Saffronland Homes

Minehead

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

Summary of findings

Overall summary

This inspection took place on 31 May 2018 and was unannounced.

Minehead is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Minehead accommodates six people in one adapted building.

A registered manager was in place at the time of our inspection. 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.

The home provided a safe environment and action was taken to ensure that this was maintained. We found that updates were required to the provider's hot water temperature checks, to ensure risks were managed for the temperatures from the kitchen tap. This was immediately rectified following the inspection, with a full risk management plan in place to ensure hot water temperatures were managed safely.

Regular checks of the premises were made to confirm safety, and we observed the home to be clean and hygienic throughout. Infection control processes were in place and staff followed guidance to ensure this was maintained.

People were kept safe, and staff were clear in their responsibilities to safeguard and protect vulnerable people from the risk of abuse. This included safe staff recruitment procedures. Any risks to people were clearly recorded, with appropriate risk management plans in place to mitigate any potential risk factors. People's medicines were stored, administered and recorded appropriately to ensure that people received their medicines at the times that they needed them.

There were enough staff to meet the needs of the people at the home, enabling people to stay safe both at home and in the community.

People's care plans were effective in establishing their needs and providing clear guidance for staff on people's preferences and the ways they liked to be cared for. Staff received a range of training to support them to develop their skills in supporting people and to maintain their knowledge. Regular supervision and annual appraisal took place to ensure staff received regular support and reviews.

People were supported to maintain healthy, balanced diets in line with their cultural preferences. Where people required support from other healthcare professionals this was organised in a timely manner with outcomes clearly recorded in their care plans.

People's consent was sought in line with the Mental Capacity Act 2005 (MCA),and any best interests decisions were clearly recorded. When people required Deprivation of Liberty Safeguards (DoLS) these had been appropriately applied for.

Staff were caring and treated people with dignity and respect. Staff knew the individual needs of the people they cared for and were able to speak in detail about their needs and preferences. People were treated with dignity and respect, and supported to maintain any religious beliefs and practices. People and their relatives were fully involved in the care planning and review process.

People received personalised care, that reflected their individual needs. People were supported to maintain relationships with their relatives and there were a range of personalised activities on offer for people. Where appropriate, people's end of life care wishes were detailed within their care plans. The provider had an accessible complaints policy in place, however since the last inspection only compliments had been received.

The home was supported by a registered manager, who was thought of in high regard by relatives, staff and other professionals. Regular quality assurance audits were in place to monitor quality across the service and feedback was sought from a variety of stakeholders.

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.
Appropriate safeguarding processes were in place to help safeguard people from abuse. There were appropriate levels of staff to meet people's needs and they were recruited safely. People's medicines were managed safely, and the premises were well-kept and clean. Risks were regularly assessed to ensure people's safety.

Is the service effective?

Good

The service was effective.
Staff received appropriate training, supervision and appraisal to support them in their roles. People were supported to get enough to eat and drink, as well as access other healthcare professionals in a timely manner. People's consent was sought in line with legislation and accurately recorded.

Is the service caring?

Good

The service was caring.
People were supported by staff that knew them well and treated them with dignity and respect. People and their relative's were supported in expressing their views in relation to their care.

Is the service responsive?

Good

The service was responsive.
The home was responsive to people's needs and provided personalised activities. People's end of life wishes were documented in their care files, and there was a suitable complaints policy in place.

Is the service well-led?

Good

The service was well-led.
The registered manager ensured regular quality checks were conducted to drive improvement across the home. The home was inclusive in seeking the views of others and staff felt supported by management.

Minehead

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 30 May 2018 and was unannounced.

This inspection was carried out by one 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.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the care records for two people at the home. We also looked at three staff files and documents relating to the overall management of the service which included quality assurance audits, complaints records and health and safety maintenance checks.

During the inspection we spoke with two care staff and the registered manager. People living at the home were unable to speak with us and instead we spoke with three people's relatives.

Prior to our inspection we obtained feedback from two of the teams that had placed people at the home.

Good

Is the service safe?

Our findings

People's relatives told us that their loved ones were safe at the home. Comments included, "This is absolutely the best place for him…I have no issues with the building, the glass is covered with perspex, that's appropriate for his needs" and "He's very safe here."

The provider took steps to check that the building safety was appropriately maintained. However, records showed that the home had not checked the water temperatures of the communal areas since February 2018, and the most recent records showed that the kitchen tap dispensed water at over 51 degrees Celsius. This exceeded the maximum temperature of 44 degrees Celsius as recommended by the Health and Safety Executive (HSE) in their guidance 'Health and safety in care homes'. Following the inspection the provider ensured that updated water temperature checks were carried out, and ensured a risk assessment was in place to manage and mitigate any risk to staff when accessing the kitchen tap outlet. We were satisfied with the provider's response and will check on this at our next inspection.

Premises safety was also checked through regular electrical equipment safety testing, legionella checks and testing for fire safety equipment. We observed that the home was in good decorative and functional order. All rooms and communal areas were clean and tidy. The home had a regular home audit in place and records showed that home improvements were underway to improve the kitchen and furniture in communal areas.

The service managed the control and prevention of infection well. Hazardous cleaning materials were safely stored and staff used personal protective equipment such as gloves and aprons when supporting people with personal care and at mealtimes.

The provider had a suitable safeguarding policy in place that defined the different types of abuse and supported staff to raise any concerns. Staff knew the signs to look at for, and how to report any issues. A staff member told us, "Safeguarding is protecting vulnerable adults from harm. We have ways of reporting it, or I can go direct to the police or the council." A poster was also available in the communal hallway in pictorial format to support people to raise any abuse concerns.

Recruitment processes were sufficient in ensuring that staff were safe to work with people prior to them commencing employment. Records showed that staff were required to provide their employment history, two references and proof of identity. Disclosure and Barring Service (DBS) checks were undertaken, and the provider was in the process of updating these for the staff team.

We observed that there were enough staff to meet the needs of the people at the home, with the ability to support each person on a one to one basis. A relative told us, "They have enough staff when I'm there, for everybody" and another said "[My loved one's] observed 24x7, has his own room, there's somebody with him."

Risks to people were fully recorded and records showed that clear actions were in place to help mitigate the

reoccurrence of any incidents. A relative told us, "They provide a very high level of support, all his needs are met and the staff are friendly." Risk assessments were comprehensive and covered areas such as meal preparation, behaviours that challenge, medication and road safety. Pictorial guidance was also in place to support people to understand the content of their risk assessments. Each person also had a personal emergency evacuation plan in place to ensure they were supported to exit the building safely in the case of an emergency.

People's medicines were managed and administered safely. A relative said, "His medication is provided onsite, they really look after him." Where a person required buccal medication, appropriate guidance was in place and staff had received the necessary training. Buccal medication is a topical form of medicines administration. Staff underwent medicines competency assessments which were reviewed on an annual basis. Medicines records included the dose, frequency, reason and any possible side effects. Stock balance checks were regularly taken and temperature checks of storage areas were monitored daily.

Good

Is the service effective?

Our findings

Relatives felt that staff were well trained in meeting the needs of their family members telling us, "Absolutely they're well trained, they know how to look after him".

Staff received training on an annual basis covering areas such as, safeguarding of vulnerable adults, food hygiene, manual handling, communication, equality and diversity and infection control. Specific training was also in place to support specific needs of people at the home, with one staff member telling us, "I've had lots of training, Makaton, safeguarding and I'm also a trainer." Staff received a mixture of e-learning and face to face training and all staff were currently in the process of completing the provider's training programme. The registered manager told us, "We use each other to share learning and complete together."

Management supported staff through regular supervision and annual appraisal. Records showed that these meetings took place five to six times a year and covered topics such as training, people's needs and medicines competency assessments. A staff member told us, "We discuss people and their plans ongoing, shopping, activities and training." Another staff member said, "It is really good, an eye opener to things I didn't know. It's helping me so much."

A robust system was in place to ensure that handovers were effective and that staff were aware of people's current needs. People's files included records of their pre-admission assessments to ensure that assessments by other professionals were shared. Daily shift duties were determined each day and members of staff were allocated to a specific person and were responsible for updating their communication book at the end of each day.

People's rooms were personalised to reflect their choices. Four of the rooms had a mural, we were advised that each one had been chosen by the person whose room it was and each was personalised to the individual concerned. For example, one person's room reflected their country of origin in the mural themes. Where one person liked to use the computer they had access to one in their room.

People were supported to access a well balanced and nutritious diet. One relative said, "I've seen the menus and the food. Looks like a healthy diet for him with lots of vegetables" and another told us "They give him food that's appropriate to his culture. It's beautiful food." People's menu choices were planned weekly and people were supported to pick their foods of choice through an extensive pictorial guide.

We observed staff preparing fresh food at lunchtime, the smell and look of the food was appetising and there was a sizeable portion for each person. People were supported to eat their meals in their place of preference in the home and all appeared to enjoy the meal. People's weekly activity planners included trips to local supermarkets or restaurants that catered for the cuisine of their choosing in line with their cultural preferences.

Where people were required to access the support from healthcare professionals the home ensured this was arranged for them. Each person had a health action care plan file which included copies of people's physical

health assessments. Records of appointments included visits from the GP, dentist, psychiatrist, chiropody, opticians and speech and language therapists. Where people were prone to seizures a log was in place for staff to record the activity of these incidents, and records showed that relevant professionals were contacted. People had hospital passports to support medical staff to understand their needs, and the main office contained a full list of each person's key healthcare professionals so that this was accessible to all staff.

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).

We checked whether the home was following the principles of the MCA and DoLS. Staff we spoke with understood the principles of the act, with one staff member giving us an example of one person telling us, "If we let [person's name] go into the community they may not come back. We apply for an authorisation". The provider has ensured that decision specific capacity assessments were in place, and best interests decisions meetings had been held where appropriate. The provider kept a full log of DoLs application dates and their expiration dates so that they could be renewed as necessary.

Good

Is the service caring?

Our findings

People's relatives felt that staff cared for their family members well and treated them with kindness and compassion. One relative said of their loved on, "He seems happy with the staff, happy and smiling. He would tell me in his own way if he wasn't. He seems to be happy with the people looking after him" and another said of staff "They're very calm and just do what needs doing." One relative told us, "The staff are very friendly. Staff are kind and caring, they're pleasant people. There's a togetherness and unity with them."

We observed staff interacting with people throughout the day and could see that they were able to engage with people in a person centred manner. Despite the fact that all the people living at the home were non-verbal it was clear that staff could make themselves understood either using speech or a combination of speech and sign. We observed one member of staff ask the person "name, would you like to go out for a quick walk?". The person readily responded by getting out of the armchair, getting their jacket and we observed they were happy leaving the home with the member of staff.

People were treated with dignity and respect. Comments from relatives included, "Absolutely OK with dignity and respect" and "They treat him with dignity and respect, better than at other places e.g. hospital." Staff were clear on the ways in which to support people in order to preserve their dignity at all times. One staff member said "When I go to someone's room I always knock. If I'm giving personal care I make sure a towel is wrapped round and shut the door. I always ask before completing my duties." Another staff member told us "I have read people's care plans to understand how to meet their needs."

People's cultural needs were well accommodated across the home, with one relative telling us, "They do very well with respect and dignity e.g. they respect his own culture, he goes to church." Staff were able to provide ample examples of how people's preferences were met, and these were reflected in people's records. Each person visited a local church of their choosing where requested and this covered a range of religious denominations. Where one person preferred to speak in their own language a staff member was available to support them with this. A professional told us, "He has good relationships with both residents and staff; he had a [preferred language] speaking key worker – which was of great value to our client."

People were supported to be as independent as they were able to. A relative said, "The staff definitely help him be independent. They encourage him to do things e.g. brushing his teeth, having a bath, going out, washing up" and another told us "...he takes his laundry, takes the washing up to the sink, he goes shopping for groceries etc…he doesn't seem to want for anything." A staff member talked us through the tasks they would support one person to carry out independently during personal care.

Good

Is the service responsive?

Our findings

Relatives told us of the ways in which they were involved in the planning of their loved one's care, telling us, "I'm invited to attend his annual assessment meeting, as is his father. It's an opportunity to pass on any concerns, suggestions or comments…I receive monthly reports about him." Another relative told us, "I have an input to his care planning, I would say yay or nay to changes. Things don't change very much."

People's records included internal review and monitoring care plan meetings, which took place on a quarterly basis. These records showed that people, their relatives, their keyworker and the home manager had been present at these reviews. These covered a variety of areas including health appointments, finances, risk assessments, any incidents, skills and activities.

Each person had an individual activity schedule and this was personalised for the week. In the office was a monthly activity timetable for each person. This was in pictorial format and were specific to the individual. Each timetable was created based on discussion with friends and family, any previous placement and through trial and error e.g. a person would try an activity and if they liked it then this would be timetabled in whereas if they didn't like it then this would be excluded. Activities included horse riding, personal shopping, laundry & cleaning and a walk out in the local community. Staff led on activities, and we observed one person being supported to complete a jigsaw puzzle; sometimes giving visual or verbal prompts. The person was clearly engaged throughout the completion of the puzzle.

Relatives spoke positively of the activity programme available to their family members, with one relative telling us, "He goes out on weekly visits, goes bowling, goes cycling on the dual pedal carts, they go out with him to the park, he goes out to restaurants / cafes, he has quite a rich life. He goes to weekly music sessions. When at the home he'll sit and draw, do puzzles watch DVDs." Another relative said, "He goes swimming, does music therapy, goes bowling and to church, goes to restaurants and horse riding, he does regular activities. When he's in the home he watches TV, listens to music. He has model cars and buses, he likes transport things."

People's end of life wishes were discussed as part of the care planning process. These included their wishes and preferences in relation to communication with their next of kin, and any specific choices in relation to funeral care. Records showed that one person had been well supported in managing the loss of a family member and that as well as their own wishes people's records included photographs and records of their family members that had passed.

A complaints policy was displayed in the communal hallway, in a pictorial format so that it was accessible to everyone at the home. We saw that one person also had a copy in their room. A relative said, "I've never had to make a complaint. Yes I would know how to complain though don't have any reason to. I do have every reason to compliment them." We looked at the provider's record of complaints, and saw that none had been received since our last inspection. A full complaints policy was in place to ensure these were responded to within specific timeframes.

Good

Is the service well-led?

Our findings

Other professionals and relatives spoke highly of the management support available at the home. One professional told us, "My experience has always been a positive one and find the manager and staff to be cooperative and welcoming." Comments from relatives included, "I'd give them 12 out of 10. The management is brilliant…Just add the family's gratitude, couldn't wish for a better place for him to be in" and "The management is good, like family really." A relative said of the registered manager, "I'm impressed with what [the registered manager] says, it's caring, from the heart, genuine."

Staff were positive about the support they received from the management team. One staff member said of the manager, "She's really good, supporting throughout" and "She's been brilliant, helped me to help others".

We spoke with the registered manager and they were clear in their responsibilities, to notify us of important incidents as they occurred. The registered manager told us, "It's my job to ensure people's safety and wellbeing, promote individuality." The registered manager spoke passionately about the need to ensure that people at the home were provided with equal opportunities to enable them to live their lives.

The registered manager had ensured that staff feedback was sought through a survey. As a result of these findings a staff recognition reward scheme had been implemented, including a recognised employee of the month. Staff were also included in quarterly team meetings to enable discussions around training, shift procedures, feedback, care planning and audits and reflection on the home's achievements. These opportunities support staff to be engaged and involved in the provision of the service.

Relative's feedback was sought through surveys. A relative told us, "They have written to me to provide feedback and I've sent my comments back. I don't see that anything that needs to be changed. If they thought about any changes they would ask my opinion."

Regular audits were conducted to help drive improvements and advance the quality of the service. These included areas such as key performance indicators, medications, care plans, health and safety and premises, environment as well as three monthly full home reports. Following each audit an action plan was completed. Records showed that a traffic light system was in place to ensure that actions were completed in a timely manner.

Efforts had been made by the provider to make links with other community services. One staff member had made links with a local restaurant in order to educate them on one person's needs for when they visited for a meal. Opportunities for people at a local horticultural programme had been sought. A professional told us, "I receive regular feedback throughout the year and incident reports are forwarded either to me or duty" and they told us they were invited for placement reviews.