

## Saffronland Homes Limited

# Mundania

### Inspection report

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#### Ratings

### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

#### Overall summary

Mundania is a residential home providing personal care and support to up to six men with learning disabilities. At the time of our inspection, five people were using the service.

At our previous inspection on 21 January 2014 the service was meeting the regulations inspected.

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 and

associated Regulations about how the service is run. On the day of the inspection the registered manager was not available. The deputy manager was managing the service in their absence, with support from the service manager.

The service followed safeguarding procedures and worked with the local authority to ensure people were kept safe. Staff were aware of their responsibilities under the Mental Capacity Act 2005 and were liaising with the local authority about whether Deprivation of Liberty Safeguards were required to maintain a person's safety.

Assessments were made to identify risks to people and plans were in place to manage these risks. Staff supported people on a one-to-one basis to maintain their safety whilst in the service and in the community.

# Summary of findings

Staff were aware of people's individual needs, and were aware of their preferences and daily routines. Staff supported people as required to undertake activities of daily living. Staff encouraged people to learn new skills and to increase their independence. Staff were aware of people's communication needs and ensured they communicated with each person in a way they understood.

Staff were polite, respectful and maintained people's privacy and dignity. People met with staff regularly to discuss the care and support they received, and ensured it was in line with their wishes.

Staff liaised with healthcare professionals as required to ensure people's health needs were met and accompanied them to attend healthcare appointments. People received their medicines as required.

Staff received the training they required to meet people's needs and undertake their roles and responsibilities. Staff told us the registered manager was approachable and listened to their opinions.

Audits were undertaken to assess the quality of the service. We saw that when improvements were identified that these were actioned.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. If staff had concerns about a person's safety this was reported to the manager of the service, who liaised with the local authority to ensure the person was protected.

People were provided with one-to-one staffing to maintain their safety and ensure any risks identified were managed. Staff liaised with the local authority about any incidents at the service to ensure appropriate protection plans were in place.

People received their medicines when they needed them, and medicines were stored securely.

Good



### Is the service effective?

The service was effective. Staff had the skills and knowledge to support people using the service. Healthcare professionals provided additional training to ensure staff were able to meet people's needs.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. They were liaising with the local authority to review the restrictions in place on people and whether Deprivation of Liberty Safeguards were required.

People had access to food and drink throughout the day. Staff liaised with healthcare professionals as required to ensure people had their health needs met.

Good



### Is the service caring?

The service was caring. Staff were polite and respectful when supporting people who used the service. They were aware of people's communication needs and communicated with them in a way they understood.

Staff supported people to make day-to-day decisions about their care and respected people's choices. Staff maintained people's privacy and dignity.

Staff supported people to maintain relationships with their family and friends.

Good



### Is the service responsive?

The service was responsive. Staff were aware of people's individual needs and supported them as required with activities of daily living. Staff encouraged people to maintain their independence and develop new skills.

People had meetings with staff where they were able to discuss any concerns they had. Relatives told us the manager had dealt with any concerns raised. A complaints process was in place but this needed to be strengthened to evidence the action taken in response to complaints received.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. Staff felt well supported by their manager, and felt listened to. The manager encouraged staff to feedback ideas on how to improve the service.

Systems were in place to monitor and assess the quality of the service. Any areas identified as requiring improvement were addressed.

The service met the requirements of their registration with the Care Quality Commission.

Good



# Mundania

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 October 2014 and was unannounced.

The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we had about the service.

During the inspection we visited the service, spoke with the service manager, the deputy manager and three support workers. We spoke with two people who used the service. We looked at the communal areas of the service and viewed people's bedrooms, with their agreement. We observed the interactions between staff and people using the service. We looked at three people's care records and records relating to the management of the service, including policies, staff training records and quality assurance records.

After the inspection we spoke with two relatives of people using the service, two social workers involved in the care provided to people and the team manager from the local authority's community learning disabilities team.

# Is the service safe?

## Our findings

One person's relative told us they had no concerns regarding the person's safety and felt they were kept safe. People's social workers told us they felt the service kept people safe.

A safeguarding adults policy was available and staff had read this as part of their induction. Staff were knowledgeable in recognising signs of abuse and were aware of the required reporting procedures. Staff reported any concerns about a person's safety to the registered manager and they told us they were confident that he would act upon any concerns raised. Representatives from the local authority told us the manager worked with them and undertook investigations as requested in line with safeguarding procedures.

There were processes in place to protect people from financial abuse. Staff kept people's money locked away in the office to keep it safe but people had access to it as and when they wanted. One person using the service told us they get to spend their own money and could choose what they wanted to spend it on. During the inspection we observed people asking for their money and the staff got this for them. Staff documented all financial transactions and these records were audited by the service manager to protect people from financial abuse.

People had a key to their bedroom door and there was a lockable cupboard in their rooms if they wished to use them to keep their belongings safe.

The service provided a safe environment for people and staff. Smoke detectors and fire extinguishers were available on each floor. Fire alarms were checked weekly and fire evacuation drills were undertaken to ensure people and staff knew what to do in the event of a fire. People using the service, in addition to staff, were trained in fire safety so they knew what to do to keep themselves safe in the event of a fire.

Assessments were undertaken to identify any risks to people's safety and welfare. Management plans were in place to address any risks identified. Staff accompanied people when in the community as they were at risk of not crossing the road safely and there were concerns about inappropriate interactions with strangers. The two social workers we spoke to told us people required this level of support in the community to keep safe. People's support

plans also identified how people were to be supported to maintain their safety whilst at the service. We saw one person's support plan stated they tended to "gulp" drinks and staff needed to be careful when this person had hot drinks so that they didn't burn themselves. Another person's support plan stated they needed support when running a bath to make sure they did not use water that was too hot and scald themselves.

There was a process to record all incidents that occurred at the service. The manager liaised with people's social workers and other healthcare professionals as required after an incident at the service. People's social workers told us that incidents had not always been notified in a timely manner to themselves or the person's relative, but this had been raised and addressed by the manager. We saw that many of the incidents were due to people exhibiting behaviour that challenged the service and others. The staff worked with other professionals to further understand people's behaviours and how to support them and keep them safe. Two people's social workers told us people's behaviour that challenged had reduced since they had moved to the service, and they felt this was a sign that people were settled and happy there. Staff were aware of the signs that a person was becoming agitated and how to reassure them. One person's care records included information from a psychologist about how to recognise what caused the person to become distressed and how best to support them.

During the day people were provided with one-to-one support by staff. This enabled people to have the support they required in the service and in the community to maintain their safety. Two staff were on duty at night. This had recently been reviewed to ensure people received the support they required during the night. If people wished to stay out late, for example if they wanted to go to the pub or a nightclub, the manager allocated additional staff to ensure people were able to undertake activities in line with their wishes.

The service had arrangements to cover staff sickness and annual leave. An on call system was available for senior staff to provide further advice and support when required.

A policy was in place outlining procedures to ensure safe medicines management. Staff had read this policy and had received training in medicines administration. Medicines were securely stored. We checked the medicine administration records (MARs) for three people using the

## Is the service safe?

service for the three weeks prior to our inspection. These records were completed correctly and people received their medicines safely and in line with their prescription. There were processes in place to safely manage medicines given on an 'as needed basis' and homely remedies

(medicines that could be obtained without a prescription). In each person's medicines records there was guidance from their GP about which homely remedies were safe for them to have.

# Is the service effective?

## Our findings

Relatives spoken with told us they felt staff were able to meet people's needs, and felt people had their health needs well cared for. One person's relative told us the staff were "very good" and "they look after him well."

New staff were supported through an induction process in line with the Skills for Care common induction standards. Staff were required to familiarise themselves with the service's policies and procedures, and also the support needs of people using the service. Staff shadowed more experienced staff and were accompanied when supporting people in the community. New staff had one-to-one meetings with the manager or deputy manager each day to discuss their progress and identify support or training needs to carry out their role.

Staff spoken with confirmed they received the training they required to meet people's needs. There was a diary in the staff office which reminded them when refresher training was due so they ensured they had up to date skills and knowledge to carry out their roles. Staff received additional training before people with specific conditions moved into the service, for example on autism and epilepsy, to ensure they had the knowledge to meet their individual needs. Training completed included; medication administration, safeguarding adults, first aid, food hygiene, fire safety, communication, person centred care and supporting people with behaviour that challenged the service. If staff had not completed their training we saw that they had been booked onto the next available course. Staff were working with a psychologist to ensure they had the skills and knowledge to meet one person's specific needs.

Staff told us they received individual supervision every three months, which gave them the opportunity to discuss the support they provided to people who used the service, identify any areas for improvement and identify any training requirements and carer development opportunities. They told us they also received an annual appraisal. However, we were unable to view the supervision and appraisal records to confirm this as they were locked away and the registered manager, who was on leave, had the key.

The service had a policy in place addressing the service's responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). At the

time of our inspection, there were restrictions in place to people's freedom. This included having one-to-one support from staff inside the house and in the community, and the front door had a key pad meaning people were not able to leave the service without the assistance of staff. Staff told us this was to maintain the safety of people using the service. The service was funded to provide one-to-one support in line with people's needs. People's social workers we spoke with said this level of supervision was required to keep people safe. The service manager informed us they were aware that this may amount to a deprivation of a person's liberty and were in the process of applying to the local authority for DoLS assessments for each person using the service. Staff were scheduled to receive updated training on DoLS and MCA in October 2014.

The service followed the MCA code of practice to ensure staff followed correct procedures to ensure people consented to the care and support they received. For people who were unable to consent to aspects of their care these were made in line with the MCA through 'best interests' meetings and with support from nominated people who had power of attorney or deputyship through the Court of Protection.

One person using the service told us he enjoyed the food and was able to choose what he wanted to eat. Staff supported people at meal times. People decided the menu on a weekly basis. The menu was available in pictorial format for those who found it more accessible and easily understandable. If someone did not want to eat with the rest of the group or decided they wanted to eat something else, staff supported them to cook a meal at a time they preferred. Food and drink was accessible throughout the day for people to help themselves to if they were able, or with staff support if needed. Staff encouraged people to learn new skills and increase their independence in the kitchen, such as making drinks and helping with meal preparation. Staff supported people to maintain a healthy lifestyle and supported people to make healthy choices at mealtimes.

People had health action plans and hospital passports identifying their health care needs and how they wished to be supported if they needed to go to hospital. Staff supported people to have their primary care needs met, including attending appointments at a GP practice, dentist, and optician. We saw that people's care records also contained information about how they communicated if

## Is the service effective?

they were in pain so that staff could support them as required. For example, one person had recently had dental treatment and they were able to inform staff if they were in pain following the procedure.

One person using the service told us he felt his healthcare needs were being met. Staff supported people to attend their healthcare appointments. One person's relative told us, "Staff are very good at taking him to his health

appointments." The staff communication book was used to inform staff of the outcome of people's healthcare appointments and to notify them to read a specific support plan if a person's health or support needs had changed. There was information in people's care records from healthcare professionals about how to support people using the service, including instruction from speech and language therapists, psychologists and neurologists.

# Is the service caring?

## Our findings

One person's relative told us the service felt like the person's home and the staff looked after them well. They told us, "He's very settled and very happy." One person told us they liked all the staff, but that they had their favourites. One person's social worker told us the person regularly phoned them and they could hear them laughing and joking with the staff.

We observed people were smiling and happy at the service. They were relaxed around the staff. Staff were proactive in offering support to people. For example, one person took us for a tour around the service and offered to show us their bedroom, but they wanted to clean their room first and the staff supported them to do so.

Staff were aware of people's communication needs, and spoke to them politely and respectfully. Staff informed us if people needed more time to answer a question so that they did not feel rushed to answer our questions. Staff were able to describe each person's communication needs and methods. Some people were able to communicate in full sentences, some used one or two key words and others were supported to communicate through the use of pictures. Some of the people using the service spoke in a language other than English. We saw that their care records included some standard phrases in their first language to aid communication.

People's care records included information about what choices and decisions they were able to make for themselves. For example, one person was able to make day to day decisions about what they spent their money on and was able to recognise different denominations of money, but they required some support regarding budgeting. Their

support plan also stated they were able to make day-to-day decisions about the care and support they received. We observed people making decisions about what they wanted to do and when, and if they asked staff for support this was provided.

People's relatives told us they were invited to attend review meetings to discuss their relative's progress and the care and support they received. One person's relative told us they were "very much involved" in the person's care.

An independent mental capacity advocate was available to support people who used the service to make decisions, and access to this service could be made for people through the local authority.

One person's relative told us, "Staff were proactive and helped people to respect each other and to respect [people's] personal space." Instructions were provided to staff to respect a person's choice, privacy and dignity. It included information that staff were to support a person at their own pace, and if they did not wish to have their personal care undertaken that this was to be respected but also to be offered at a later time in order to have their needs met. We observed staff respecting a person's privacy and knocking before entering people's bedrooms.

People were able to have friends and family visit, and were supported to go and visit their family. We saw that one person had visits scheduled in their weekly plans that every other week they would stay at their mum's house. Another person had visits from their mum to have dinner with them on a regular basis. One person's family lived near the service and they were supported by staff to go and visit them as and when they wanted to. This person had also built up a friendship with people in the local community and staff supported them to maintain this relationship.

# Is the service responsive?

## Our findings

One person's relative told us, "Staff know him and know his needs."

People's needs were assessed to identify what care and support they required. This included understanding what activities of daily living people were able to do for themselves, and where they required support. Staff encouraged and supported people to be independent. One person's relative told us the staff were "supportive whilst being encouraging" and gave people "opportunities to use what skills they had". During our inspection we were offered a cup of tea and one of the people using the service was excited to have a cup of tea with us and staff supported him to make his own. People's support plans identified where they would like to learn new skills. For example, one person's support plan stated they liked to observe staff cooking as they would like to learn more about meal preparation. Another person's stated they would like to regain their swimming skills and on the day of our inspection they were supported to go swimming.

People's care and support plans identified their preferences, their likes and their dislikes. We saw that one person's support plan stated they liked socialising and going out. Staff supported this person to attend local amenities on the day of our inspection. People had been involved in developing their care and support plans so staff knew how they liked to be supported and their preferences for what they would like to do in the week. People's key workers met with them weekly to develop their activity plan and to discuss what activities they wanted to undertake. We saw that people were involved in a number of activities at the service and in the local community, including voluntary work at a local city farm. One relative told us, "He likes art and drama...staff help him to do this and attend activities."

Staff supported people to carry out their hobbies and interests. One person showed us a DVD they had hired from the local library and they were able to go on the computer to watch football clips and music videos on the internet. Another person's support plan stated their favourite TV

programmes which included one of the programmes that the person spoke to us about during our inspection visit. This showed this person had been involved in their care planning and staff were informed of their interests.

Staff supported people to practice their faith and to attend places of worship.

Each person met with their key worker regularly to discuss the care they received. These meetings also gave people an opportunity to raise any concerns they had and to request any additions or changes to their support. The person's key worker liaised with the manager of the service and the person's allocated social worker or the local authority if there were any changes in their support needs. This enabled the service to be responsive to people's needs and ensure the appropriate support was in place.

Representatives from the local authority told us they were happy with the progress people had made since moving into the service. One person's social worker told us the person had "thrived since being there." They told us people had become more independent and learnt new skills.

A representative from the local authority told us they were confident people would tell them if they had any concerns or if they were not happy at the service. At the time of our inspection people using the service had not raised any concerns with them.

The relatives we spoke with told us they had not needed to make a complaint but they felt comfortable discussing any concerns they had with the registered manager of the service. They told us he ensured the required action was taken to address their concerns. The service had a system for recording complaints received. This included the date the complaint was received, details of the complaint and who the complaint was made by. However, there was no information recorded about the action taken and therefore we could not be assured that complaints were responded to appropriately and in a timely manner. We saw that action taken was previously recorded in the complaints book, and the deputy manager told us they would ensure this was reintroduced.

# Is the service well-led?

## Our findings

Staff meetings were held which gave staff the opportunity to discuss the support needs of people using the service and to discuss any concerns or areas for improvement identified. If concerns identified were related to a single member of staff this was discussed with them during their one-to-one supervision.

People and their relatives were also able to feedback about the service. One person's relative told us, "[The person's] always ringing me and puts me on the phone to the manager so I'm able to discuss any concerns or discuss how [the person] is supported." The deputy manager told us they asked relatives to complete a questionnaire to obtain their views about the service so they could use their comments to improve the service. However, we were unable to view this during the inspection as the deputy manager was unable to locate the documents.

Staff told us the registered manager was a "good listener" and gave them the support they required. They felt confident that the manager would take any concerns seriously and take the necessary action to address the concerns raised. One staff member told us, "he appreciates it if you raise any concerns" and that he continues to drive service improvement.

Representatives from the local authority told us the manager was open to suggestions and responded appropriately to suggestions for improving the service. They told us there were good joint working arrangements to support the people who used the service.

Audits were undertaken to monitor and assess the quality of the service. This included health and safety, environmental, medicines, infection control audits and audits of people's finances. We viewed the previous audits and no areas of concerns were identified. The manager also undertook checks on the quality of care provided at night. This included ensuring people's night time routines and preferences were respected, and that there were appropriate staffing levels and support provided. The latest night time check did not highlight any concerns with the quality of care and support provided.

In addition to the checks and audits undertaken by the registered manager, the service manager undertook six monthly quality assurance checks. These checks assessed the quality of care plans and risk assessments, reviewed medicines management, complaints handling, safeguarding procedures and compliance with staff training. We viewed the last two checks completed and saw that areas identified as requiring improvement had been addressed. The service manager visited the service during our inspection to undertake an audit of people's finances. People at the service were familiar with this person and freely engaged in conversation with them. Staff told us they were well supported by the service manager. They told us they felt able to discuss any concerns or comments they had with them.

The registered manager had been in post since September 2011. They were not available on the day of our inspection, however, the staff spoken with were aware of what notifications they were required to make to the Care Quality Commission and the service was adhering to the conditions of their registration.