Arshad Mahmood

# Arshad Mahmood - 112-114 Carlton Road

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|

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|---|---|
| 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

Arshad Mahmood is a 'care home' for four people with learning disabilities and/or autism. There were four people living in the home when we visited. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The registered provider manages the service with care provided by a small team of staff. 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 Care Service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

At our last inspection on 19 August 2016 we rated the service as overall 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. We saw that people looked happy being with the staff who were supporting them and there were enough staff on duty to allow staff to spend time with people. People received their prescribed medication at the right time and medication was stored and checked safely. Staff knew how to report concerns and the risks related to people's needs.

People continued to receive an effective service. Staff received training that was relevant to their role and enabled them to provide effective support. People's health needs were monitored closely by staff and staff supported people to access healthcare appointments when required. The principles of the Mental Capacity Act (MCA) were followed and people were supported to have maximum choice and control of their lives.

People continued to receive care from staff who were kind, respectful and compassionate. Staff worked hard to develop people's independence and helped people to make real progress in daily living skills. People were supported to maintain contact with families through the use of technology and through visits.

People continued to receive a responsive service. People's needs were assessed and considered carefully before they came to live in the home to ensure they were well placed. People had access to activities which they enjoyed and had the opportunity to express their preferences for trips and holidays. Relatives told us they were involved in reviews of people's care and were kept informed of any changes.

Improvements had been made and the service is now consistently well-led. Staff, relatives and professionals

were happy with the way the service was led by the provider. There was a family atmosphere and the provider supported people, staff and relatives to receive the care they each required.. The provider had notified us of any incidents and changes as required and audits were effective in highlighting any gaps in the service.

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?**<br>The service remains good. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service has improved and is now good. | **Good** |

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**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 comprehensive inspection took place on 20 November 2018 and was announced. We gave the provider 48 hours' notice as people living in the home often went out for the day and we wanted to ensure people and staff were at the home for part our visit. The inspection team consisted of one inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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 also contacted the local authority commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection we met with three of the people living at Arshad Mahmood. Some people were not able to tell us what they thought of living at the home. Therefore, we used different methods to gather experiences of what it was like to live at the home. For example, we saw how staff supported some people throughout the inspection to help us understand peoples' experiences of living at the home.

We spoke with the deputy manager and two staff. We also spoke with two relatives by telephone. We looked at a range of records. This included two people's care plans, two people's medicine records, two staff recruitment records and quality assurance systems that were in place.

Good

# Is the service safe?

## Our findings

People told us they were happy to be living at the home and liked the staff who were supporting them. Relatives also told us that they felt their family members were well looked after and kept safe. There were processes in place to keep people safe, such as regular checks of fire safety equipment. Staff had received training on how to safeguard people and had a shared understanding of how to report concerns if needed.

Staff had developed a good understanding of the risks to people and the steps they needed to take to reduce these risks. Risk assessments gave clear guidance to staff on how to manage behaviours that might challenge others and on specific risks relating to certain activities or places people visited.

We saw that there were sufficient staff to keep people safe and to support people's needs. People were supported on a 1-1 basis which enabled people to access appointments and activities in the community safely. We saw that staff were not rushed and had time to spend with people throughout our inspection.

People received their medication at the right time on a consistent basis. Medication records showed that doses were not missed and the provider carried out regular audits to ensure medication was being managed well. We saw that people were encouraged to take their medication and staff told us that they had received training in how to give medication safely. Records showed that the provider carried out staff competence checks on an annual basis to check staff were giving medication effectively.

People were supported by staff who were suitable to work with vulnerable people. The provider had a system in place to check that staff working at the home were suitable before they started work and staff files contained evidence of the checks that had been undertaken. This included references from previous employers and identification checks.

The provider kept records of any incidents and accidents and these were monitored to ensure staff could take steps to reduce the risk of potential harm. We saw that staff recorded strategies that they had used to reduce people's anxiety and how effective these had been so that people's support plans could be updated accordingly.

We saw that the home was clean and tidy and that staff had access to cleaning materials and personal protective equipment, such as gloves and aprons which helped to reduce the risk of infection to people.

Good

# Is the service effective?

## Our findings

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority were being met.

The deputy manager told us and records showed all of the people currently living in the home had been assessed as lacking the capacity to consent to their care and treatment. The provider had therefore submitted DoLS applications in all cases and these had been granted. Some DoLS had now expired, but the provider had submitted re-applications in a timely manner and was waiting for decisions to be made by the local authority. Records also showed that people were seen regularly by their Relevant Person's Representative(RPR). A RPR is appointed to support a person who is deprived of their liberty under the MCA.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. For example, people's consent was obtained before care and support was given and we saw that people were given the opportunity to make choices about everyday life such as menus and activities.

People were supported by staff who had received training which was relevant to people's needs and disabilities. Staff told us that the provider encouraged staff to complete training and records showed that completion rates were high. One member of staff told us about training they had received which had helped them provide more effective support. They told us, "We used to try and speak to [person's name] straight after an incident which used to make them, become upset again. We have learnt it is better to wait a while and return to it later".

People had access to food they preferred and staff told us how they helped people to make food choices. One person told us, "The food is good." Staff showed us the symbols they used to ask people what they wanted on the menu. One relative told us, "[Person's name] eats well and looks healthy. They take him to the doctors and dentists and gets well looked after in the home".

People's health was monitored closely by staff. People's health actions plan showed that they had attended appointments with a range of health professionals. One person had diabetes; staff told us that the level of medication required to control this condition had reduced as the person was now eating a healthier diet.

People lived in a homely environment which was designed to meet their needs. People had large bedrooms which had been decorated in colours of their choice. Garden fencing and carpets had been replaced since our last inspection. Some work was needed to improve both of the bathrooms, such as repairs to tiling and painting and to tidy up the garden area. We spoke to staff about this and saw that work was planned in the coming weeks to address this.

Good

# Is the service caring?

## Our findings

People were cared for by staff who were kind and respectful. One person told us, "The staff are very nice here and I am very happy." We saw people enjoyed spending time with staff and that relationships between staff and people were warm and affectionate. People benefitted from a consistent staff team who knew them well. One relative told us, "There is a very low staff turnover which is great for [person's name]."

Some people living in the home could not use verbal communication to express their wishes and required visual prompts or signs to help them understand what was happening each day. We saw pictures and symbols being used to assist people to make choices.

People were involved as much as possible in making decisions about their daily routines. Records showed that people contributed towards residents' meetings and had helped to choose menus, holiday destinations, colours for walls and activities. One person had chosen to have a sink removed from their bedroom as they wanted more space in their room for other things.

People's independence was promoted and respected where possible. Staff explained how people had individual goals to develop their life skills and care files contained records of people's progress. One relative told us how their family member had made progress with being more independent with their personal care such as being able to dress themselves. They told us, "I'm really impressed with what the staff have achieved. They put in a lot of care and attention".

People were supported by staff who enjoyed working in the home and were motivated to provide high quality care and support. One member of staff told us, "I absolutely love working here. I really enjoy the relationships I have with people here".

People were supported to maintain contact with relatives and friends that were important to them. Staff told us that one person used social media technology to keep in touch with their parents; this was a more meaningful way of communication as the person was unable to communicate verbally, so enjoyed being able to see families' faces. One relative told us, "They [the staff] bring [person's name] down to see us for two or three hour, they are always very accommodating".

Good

# Is the service responsive?

## Our findings

People's needs had been assessed on an individual basis and care and support was delivered in line with these assessments. Care files contained detailed explanations of people's preferred routines which were written from the person's point of view. One relative told us how impressed they had been that the provider had taken so much interest in their family member prior to admission. They told us, "We chose this place as there was an interest in whether this was the right place and how [person's name] would fit in with the other people in the home".

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. We saw that information such as menus and activity plans were in easy read and picture formats around the home and we saw that people's care plans contained information about their communication needs.

People had the opportunity to go out on trips and activities in the local community in line with Registering the Right Support. One member of staff told us, "I think the people living here are very happy. It's important to plan activities and keep them busy". We saw that people had the opportunity to go on a summer holiday, attend local churches with their family and eat at local restaurants. On the day of our inspection, people went on a planned trip to a local shopping centre and to play tenpin bowling.
Relatives told us that they were involved in reviewing and planning people's care. One relative told us, "I came to the last meeting to review [person's name]'s care and I have been involved and consulted. The communication is brilliant". Staff told us that some reviews were held on the telephone by social workers but that staff called relatives to keep them up to date.

The provider had a complaints policy in place and records showed that there had been one complaint in the last 12 months . We saw that any complaints received had been investigated and appropriate action had been taken.

No-one living in the home was receiving end of life care at the time of our visit but we saw that care files contained details of how people wanted their care to be delivered in the future. Relatives had been involved in helping people draw up these plans.

Good

# Is the service well-led?

## Our findings

At the last inspection in April 2016, the provider was rated as requires improvement under this key question. At this inspection, we found improvements had been made and the service is now rated good.

A registered provider was in place and managed the service with care provided by a small team of staff. 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 provider was fully aware of the requirement to notify us of any changes or incidents that affected people who used the service and records showed that all such notifications had been submitted.

Relatives and staff were happy with the way the service was led and managed by the provider. The provider was a regular visitor to the home and knew staff and people well. One member of staff told us, "[Provider's name] is very approachable. I see them most days and I can talk to them about anything". Another member of staff told us about when the provider had covered shifts for them following a family bereavement. Staff and relatives told us that the provider had created a family culture where it was seen as important to look after everyone, including staff and relatives as well as people living in the home.

A range of audits were in place to ensure any gaps and issues were identified. These included checks on risk assessments, medication, care plans and the cleaning of the home which were all completed by the provider every two weeks. Records showed that action was taken as a result of these audits when required.

We saw that relatives and professionals had the opportunity to complete questionnaires about the service. The visiting professionals were largely positive with how the home worked with them in partnership for the benefit of the people in the home. Comments included praising the professionalism and knowledge of the staff.

Registered providers are required by law to display the ratings awarded to each service in the home. We confirmed that the rating for Arshad Mahmood was on display. Showing this rating demonstrates an open and transparent culture and helps relatives and visitors understand the quality of the service.