

Santa Bapoo

Santa Care

Inspection report

25 Raynton Close
Rayners Lane
Harrow
Middlesex
HA2 9TD

Tel: 01895470731

Website: www.santacarehomes.co.uk

Date of inspection visit:
07 March 2018

Date of publication:
20 April 2018

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

Santa Care is a care home for four people who have learning disabilities and/or mental health conditions. The care home provides people with accommodation and personal care. It is located in North West London within walking distance of local shops and public transport. The home has single occupancy bedrooms located over two floors and a communal lounge/dining room. The ground floor of the building is wheelchair accessible and people have access to a garden. There were four people using the service at the time of the inspection.

At our last inspection we rated the service good. At this inspection on the 7 March 2018 we found the service remained Good. Evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

This service does not require a registered manager as the regulated activity accommodation and personal care is carried on by an individual who is registered with us in their own name. The individual Santa Bapoo is in charge of day to day activity carried out by the service.

Arrangements were in place to keep people safe. Staff knew how to identify abuse and understood the safeguarding procedures they needed to follow to protect people from abuse.

Risks to people's health and well-being were identified, assessed and managed as part of their plan of care and support. Appropriate risk management systems were in place. Staff understood their responsibilities to deliver safe care and to report all concerns to do with people's safety or poor practise.

People were supported to have maximum 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.

Arrangements were in place to ensure that people received their prescribed medicines. People's dietary needs and preferences were understood and supported by the service.

People received personalised care and staff were responsive to people's needs. People's care plans reflected people's individual preferences and needs. They contained the information staff required to provide people with the care and support they needed in the way that they wanted. People were supported to be fully involved in decisions about their care.

Staff had a caring approach to their work and understood the importance of treating people with dignity and protecting people's privacy. People's confidentiality was maintained.

People took part in a range of activities, and staff supported them to develop and maintain their daily living

skills.

Staff received the training and support that they needed to provide people with individualised care and support. The provider ensured staff had the skills and knowledge to meet people's needs. Appropriate recruitment procedures were in place to ensure that only suitable staff were employed to provide care.

People and their relatives knew how to make a complaint and were confident their concerns would be addressed appropriately by the provider.

There were systems in place to assess, monitor and improve the quality of the services provided for people.

The provider worked closely with healthcare and social care agencies to ensure people's needs were met and that improvements to the service and people's care were made when needed.

We have made one recommendation about the use of CCTV in the home.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 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 was a comprehensive inspection: It took place on the 7 March 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return [PIR] which the registered manager had completed before the inspection. The PIR 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 reviewed the report from a quality check of the service that was carried out by the host local authority in 2017.

Some people using the service were able to tell us about what they thought about the service that they received. Others were less able to describe their experience, so to gain further understanding of people's experience of the service we observed engagement between people and staff and we also spoke with people's relatives.

During the inspection we spoke with the provider, three care staff, a healthcare professional and the four people using the service. Following the inspection we spoke by telephone with three relatives of people using the service.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People's relatives told us that they had no concerns about people's safety and felt that people were safe when receiving care. People using the service confirmed that they felt safe living in the home.

A safeguarding policy was in place to protect people and keep them safe. Staff told us that they had received safeguarding adult's training. They had good knowledge and understanding of different types of abuse and knew the action that they needed to take if they suspected a person had been harmed or was at risk of abuse. Staff knew that they needed to report any concerns to the provider. They told us that they would contact the host local authority safeguarding team and the Care Quality Commission [CQC] if no action was taken by the provider.

The contact details of the host local authority safeguarding team were displayed in the home so the information was accessible to people, staff and visitors. Staff were aware of whistleblowing procedures and told us that they wouldn't hesitate to report to the provider poor practice or any other concerns to do with the service.

Details of the support people needed with the management of their finances were included in people's care plans. Records of people's income and expenditure were maintained and checked regularly by the provider. In 2017 a comprehensive check of the management of people's monies had been carried out by an accountant who reported that no concerns had been found.

Accidents and incidents were recorded and addressed appropriately. They were recorded and monitored. The provider had taken action to minimise the risk of a reoccurrence.

People's care plans included information about any risks to their safety. Where risks had been identified, actions and guidance for staff to follow were in place to manage and minimise them to keep people safe. People's risk assessments included risks associated with their behaviour, household tasks, medicines, choking and falling. Staff we spoke with were aware of people's risk assessments and knew they needed to follow guidance to protect people from harm. Peoples' risk assessments were reviewed regularly and when people's needs changed. One member of staff told us about a person's risk assessment which had recently been reviewed and updated in response to a change in their mobility needs.

We noted that at times during the inspection the kitchen and front doors were locked. Staff explained and it was confirmed during the inspection that the kitchen door was only locked for short periods of time when the kitchen was not in use by staff. They told us that this was due to it being unsafe for a person to access the kitchen without supervision. We saw there was a risk assessment that detailed the risk of the person having access to areas where food was stored but it did not include details of the kitchen door being locked at times. It was also not detailed in other people's care plans how the restriction could affect their freedom to access the kitchen when they wished to do so. Following the inspection the provider confirmed that one person's risk assessment had been updated and risk assessments were in place for other people which showed that staff would ensure that they opened these doors when people requested. On the day of the

inspection we saw that staff opened the front door when a person wished to go outside to smoke.

Staff told us if they became aware of any changes in people's needs that could affect their safety they would report this to the provider who they were confident would take appropriate action to keep the person safe.

Arrangements were in place to ensure appropriate staff recruitment practices were followed so only suitable staff were employed to work with people. We checked three staff's records, which showed appropriate checks had been carried out.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people received the care and support that they needed and were safe. Staff told us that the staffing numbers were flexible and were increased when needed. This was demonstrated during the inspection, when a person returned to the home from hospital an extra member of staff was on duty to ensure that the person received the care and assistance that they needed.

People's relatives knew the names of staff. They told us and records showed that there was continuity of staffing so people knew the staff that supported them. People using the service indicated by their interaction with staff that they knew them well. They approached them without hesitation and engaged with them in a positive manner.

People's care plans identified their medicines' needs and recorded details about the medicines they had been prescribed. Staff told us that they received training about medicines and had their competency to manage and administer medicines assessed. Records confirmed that. We saw that people's medicines were stored safely and medication administration records showed that people had received their medicines as prescribed. We observed staff administered medicines safely to people. They told people about their medicines, waited until they had agreed to take them and until they had seen each person swallow them.

We checked some of the medicines in stock and these were accounted for. Staff we spoke with were clear about when they could administer PRN medicines [medicines that were prescribed to be taken when people needed them such as pain relieving medicines]. However, we did not see records of a PRN protocol for a medicine. The provider completed this promptly and provided us with a copy of it after our visit.

The provider told us and records showed that there were arrangements in place to ensure people were safe. These included weekly fire safety checks, regular fire drills, and ensuring service checks were carried out of the electrical and gas systems in the home. Fire safety guidance was displayed and people had individual personal emergency evacuation plans [PEEPS] in place. The provider told us about the action they had taken to address some shortfalls that had been found during an inspection by the London fire service in 2017. The service had an emergency plan.

Records showed us that staff had completed training on infection control and food hygiene. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection. Hand washing guidance was displayed and we heard staff remind people to wash their hands after using the bathroom and before helping to prepare food and drinks.

An environmental cleaning schedule was in place and regular checks of the cleanliness of the service were carried out. Where areas required attention, actions were put into place to address deficiencies and records confirmed this.

Is the service effective?

Our findings

People and their relatives told us they were happy with the service. A person told us they liked the staff and enjoyed their meals. They told us, "Food is good, I like my breakfast."

People's relatives spoke in a positive manner about the staff. They told us that they felt that staff were competent and knew people well. Comments from people's relatives included, "I am really happy, It is [person's] home" and "[Person] is very fond of staff. They listen."

People's care plans showed that people's needs had been assessed and regularly reviewed with their participation and when applicable their relatives' involvement. Reviews of people's needs supported staff in understanding people's current needs so they could support people in the way they wanted and assist them in achieving effective outcomes. Staff told us that they read people's care plans and referred to them when they needed to so they always provided people with the care they needed.

Care plans included information about people's preferences, health, personal care, communication and other needs. They included guidance for staff to follow to meet people's individual care needs and preferences. Staff spoke about the importance of offering people choices. We heard staff frequently encouraging and supporting people to make a range of choices during the inspection. These included choices about what people wanted to do, and decisions about meals and drinks.

Staff told us that when they had first started work they had received an induction that had prepared them for carrying out their role and responsibilities. They told us that they had spent time during their induction 'shadowing' other staff to learn about the wide range of tasks they needed to carry out and how to provide each person with the care and support that they required.

Staff were knowledgeable about people's needs. They told us that they had got to know people during their induction and following it by speaking with people, people's relatives, staff and by observation.

Staff told us that they received the training that they needed to deliver effective care and support. They spoke of completing regular refresher training in core topics, such as fire safety and food and hygiene to ensure they remained skilled in those areas. A member of staff spoke in a positive manner about the recent pressure ulcer prevention training they had received. Training certificates showed that staff had completed a range of learning and training that supported them to carry out their role in a competent informed manner. A member of staff told us that they were in the process of completing a qualification in health and social care. They told us they received support and encouragement from the provider to complete it. Another member of staff told us, "All the training is good."

Staff told us that they received the support they needed from the provider and the staff team. They informed us and records showed that staff had regular one-to-one supervision meetings with the provider. A care worker told us that they had recently received an appraisal of their performance and development needs. Records confirmed that.

People received the support that they needed to maintain and improve their health. People's care plans and other records included information about each person's health needs. They included details of any medical conditions such as diabetes and guidance for staff to follow to meet those needs. Staff had a good understanding about people's medical needs and the guidance they needed to follow to support people to lead healthy lives and to manage any medical conditions. During our visit a member of staff arranged a blood test for a person as part of the monitoring of the person's health needs. People had access to a range of healthcare services.

A healthcare professional who visited the service regularly spoke in a positive way about the service and of staff's understanding of a person's particular health needs. Staff told us that they always reported any changes in people's health needs to the provider. They told us that people were encouraged to lead healthy lives by being supported to eat well and keep active by going for walks.

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.

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).

The provider and staff had understood how the MCA and DoLS were relevant to the service. Staff knew that people's capacity to consent and make particular decisions could change, and then a particular decision to do with their life may need to be made in the person's best interest following consultation with family members and healthcare and social care professionals.

Staff knew about the importance of obtaining people's consent before helping them with personal care and all other support. We heard staff asking for people's agreement before providing them with any assistance.

People were consulted about the menu during weekly residents' meetings. People's nutritional needs and preferences and any support they needed with their dietary needs were recorded in their care plan. Staff were knowledgeable about the support and guidance that a person needed with their dietary needs to keep well. Staff spoke of the support people received to ensure people received meals that they enjoyed and that met their preferences and cultural needs. We heard staff ask people what they wanted to eat and respected the choices people made. Staff encouraged and involved people in the preparation of their meals and drinks. During the inspection people told us that they enjoyed their breakfast and lunch.

The premises met people's needs; it was well maintained and warm. People spoke of liking their bedrooms. A person showed us their bedroom which had been personalised with items of their choice. Another person told us they had pictures in their bedroom and said, "I have a wireless. It's good." A person's relative told us that a person had recently had their bedroom decorated.

We noted that there was a closed-circuit television [CCTV] camera in the communal lounge/dining area and at the front of the house. There were no cameras located in other areas of the home including people's bedrooms. The provider informed us that this was to monitor people's well-being and safety. She told us that people had been consulted and we saw details of their consent to the CCTV had been documented in their care plans. A person we spoke with confirmed they knew there was a camera and had no concerns about it. We discussed the use of CCTV with the provider and the need to follow current guidance, which included displaying signs in the home to inform visitors that CCTV was in place. Following our visit the provider supplied us with an updated CCTV policy, which included details of its use. They told us that they

displayed signs about CCTV being in place and had registered with the Information Commissioner.

We recommend that the service seek advice and guidance from a reputable source about the deployment and operation of CCTV in care homes.

Is the service caring?

Our findings

People told us that staff were kind to them and provided them with the help that they needed. A person told us, "Staff are good."

People's relatives spoke highly of the staff and of the care and support they provided to people. They told us that they visited at any time, sometimes without letting staff know, and they were always made to feel welcome by staff and people using the service. They told us, "Staff are excellent. They look out for [person]" and "[Person] has very good care."

We saw very positive engagement between staff and people using the service. Staff interacted with people in a respectful manner. They were kind and treated people in a caring supportive way. People were given the time they needed to communicate their choices and requirements. Staff chatted and laughed with people. They fully involved people in day to day decisions about their care and respected their preferences and choices. People's choices in relation to their daily routines and activities were listened to and respected by staff. These decisions included whether people wanted to go to the day centre or not. One person had chosen not to attend a day centre on a particular day of the week and their preference had been respected and accommodated by staff. A member of staff told us, "I always offer people choice."

Staff spoke of enjoying their jobs and of their respect and fondness of the people using the service. A member of staff spoke about how important it was for staff to be caring and of the fulfilment that they personally got from supporting people using the service. Staff told us that they provided people with emotional support when they needed it such as when people experienced difficult significant events in their lives.

The provider told us that during visits to the service they asked people for their feedback about how things were and how they were feeling. They also told us that they observed staff engagement with people to check that the support people received was always positive and caring. We heard staff frequently encouraging and praising people.

People were supported to maintain relationships with family and friends. People told us about the contact that they had with family members. People's relatives' spoke of the regular contact they had with people and of their visits. A person's relative told us that they had been updated frequently by staff about the person's health and well-being when the person had been unwell. Another relative told us, "I feel involved and respected." Records showed that a person was supported to maintain contact with people from the place of worship that they attended.

People's independence was supported. Details of the support people needed to promote their independence were included in their care plans. Staff encouraged people to do as much for themselves as they were able to do so. People helped with household tasks such as, cooking, tidying their bedroom and doing their personal laundry. A person told us that they regularly did their laundry. Another person's preference to attend a place of worship independently had been supported by staff.

People told us that their privacy was respected by staff. Staff ensured doors were closed when people were being assisted with personal care. Staff were aware of the importance of confidentiality. They knew not to speak about people to anyone other than those involved in their care. People's care records and staff records and other documentation were stored securely.

People's cultural and religious needs were detailed in their plan of care. A person's particular behaviour indicated that information and guidance to do with their sexuality needs should be included in their care plan. The provider told us that action would be taken to address this.

Records showed that equality, diversity and inclusion were discussed with staff during their induction. Staff were aware of the importance of respecting people's differences and human rights. They spoke about treating people with dignity and respect. Staff told us it was important to treat people in the same way and respect people's different beliefs and religion.

People and photographs confirmed that festive occasions and people's birthdays were celebrated by the service. A person told us they had enjoyed a party on their birthday. Another person spoke of going to a place of worship. They told us, "I pray and sing. It's nice."

Is the service responsive?

Our findings

People told us that they were happy living in the home and received the care and support that they wanted from staff. They spoke of activities that they liked doing, which staff supported them to take part in.

People's relatives told us that they felt that staff and the provider had a good understanding of people's needs. They provided us with examples of how the service had met people's specific needs and been responsive to changes in people's health and well-being. They told us that they were listened to and staff supported their involvement in people's lives and in the reviews of their care. Comments from people's relatives included, "They [staff] keep me informed about [person]," "I get invited to reviews," and "I am very happy that [person] is happy, I have no complaints."

People's care plans were personalised. They included information about people's needs, preferences and routines, and identified the actions required of staff to meet people's individual needs. Staff were aware of the care and support people needed and told us that they followed guidance to ensure they were consistent in the way that they supported people.

Records showed that people had participated in regular reviews of their care plan and had access to their plan of care. A person chose to look at their care plan during the inspection, which was accommodated by staff.

Staff had a 'handover' at the start of each shift and read a communication book and they completed 'daily' records about the care people had received during each shift. This helped ensure that care staff shared information about people so were aware of people's current needs and could provide the care that they needed.

Staff we spoke with knew people well. They told us about people's individual preferences and needs. They knew about the foods and activities that people liked and how this was accommodated.

We discussed the Accessible Information Standard [AIS] with the provider. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. Information about the service was in mainly written format but care plan information contained pictures to help make the information more accessible to people who were unable to read.

People's specific communication needs were identified in their care records and included guidance about how to support people with communicating their needs and preferences. People living in the home did not have sensory needs and communicated well with staff. Staff understood the particular support that a person needed to help them to communicate their needs. They spoke of showing the person pictures, a choice of clothes, and objects to help them communicate. At the time of the inspection no one had significant sensory needs,

People spoke of the activities that they participated in at the day centre that they attended and in their home. They spoke of enjoying watching television, listening to music, football, looking at magazines, talking with staff and other people using the service. People accessed community facilities and amenities to maintain and develop their relationship with the local community. People went out for walks, shopping and had meals out. They took a holiday annually. A person told us that they enjoyed going on holiday. A person went out shopping during the inspection and participated in a range of indoor activities.

The service had a complaints procedure which was displayed in the home. A person told us that they would speak to staff or their relative if they had a worry or complaint. People's relatives knew who to contact if they wished to make a complaint. They told us that they would not hesitate to speak with staff and the provider if they had a concern about the service. They provided us with examples where issues they had raised had been addressed appropriately. Complaints records indicated that there had been no complaints during the last twelve months.

Is the service well-led?

Our findings

Most people had lived in the home for many years. They told us that they were happy living in the home and indicated from their actions and their relaxed and contented manner that they saw the care home very much as their home. The provider told us that she was proud that people using the service were safe, secure and happy.

People's relatives told us that they were satisfied with the way the service was run and would recommend it. They told us that the service met people's individual needs and they felt happy that people were being supported by staff to lead the life that they wanted. They told us that they felt able to feedback their views about the service at any time and the provider was responsive to them. People's relatives told us, "It [the service] is excellent. They [staff] are always very welcoming" and "It is a well organised home. I would recommend it."

The provider managed and ran the service. Staff we spoke with knew the provider well and told us that they were visible, approachable, supportive and available at any time for advice and support. Staff told us that the provider kept them well informed about the organisation and the service. People had access to a service user guide and up to date statement of purpose that included details about the service and the provider's aims and objectives.

Care staff knew they needed to keep the provider and other staff well informed about people's needs and of any issues to do with their care and the service. The provider ensured that there was a 24 hours on call service to deliver guidance and support to staff when needed.

Staff told us that communication between staff was good. They told us and records showed that staff had the opportunity to attend regular team meetings where they were informed about any changes to do with the service, discussed people's progress and best practise. A member of staff told us that they felt comfortable raising issues to do with the service and people's care during staff meetings.

During the inspection we saw that people using the service knew the provider well and were comfortable interacting with them. People initiated conversation with the provider and showed by their engagement with her that they liked and knew her well. People have the opportunity to attend weekly house meetings. A range of topics were discussed during these meetings which included activities, complaints and the menu.

The provider visited the service frequently and usually unannounced. She told us that during those visits she checked that people were being provided with a good service by staff. She told us that she planned to carry out more 'spot checks' of the service.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. We found that audits were regularly undertaken as part of the quality assurance and quality improvement process, covering a range of aspects to do with the service. These included regular audits of the medicines, incidents, cleanliness of the service, hot water checks and health and safety arrangements.

Action was taken when deficiencies were found to make improvements to the service and to minimise the risk of them happening again. The provider told us that she was in the process of developing and improving the quality monitoring and improvement systems.

Records showed that maintenance issues were addressed without delay.

The provider liaised with community professionals to ensure people received an effective, good quality service. They told us about their interaction with the host local authority quality monitoring team and of the improvements they had made following a quality check by them. The provider told us about the positive relationship the service had with community professionals who worked with her to improve and develop the service. A community healthcare professional was complimentary about the service.

Care documentation was up to date. The service had a range of policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters. Details of policies were included in the staff handbook.