One person said, "I like them, they are OK. They come to support me, to help me." Another person said, "The staff are nice." When asked if staff were friendly another person replied, "Yeah they are all right."

Care plans included information about supporting people to be independent with their personal care. For example, the care plan for one person stated, "Staff to give me direction during shower about where to scrub using my sponge" which showed the person was supported to wash themselves. A person told us, "The [staff] show me to shave, they help me sometimes but I do it myself."

Staff told us how they promoted people's dignity, independence and privacy when providing support with personal care. One staff member said, "I talk to them and ask if they want to have a shower. The parts they can wash themselves we try to give them as much independence so they can wash themselves. Most of our clients are able to wash their front parts very well but the back is a little bit difficult for them." The same staff member told us how they supported a visually impaired person to choose what they wore, saying, "He will tell you 'today I want to wear a blue polo neck and black trousers'." To help another person choose their clothes the same staff member said, "We open the cupboard and say 'what do you want to wear' and you are pointing and you repeat till she understands." Another member of staff said, "I make sure the door is closed [when giving support with personal care]." The same staff member told us how they promoted people's independence, saying, "I let them know I will do things for them, but most things they can do themselves and I just give prompts." We observed staff knocked on bedroom doors and waited for a reply before entering which promoted people's privacy. Care plans included details of what people preferred to be called.

We saw staff interacted with people in a friendly and respectful way and people were seen to be relaxed and at ease with staff. Staff showed a good understanding of how to communicate with people and did so in a patient manner that allowed the person time to express themselves. One staff member said, "I create time to have a chat with the residents so they can talk about their feelings." Care plans included information about supporting people with their communication needs. For example, the care plan for one person stated, "[Person] uses and understands short sentences to get her message across. She repeats things until reassured. Give her lots of time to answer and make her own decisions."

Two people showed us their bedrooms and told us they were happy with them. One person said, "I like my bedroom." We saw they were decorated to the person's tastes and contained personal possessions such as televisions and family photographs. One person had their own artwork on display in their bedroom. Communal bathrooms in the home had locks that contained an emergency opening device which helped to promote people's privacy in a safe manner.

Is the service responsive?

Our findings

People told us they were satisfied with the service. One person said, "I am happy here." Another person said, "I like it all here."

After receiving an initial referral, senior staff carried out an assessment of the person's needs. The deputy manager said, "Me and another manager will go and do an assessment to see if we can meet their needs." They added, "If they have family they are involved [in the assessment]." They told us if they felt the service was not able to meet a person's needs they would not be offered a placement. For example, they told us they recently had to turn a referral down because the service was not able to meet needs in relation to the person's mobility. Before people moved in to the service they were supported over a transitional period which included visiting the service, including for overnight stays. This helped the person to decide if the placement was right for them.

The deputy manager told us care plans were developed shortly after the person moved in, telling us, "Care plans are based around the needs of the person. The resident, the keyworker and the manager are all there when we meet to discuss the care plan." Care plans were subject to regular review. The deputy manager told us they were reviewed, "Every three months. Where there is an urgent issue they are changed on the spot." Records confirmed this, which meant care plans were able to reflect people's needs as they changed over time."

Care plans were personalised around the needs of individuals. For example, the care plan on medicines for one person stated, "[Person] likes to have the medication tipped into his hands rather than to take it from the medication pot."

Care plans covered health, medicines, behaviour, personal care, budgeting, independent/daily living skills and activities. At the time of inspection the service was introducing a new system of care planning for people designed to put the person at the centre of everything. They included a one page profile of what was important to the person.

People had monthly 1:1 meetings with their keyworker where they were able to review goals set in the care plan and raise any other issues of importance to them. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. This meant there was an on-going review process to help ensure people's needs were being met in line with their expectations.

People were supported to engage in various activities. During the course of the inspection we observed that an art worker was employed to visit the service to facilitate an art group. This was well attended and people told us they enjoyed it. One person told us, "I go to the cinema sometimes and I go to Indian restaurants in East Ham and Stratford." Another person said, "I go to college, temple, shopping. Staff take me to temple where I pray." They said at college they, "Go to outside places and museums" and did "computer and drawing." Another person said, "I go out sometimes. I went out yesterday, we went in the car." The deputy

manager told us one person had voluntary work at a restaurant and that some people attended day services for adults with learning disabilities and that one person attended an African cub where they played music. The service arranged various outings for people which included the Millennium Dome, cinema, London Eye and an aquarium. A holiday to Blackpool was booked for later in the year and we saw this was decided by people during a residents meeting.

The service had a complaints procedure in place. This included timescales for responding to any complaints received. However, it did not include details of whom people could complain to if they were not satisfied with the response from the service. We discussed this with the deputy manager who sent us an amended version of the complaints procedure after our inspection.

People knew how to make a complaint. One person said, "I talk to the manager first if anything is wrong." The deputy manager told us there had not been any complaints received since our previous inspection.

Is the service well-led?

Our findings

People told us they found the management team at the service helpful and friendly. One person said, "[Deputy manager] is all right, I like her." Another person told us, "Nothing wrong with her [deputy manager]."

Staff told us they found the management supportive. One staff member said, "[Deputy manager] is very good, she does a lot of training. We can come and talk to her. As a manager you don't feel scared asking her anything, I feel comfortable. Even if she is not at work I can phone and she gives me advice." Another member of staff said, "[Deputy manager] is a good manager because she supports staff. She talks to us if there are any issues we need to discuss. She is always there to make sure staff are given enough information."

People told us and records confirmed that service user meetings were held. One person said, "Yeah they do meetings, they ask me what I want." Another person said of the meetings they talked about, "What's going on [at the service]." Records of recent residents meetings showed they included discussions about the new system of care planning being introduced, the proposed holiday and general issues related to people's health.

The deputy manager ran a monthly workshop with people using the service to help them participate in the service and to voice any issues they had. Recent workshops had included how to make a complaint and speaking up about abuse, maintaining a balanced diet and keeping teeth and gums healthy.

The service held regular staff meetings. One staff member said of these meetings, "We discuss about our clients and residents holidays. We talk about medicines and how [supplying pharmacist] are doing and if anybody has any upcoming appointments." Another staff member said, "We talk about in the team meetings if there are any changes to the home and the delivery of care. We discuss about the residents and what they want." Records of team meetings showed the included discussions about policies and procedures, care plans and key working.

The deputy manager told us, "We have surveys for residents and professionals." In addition, they told us the local authority had recommended that they introduce staff surveys. The staff survey format had been devised at the time of our inspection and was to be implemented during May 2017. This showed the service responded positively to feedback from outside agencies.

Surveys for people using the service were conducted on a monthly basis. People were asked to rate how well the service was doing in a variety of areas such as food, staff and activities. We checked the surveys over a three month period and found they contained positive feedback from people. We also found positive feedback in the surveys for professionals. For example, one professional wrote, "Support plan is quite detailed and easy to read and understand." Another professional wrote, "Clear timetable of activities and diary of when residents go out."

The local authority carried out monitoring visits, the most recent of which was in December 2016. We found the service had taken steps to implement recommendations made by the local authority. For example, in the report from the last visit the local authority recommended that the bathroom needed renovating and we saw this work was in progress. The director told us it would be completed by the end of May 2017.

The deputy manager carried out a weekly health and safety audit. This included making sure fridge and freezer temperatures were checked properly, that workplace equipment was checked and in good working order and the physical environment was safe.