

Mr Amin Mohammed Lakhani

Minehead Road

Inspection report

18 Minehead Road
Streatham
London
SW16 2AW

Tel: 02086771508
Website: www.saffronlandhomes.com

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 17 December 2015 and was unannounced. Minehead Road provides accommodation and support to a maximum of six people with a learning disability. At the time of our inspection six people were using the service.

At the last inspection on 6 July 2014 we found that the service had met requirements.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

At this inspection we found that the service had not sent the CQC notifications in relation to the outcomes of Deprivation of Liberty (DoLS) applications. This was a breach of Regulation 18 of CQC (Registration) Regulations 2009.

Staff had knowledge and skills to meet people's care needs as required. They attended relevant training courses to ensure that the support provided was in line with good practice. Staff worked within the principles of the Mental Capacity Act 2005 (MCA). This meant that people received assistance to make their own decisions when needed. People chose what they wanted to eat and drink and were encouraged to cook meals for themselves. Records showed that people were up-to-date with their routine health appointments and received additional professional support as appropriate.

People were provided with safe care and support at the service. Staff supported people to identify and manage any risks to their well-being. This meant that people received assistance to stay safe from potential harm and injury. Staff attended induction to ensure they had the required knowledge to carry out their work safely. Staffing levels provided were sufficient, which meant that people had the support they required. Regular supervision and appraisal meetings were carried out to support staff in their role. People were supported with their medicines and received their medicines as prescribed.

We observed that people had good relationships with staff. People's privacy and dignity was respected, which meant that staff respected feelings of the people they supported. People's communication needs were identified and promoted. This meant that people had their wishes heard and acted on. People had support to maintain relationships and were encouraged to attend activities of their choice in the community. Staff encouraged people to learn new skills and helped them to maintain the skills they already had. Staff knew people's preferences and supported them to make choices according to what they wanted.

People's needs were individually assessed and reviewed which enabled the staff team to collect as much information as possible on people's preferences and care needs. People were provided with support to plan their care whenever possible. They had one-to-one meetings with staff to discuss their needs and how they

wished to be supported. Families and health and social care professionals had regularly provided feedback about the service and felt that issues raised were addressed. People were supported to talk about their concerns if they wished to.

The registered manager monitored the quality of care provided for people. Regular audits were carried out to identify changes and to make improvements where appropriate. Staff said they felt supported by the management team and were able to approach for advice when needed. The staff team were encouraged to question practice and make suggestions to improve where required. This meant that staff were supported to make suggestions and take initiative in providing good care for people. Appropriate systems were in place to monitor incidents and accidents, which meant that immediate support was provided for people when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Risks to people were identified and staff supported people to manage their care and support needs appropriately. Staff were aware of the potential signs of abuse to people and helped people to minimise these risks. There was enough staff at the service to ensure people's safety.

People received their medicines safely and in line with their prescriptions.

Is the service effective?

Good ●

The service was effective. Staff attended training courses and had regular supervisions and appraisals to ensure they had the required knowledge and skills to meet people's care needs. The service followed safe induction procedures.

Staff understood their responsibilities of the Mental Capacity Act 2005 and supported people to make decisions about their care in line with their wishes.

Staff assisted people as necessary with meals and food shopping. People had access to healthcare services as required.

Is the service caring?

Good ●

The service was caring. People received support to use their preferred communication methods, which ensured their active involvement in support planning. Staff helped people to access activities in the community and maintain relationships of their choice.

People's privacy and dignity was respected and choices were listened to.

Staff encouraged people to learn new skills to increase their independence.

Is the service responsive?

Good ●

The service was responsive. People were involved in developing their support plans. These were regularly reviewed to ensure that people had the support they required.

Relatives and health and social care professionals had regularly provided feedback about the service. People were supported to complain about the service if they wished to.

Is the service well-led?

The service was not well-led in some areas. The service had not sent the CQC notifications in relation to the outcomes of Deprivation of Liberty (DoLS) applications.

Staff felt supported and approached the registered manager for advice when needed. We saw good team working practices at the service.

Regular quality audits were carried out to improve the quality of the care and support provided for people. Systems were in place to monitor incidents and accidents, which meant that immediate support was provided for people when needed.

Requires Improvement 

Minehead Road

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 17 December 2015 and was unannounced. One inspector undertook the inspection.

Before the inspection, we reviewed a Provider Information Return (PIR). This is a form that is completed by the provider to give some key information about the service, including what the service does well and what improvements are required. We also viewed the information we held about the service, including statutory notifications received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people who used the service, four staff members, deputy manager and the registered manager for this service. We looked at four people's care records, three staff files, team meeting minutes, daily activity plans and other records relating to the management of the service, including training and audit records. We used the Short Observational Framework for Inspection (SOFI) to observe the support provided for people at the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we made phone calls to two people's relatives and a health care professional for their feedback about the service.

We also contacted people's social workers. Unfortunately we did not receive any responses.

Is the service safe?

Our findings

People told us they felt supported and safe at the service. A relative told us, "The home is safe" and the service is, "outstanding".

Staff were aware of the potential signs of abuse to people and followed the provider's safeguarding procedures to ensure their safety. Any concerns they had were reported to the management team to ensure that people were protected from abuse. The management team contacted local authorities to inform them about any abuse allegations taking place. This meant that the service put a protection plan in place to protect people from harm. There were no safeguarding concerns reported since the last inspection of the service. A relative told us that people were, "safe" and "well looked after" at the service.

Staff were knowledgeable and had skills to protect people from potential financial harm. The provider had procedures for managing money. Staff followed these to ensure that people's money was handled securely. These included collection receipts and making records of people's purchases. This meant that people were supported to keep their money safely as required. Relatives were involved and helped people to make decisions about buying more expensive items.

Staff supported people to identify and manage risks as appropriate. Risk management plans that were updated regularly and when people's needs changed. We saw risk assessments for those people who were required support to attend to their personal care needs. For example some people required assistance with bathing to ensure their safety, whereas others needed only prompting to attend to their personal care. We observed staff helping people to undertake tasks safely and without risks to their well-being. For example, staff assisted a person to fill a cup with hot water when making the cup of tea. Staff were aware about potential risks to people and followed guidelines to ensure people's safety at all times.

There were sufficient numbers of staff to ensure good care for people. People said that staff were available when they needed them. One person said, "Staff are good at helping when I need them." Staffing levels were assessed based on people's needs. The management team reviewed people's needs regularly to ensure they had the support they required. Most staff had been working in the service for a long time. The service used regular bank and agency staff to cover staff sickness and annual leave. This meant that staff knew people's care and support needs well. Records showed that people had daily one-to-one support to undertake their preferred activities safely. Staff told us they had enough time to support people with their needs.

Staff supported people to manage their medicines safely. Records showed that staff were regularly assessed by the management team to ensure they were competent to administer medicines. A medicines policy was available for staff to use when required. Care records had information about the support people required with their medicines. For example, prompting to take the right medicine and at the right time. The medicines administration records were up-to-date and signed as required. Staff recorded 'as and when' (PRN) medicines taken by people to ensure they received it as prescribed. PRN medicines were only used when needed for a specific situation, such as pain relief. Some people at the service had complex needs and

could not tell staff when they needed their PRN medicines. Care records had individual guidelines to people telling how to manage PRN medicines to ensure the medicines were taken safely. For example, paracetamol was give if cold symptoms were observed. This meant that people were supported to take their medicines as appropriate. Unused medicines were returned to the pharmacy for safe disposal.

Is the service effective?

Our findings

We found that the service was meeting peoples' care needs effectively. A relative said that the service was providing, "all the required support" for people. One other relative said that staff had, "good understanding" about people's health and personal care needs.

Staff were supported to undertake relevant to their role training courses. A relative told us, "staff are skilled and competent". Records showed that staff had attended mandatory courses, including health and safety, infection control, medication management and safeguarding vulnerable people. This meant that staff had up-to-date knowledge and skills to ensure effective services provided for people. Staff also undertook service specific training courses, such as autism and learning disability awareness. We saw that staff applied the gained knowledge in practice to ensure effective care for people. For example, by following people's routines that were important to them. However, the staff team did not receive training in relation to a person who had some mental health needs. We discussed this with the registered manager who agreed to bring this up to their senior management team.

Staff were supported in their role to meet people's needs effectively. Records showed that staff had regular supervision and appraisal meetings to discuss their performance and developmental needs. Staff told us they were supported to develop within their role that enabled them to provide good care for people. For example, a staff member was encouraged to apply for a management related training course. This meant that staff's training needs were identified and follow-up actions were agreed to improve the service delivery. Effective staff recruitment processes were followed to ensure that staff had required knowledge and skills to provide good care for people. Records reviewed had information on interviews attended, copies of references and completion of disclosure and barring checks.

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).

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 were being met.

We saw that staff worked within the principles of the MCA. People told us that staff helped them to make decisions about their care and support needs. Staff said that people's capacity varied in relation to the decisions people were required to make. People were able to make day-to-day choices, but needed relative's support with more complicated decisions. For example, when discussing their after death wishes.

Any concerns staff had were discussed with the management team to ensure that the follow-up actions were taken as appropriate, including seeking support from the local authority where required. Mental capacity assessments and where necessary best interests meetings were held if people were not able to understand risks and make decisions about the care they received. For example, a best interests meeting took place to support a person's wish to move to the supported living accommodation. Supported living services enables people to live in their own home instead of in residential care or with family.

The service had identified people who could benefit from the DoLS assessments and completed application forms to request authorisation. Records showed that the local authority had granted their request and there were no conditions in place for this. This meant that the service protected people who lack capacity to make decisions for themselves in relation to their care and treatment and ensured that they were not unlawfully restricted.

People received support with their nutritional needs as required. Staff were aware about people's dietary needs and provided them with information about healthy eating. For example, staff informed people about healthy food choices when they carried out their shopping. We saw guidelines available for staff to support a person to maintain a balanced diet. Records showed that staff approached health professionals for support were required, including speech and language therapist and dietician. Staff offered people support with meal preparation depending on their needs and wishes. One person liked preparing and cooking their meals separately from his housemates. Staff assisted the person with this choice accordingly.

Staff supported people to meet their health needs as required. A person told us that staff supported them to attend their health appointments when they needed it. A health professional said that staff, "took advice on board" and supported people to attend their health appointments as required. Records showed that people were up-to-date with their routine health appointments and attended any additional health check-ups they required. Health action plans were updated to reflect and monitor people's changing health needs. Health action plan is a personal plan of steps that must be taken to monitor and ensure their good health. For example, people had their weight checked regularly. This ensured that staff attended to people's changing needs as appropriate. Contacts of people's health and social care professionals were held in the office. This meant that staff could get a hold of people's health professionals' for advice quickly when required. Staff were aware of peoples' health needs and knew how to support them if their health was deteriorating, for example if a person had repeated epileptic seizures. Staff obtained advice from person's GP or the ambulance service to ensure their wellbeing.

Is the service caring?

Our findings

One person told us, the staff, "are very nice." A family member said that their relative was regularly supported to go out to the community and lived in a, "homely environment." A staff member told us that the service was, "a nice place to work because everyone are friendly and helpful".

People received support to communicate their wishes and choices as required. A family member told us their relative was provided with, "their own choices". Care records had information on people's individual communication styles. For example, one person used Makaton to express their wishes and make decisions. Makaton is a language programme that uses signs and symbols to help people to communicate. We observed that staff were aware about peoples' communication needs and used their preferred way of communicating. For example, body language and objects of reference. Objects of reference are objects, which have meaning assigned to them, such as coat for going out. Staff took time to listen to what people were saying. They also used simple and easy to understand language making sure that people understood what they said. People received professional support with their preferred communication styles. A speech and language therapist was involved to review person's communication needs and to provide required materials, such as pictures. This enabled staff to improve their ability to communicate with people.

People told us they liked going out and enjoyed attending activities. Staff involved people in making decisions about the activities they wanted to attend. Staff helped people to do their individual weekly activity plans. This ensured that people received support to identify and plan their preferred activities. We saw that people's activities changed over the time. For example, a person chose not to go to the gym anymore. We saw that people attended educational classes, such as cooking and information technology classes. This meant that people were supported to try different activities. One person had a volunteer job recently. This enabled people to be valued as part of the community. The service had also maintained friendships locally. For example, on special occasions people exchanged cards with their neighbours.

Peoples' privacy and dignity was respected. People had their own bathrooms and toilets that promoted their privacy. We observed staff asking people's permissions and knocking on their bedroom door before they entered their rooms. This enabled people to feel valued in their own home. People's rooms were personalised. We saw drawings on the walls that reflected people's culture and religious beliefs, for example a national flag from their birth country. Staff told us that people chose their room colours themselves. People displayed their personal belongings to reflect their individual tastes. In one of the rooms, we saw magazines and photographs of people's relatives. People told us they liked their rooms. We observed staff being friendly and polite when speaking to people. This meant that staff respected feelings of the people they supported.

Staff supported people to learn new skills and to maintain their independence. Care records had information on what people were able to do for themselves and where they required support from staff. For example, assistance required with room cleaning. We saw that staff encouraged people to learn new skills and helped to maintain skills they already had. For example, how to use a washing machine. Staff told us that some people learnt to do things for themselves and therefore required less assistance. This meant that

people were supported to remain independent for as long as possible.

Is the service responsive?

Our findings

We found that the service responded to peoples' needs as required. One person told us that staff helped them, "to do things." A family member told us they were, "involved" in their relatives care and received, "monthly reports" to update them about their progress. A health professional observed staff having, "reasonable background information" about people's health.

People's care was individually assessed to ensure that the support provided met their needs. The management team had carried out pre admission to the care home assessments to ensure that people needs were identified and support was available to meet them. People and their families were invited to view the home and ask questions to enable them to make a decision as to whether the home was suitable. Care plans were developed with the involvement of the people and their families. This enabled the staff team to collect as much information as possible on people's history, preferences and expectations. Care records had information on what people liked and disliked. For example, animals they liked. This information helped the staff team to plan and carry out people's support according to their needs. Care plans were regularly reviewed to meet people's changing needs. For example, records showed that behaviours that challenge were regularly updated which ensured that the staff team responded to people needs as required. A relative said that the staff team got regularly in touch with them to let know what their relative was doing and to, "ask for their opinion" where required.

The service supported people to make decisions for themselves. People had regular meetings with the key workers to discuss their progress and future plans. A key worker is a named member of staff and main co-ordinator of support for a particular person in the care home. The registered manager told us that the key worker's skills, experience and interests, including similar hobbies, were taken into account when choosing a person for the key working task. This meant that staff were matched to the needs of people. Records showed that people received one-to-one support to monitor their health needs and to plan any social activities available to them. For example, we saw that discussion took place about the holiday destination and available expenses for this.

People's care needs were regularly reviewed to ensure that the support provided was appropriate. A relative said, "The manager is responsive and acts quickly if any issues". People had regular review meetings undertaken by the local authority, which ensured that the support provided was in line with good practice. Care records showed that professionals involved in people's care had discussed people's individual needs and the support required to meet these needs. For example, one person had additional support to meet their nutritional needs. People also had annual review meetings held by the care home to discuss their personal goals and achievements. This meant that people were able to take part in planning of the care.

People were supported to provide feedback about the services. Twice yearly people were asked to complete an easy to read questionnaire that was aimed to collect their views about the support they received. The majority of responses were positive and people were happy with their rooms and the food options provided for them. A survey was also sent to people's families, visiting agencies and health professionals for their feedback about the support provided for people. A report was then produced and an action plan developed

where needed for answering any comments. We saw that some improvements were identified in the last survey. For example, it was requested to give more notice for meetings. The registered manager said that the actions were taken on the feedback and discussed with the people's social workers who arranged the review meetings. A number of positive comments were made noting that the service was, "clean and tidy" and staff were, "friendly". The registered manager told us that the positive comments were shared with staff.

People were supported to make a complaint. Staff told us that people were supported to talk about their concerns if they observed them being anxious or their behaviour had changed. This meant that people's concerns were heard and acted on as appropriate. A relative told us that the service had provided them with the complaints procedure. Staff had an awareness of the complaints procedure. The registered manager told us that the service followed the complains procedure and all complains received were investigated and responded to the complainant within the stated time. Records showed there were no complaints received since the last inspection. We saw that a health professional had written a note to compliment the staff team for their, "good work".

Is the service well-led?

Our findings

We saw that the registered manager was not fully aware of their registration requirements with the Care Quality Commission. The service had ensured that statutory notifications were submitted to CQC as required by law. However, during the inspection we found out that the registered manager was not aware and had not sent the CQC notifications in relation to the outcomes Deprivation of Liberty (DoLS) applications. We spoke to the registered manager who had agreed to send the notifications as soon as possible. Four weeks after the inspection we had not received these notifications. We contacted the service and the manager confirmed that notifications had not been sent. On the same day the service started to arrange for these notifications to be sent to CQC.

This was a breach of Regulation 18 of CQC (Registration) Regulations 2009.

We observed a good leadership in the service. A family member told us, "the manager is one of the best that I have seen". We saw that people knew the registered manager well and approached them for advice when needed. For example, a person asked the registered manager's opinion in relation to buying a bag. Staff were encouraged to share ideas and express any concerns they had that enabled the management team to address these in order to improve the services. Records showed that regular staff meetings were carried out. In one of those meetings, the staff team discussed if people's key workers should rotate. We saw that the majority of staff's views were taken into account to reach this decision. The registered manager had also encouraged staff to take additional tasks in their role. For example, staff took turns to take leadership responsibilities at the service. This enabled staff's on-going development and learning of new skills. A staff member said that the managers were, "very good at listening and directing the team at taking necessary actions."

Staff received support to ensure good service delivery for people. Staff told us they were supported by the registered manager and could ask for advice when required. We saw that staff were aware of what was expected of them. For example, the staff team had regularly reviewed people's risk management plans and informed the register manager about any changes to support required. This meant that staff were encouraged to take initiative in providing good care for people. A relative told us that staff, "were always looking for new opportunities". There was also an out of office hours on call service for staff to get advice on urgent matters. We observed good team working practices. A staff member told us they, "all worked as a team" to ensure good care for people.

The service had followed policies and guidance to ensure good care and support for people. There were appropriate processes in place to record incidents and accidents. Accident and incident reports were used to provide details about the incidents occurred. Staff were aware about the incidents and accidents procedure and reported their concerns to the registered manager to ensure that immediate support was provided to people. For example, for managing a person's challenging behaviour to staff. Daily logs were used to note actions required and to ensure that people had the support they needed. For example, contacting a health professional where required.

The registered manager had carried out regular audits to monitor provision of care at the service. A relative told us that the registered manager, "always looks to improve the service". Internal audits were undertaken to assess quality of services provided for people and to identify actions for improvement. These included audits to review health and safety and people's care records. Records showed that the registered manager had identified a recording error. This was discussed with the staff team to sure that people's personal data was maintained accurately. Regular service checks were also carried out by the provider to ensure good quality support for people. The performance report viewed included audits on infection control and house maintenance. We saw that actions were identified for repairing the house fence. The registered manager told us that the service had already reported this issue and were waiting for the work to be carried out. This ensured that people received care that was monitored and actions taken to improve where required.

The management team had carried out individual checks on staff to ensure their work was in line with good practice. These included medication spot checks that assessed staffs' competence in supporting people with their medicines. Records showed that spot checks completed looked at the quality of support provided for people, for example assistance provided to take medicines at the prescribed times. The management team had identified improvements required that a staff member needed to complete, including attending additional training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents CQC notifications were not submitted in relation to the DoLS.