

Santa Bapoo

Santa Care

Inspection report

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Date of inspection visit:

01 March 2016

04 March 2016

Date of publication:

01 April 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 unannounced inspection of Santa Care took place on the 1 and 4 March 2016. At our last inspection on 18 and 19 the September 2013 the service met the regulations inspected.

Santa Care is registered to provide accommodation and personal care for 5 adults. The home provides care for people who have a learning disability and/or mental health needs. The home is owned and managed by Santa Bapoo, an individual who owns two other care homes in North West London. There is no requirement for a separate registered manager. On the day of our visit there were five people living in the home. Public transport and a range of shops are located within walking distance.

The atmosphere of the home was welcoming. People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People's privacy and dignity were respected.

Staff understood how to safeguard the people they supported. People's individual needs and risks were identified and managed as part of their plan of care and support. However, we found that there were not sufficient numbers of care staff deployed at all times to meet people's needs and to make sure they and staff were always safe.

Care plans were personalised and reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was promoted. People were provided with the support they needed to maintain links with their family, friends and advocates.

People were supported to maintain good health and their well-being was promoted. They had access to appropriate healthcare services that monitored their health and provided appropriate support, treatment and advice when people were unwell. People were provided with a choice of food and drink which met their preferences and dietary needs.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

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

people.

We found one breach of the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were areas of the service that were not safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm. However, the staffing of the service was not always sufficient to make sure each person's needs were met and to ensure their safety.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people.

Requires Improvement ●

Is the service effective?

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare professionals to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Good ●

Is the service caring?

The service was caring. Staff were kind and provided people with the care and support they needed. Staff respected people and involved people in decisions about their care. People's independence was encouraged and supported.

Good ●

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. People received personalised care.

People were supported to take part in a range of recreational activities.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service, relatives and staff informed us the provider was approachable, listened to them and kept them informed about the service and of any changes.

People were asked for their views of the service and had the opportunity to provide feedback about the service during residents' meetings and issues raised were addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

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.

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. During the inspection we looked at the Provider Information Return [PIR] which the provider 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. The PIR was discussed with the provider during the inspection.

Some people using the service were able to tell us in detail about what they thought about the service. Others were less able to describe their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

During the inspection we spoke with the provider and a senior care worker. Following the inspection we spoke with two care workers, two relatives of a person using the service and a social care professional.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; a local authority quality monitoring report, care files of five people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. Comments from people included "I do feel safe, I have no worries" and "I would speak to [the provider] if I was worried and upset." Relatives of people told us that they had no concerns about people's safety. They told us "[Person] is safe and happy," and "I think [Person] is safe, staff are all right." People we spoke with told us they would tell staff and/or a relative if they were worried about something or felt unsafe.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed. Staff told us staffing levels were adjusted to meet people's specific needs, such as when people attended health appointments, went on outings and took holidays. However during the first day of the inspection there was one care worker on duty from 9am -18.30pm. During that time there were four people in the home for several hours in the morning and five people from approximately 3pm. An incident took place at midday when a person's behaviour challenged the service. Another person using the service also on a few occasions became verbally challenging towards some people at the same time. Although the care worker on duty managed the incident very well, being a lone care worker on duty meant that they had to deal with the situation at the same time as supporting three other people using the service. The care worker did not have the opportunity to suggest an activity such as a walk with the person to support them in becoming calm. Also other people who preferred to go out in the community accompanied by staff were unable to do that activity as there was only one member of staff on duty and so they spent the day inside the home. The care worker was busy throughout the day and due to lone working on the first day of the inspection was unable to have a suitable break, so be at risk of tiredness.

The two weeks of the staff rota prior to the inspection showed that there was one staff on duty most of the time. However, there were times when this was sufficient as records showed on some days people attended a day centre and other people participated in other activities independently, so there were sometimes when no one was in the home. The staff rota showed that there were occasions when the provider spent time in the home but her exact hours were not always recorded so it was not clear if her time in the home was sufficient to give people the opportunity to go out with staff if they wished to do so.

The provider told us that she had been due to spend time in the home during the first day of the inspection but had been unwell on that day. She told us that she was in the process of recruiting staff and would in future use agency staff if necessary to make sure there were sufficient staff on duty at all time. On the second day of the inspection we found there were two staff on duty during our visit, and no indication that people's needs were not being met.

These examples of the provider not deploying sufficient skilled staff at all times are a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. The contact details of the host local authority safeguarding team were displayed. Care workers were able to describe different kinds of abuse and were

aware of whistleblowing procedures. They told us they would immediately report any concerns or suspicions of abuse to the provider and were confident that any safeguarding concerns would be addressed appropriately by her. Care workers informed us they had received training about safeguarding people and training records confirmed this. A person using the service spoke in a positive manner about the care workers and provider. The person informed us they would speak to the provider if they had concerns about their personal safety and/or welfare.

People received a range of support from the service with the management of their monies. The individual support people needed with their finances was described in each person's care plan. One person managed their money with minimal support from staff; other people needed more support from staff. We saw appropriate records were maintained of people's finances including their spending. To reduce the risk of financial abuse staff carried out regular checks of people's monies. The provider also informed us that an external auditor checked annually people's finances including their financial records.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Care plan records showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans for a selection of areas including; smoking, fire, independently accessing the community, and risk of behaviour that challenged the service. It was not clear from records whether people were aware of their risk assessments. The provider told us she would discuss with each person their personal risk assessments and ask them to sign that they had read and understood them.

A general fire risk assessment and individual fire safety risk assessments were in place and were regularly reviewed. There were risk assessments regarding safety within the home but records did not show they had been reviewed recently. The provider told us that she would review them and create further risk assessments regarding the safety of the service including; risk of falls from using the stairs and people's access to the kitchen knives. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Regular fire drills that included participation from people using the service took place. There was clear fire guidance displayed in the home.

Medicines were stored and managed safely. Records of medicines received by the home and returned to the pharmacist were maintained. A medicines policy which included procedures for the safe handling of medicines was available. People had a specific care plan relating to the management and administration of their medicines. Medicines administration records [MAR] showed that people received the medicines they were prescribed. During the inspection we saw a care worker administer medicines safely, she explained to a person using the service what their medicines were. Staff administering medicines told us they had received medicines training and assessment of their competency to administer medicines. They provided us with details of this assessment and examples of the action they would take if they made a medicines error or if someone refused a prescribed medicine. However, records of staff medicines competency assessments were not available. The provider told us she would ensure that in future the competency assessments she

carried out were recorded. Following the inspection she showed us the template of a medicine competency assessment and told us that they would be completed for all staff administering medicines. A care worker showed us information leaflets about people's medicines. The provider informed us she would make sure staff also had access to a pharmaceutical reference book where they could look up medicines they were not familiar with.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons. Guidance about washing hands was displayed. We heard a care worker reminding a person to wash their hands before they prepared their meal.

Is the service effective?

Our findings

People told us they received the care and support they needed from staff. Relatives of people informed us they found staff understood people's individual needs. A relative told us "They [staff] have known [Person] for years. They help [Person] and understand [Person]. Care workers were positive about their experiences working at the home and told us they enjoyed their job supporting and caring for people. Comments from staff included "They [people using the service] are very nice, we know them well and help them."

Care workers told us they received the training they needed to provide people with effective care and support. They informed us when they started working in the home they had received an induction, which included learning about the organisation, policies and procedures and people's needs so they knew what was expected of them when carrying out their role in providing people with the care they needed. The provider told us that new staff would complete the new induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, fire safety, food safety, health and safety, and Mental Capacity Act 2005 [MCA]/Deprivation of Liberty safeguards [DoLS]. Staff had also received training in other relevant areas including; challenging behaviour, learning disabilities, epilepsy and diabetes. Staff had completed or were in the process of completing vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this. Care workers told us the process of gaining these qualifications had helped them understand their role more fully, and had motivated them to consider completing further relevant qualifications.

Care workers told us they felt well supported by the provider. Staff told us and records showed that staff received regular supervision and appraisals to monitor their performance, identify their learning and development needs, and discuss people's needs. Records showed a range of topics including; handling people's money, team work, medicines, understanding roles and responsibilities had been discussed during supervision meetings.

Care workers told us they read people's care plans and spoke daily with the provider and other staff about each person's needs and the care they needed, so they were up to date with people's progress and knew how to provide people with the care and support they needed. People using the service confirmed that they knew and liked the staff who provided them with assistance with their care.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Each person had an up to date health care plan. Records showed people had access to a range of health professionals including; GPs, psychiatrists, opticians, dentists, chiropodists to make sure they received effective healthcare and treatment. People spoke of attending health appointments. A person told us "I went and had a blood test."

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. The provider and care staff were aware of the requirements of MCA and DoLS. The home had a MCA/DoLS policy. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Staff training certificates confirmed they had completed MCA and DoLS training. The provider informed us that no people using the service were subject to a DoLS authorisation at the time of our visit.

People's care plans showed they were supported to be involved in decisions about their care and treatment, and the decisions they made were respected. Staff knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. The provider told us if people needed support with making a decision about their treatment she would ensure people would have the opportunity to receive support from an advocate particularly in circumstances when people did not have relatives to support them.

Care workers were knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. Care workers told us they always asked people for their agreement before they assisted them with their personal care or with anything else. Records showed people had been asked for their consent to receive support from staff with their finances, their health and their mail.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Staff we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. People's weight was monitored closely. Staff knew to report significant changes in people's weight to the provider.

People were complimentary about the meals and told us they were provided with choice and had been asked about the food they liked. They told us they had a weekly meeting where their meal preferences were discussed, agreed and then incorporated into the menu. Records confirmed this. Meals catered for people's varied preferences, dietary and cultural needs. During the inspection we saw that the menu was flexible and met people's individual preferences. For example a person using the service asked for a meal that was not on the menu and this was catered for. People participated in preparing and cooking meals. We saw a person made their lunch with support from staff. People told us that they enjoyed helping with the cooking.

During meals people were not rushed and staff engaged with them in a positive manner whilst preparing the meal and during it. People were offered a range of drinks and had the choice of where they wished to eat their meal. Some people made their own beverages during the inspection. One person kindly made us a hot drink. A person told us "I can make a drink when I want."

People using the service told us they were happy with their bedrooms. A person using the service showed us their bedroom which was personalised with items and furnishings of their choice. We noted that there was an area at the top of the stairs in the service that lacked a handrail, which could affect people's safety when ascending and descending the stairs. The provider told us she would ask a maintenance person to fit a handrail in that area.

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and sensitive way. People we spoke with told us staff treated them well. Comments from people included "I like it here, I like my room," "They [staff] are nice to me." Relatives of people told us they felt people were well cared for by staff.

Care workers spoke about talking with people to get to know them and the importance of building a rapport with them. They informed us they made sure they involved people fully in decisions about their care and other aspects of their lives. People told us they were happy with the care they received and felt listened to. During the inspection we found staff were respectful to people. They took time to speak with them, listen to them and respected the decisions they made. People confirmed they made decisions for themselves and their independence was promoted. This was demonstrated during the inspection; when we saw people go out independently, participate in cooking and other household tasks. A relative confirmed that staff supported a person's independence.

We heard care workers speak with people in the language they understood. Care workers told us that they spoke a number of languages spoken by people using the service. People's communication and language needs were written in their care plan. People told us that care workers communicated well with them.

Care workers told us they were happy working in the home, enjoyed supporting and caring for people using the service and worked well as a team. Care workers told us they spoke with people using the service, read people's care plans and received the information they needed about each person from the staff team and others including health and social care professionals and people's relatives so were able to provide people with the care and support they needed. We saw very positive engagement between care workers and people using the service. A care worker was heard to frequently ask people how they were feeling, whether they wanted anything and provided them with a range of choices. We heard the care worker frequently praise people and encourage them.

Care workers understood people's right to privacy and we saw they treated people with dignity. The service had a confidentiality policy. Records showed this had been discussed with staff during their induction. Care workers had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's records were stored securely. A person told us "I get my letters from the postman and open them." A person's care plan included specific guidance about respecting their privacy when the person went out into the community and when they chose to be alone in their bedroom.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. A friend of a person using the service visited them during the inspection. A person using the service told us they regularly visited friends. The provider and care workers told us they had a significant amount of contact with people's family and others important to them about people's needs. Relatives of people told us they were kept informed about people's progress and staff understood people's needs.

People's relatives told us they regularly visited people using the service and spoke with them by telephone. Records showed most people had regular contact with their relatives and friends.

Care plans included information about people's life history and their spiritual needs. Staff were knowledgeable about people's religious needs and told us how several people were supported to attend places of worship. A person using the service told us that they attended a place of worship, which was important to them. The home had a small shrine in one room where people could worship if they wished.

Records, staff and people using the service confirmed a variety of religious festivals as well as people's birthdays were celebrated by the service. Staff had a good understanding of equality and diversity. Staff were knowledgeable about peoples' individual beliefs, needs, abilities and preferences and told us about the importance of respecting people's varied needs. A care worker told us "We treat people equally and don't favour anyone."

Is the service responsive?

Our findings

The provider told us that before a person moved into the home information about the person's needs was obtained from health and/or social care professionals. An initial assessment was then carried out to determine if the service was able to meet the person's needs and to make sure they were compatible with people currently using the service. Records showed and a person using the service told us they had visited the home and met the other people using the service before moving in.

People's care plans were individually personalised and identified where people needed support and guidance from staff. The care plan information was in written and picture format. The three care plans we looked at contained detailed information about each person's health, support and care needs and what was important to them. People's care plans were written in the first person and showed the person was central to and the focus of their plan of care. For example details of a person's participation in household tasks included "I do my laundry once a week but need support from staff to use the washing machine. Once the laundry is done I will put my clothes away in my wardrobe." People did not have a copy of their care plan. The provider told us that they would offer people a copy of their plan of care, so they could refer to it if they wished to do so without having to ask staff. We saw care workers understood people's needs and knew how to provide them with the care and support they needed.

People told us they were involved in their care, knew about their care plan and participated in its review. People's individual choices and preferences were recorded in their care plan. Records showed people had signed their care plan, which were reviewed regularly with involvement from them and if applicable their relatives. People's relatives spoke about being invited to people's care plan review meetings. They told us they were fully involved in decisions about people's care. Comments from people's relatives included "They [staff] tell me about the reviews. They write to me about the reviews," and "I get invited to review meetings about [Person's] care." Care workers told us and records showed that staff were responsive to changes in people's needs and contacted health and social care professionals including doctors when required.

Staff told us people's needs were assessed and monitored on a day to day basis. Records of people's care and support were completed during each working shift so staff had up to date information about each person's needs.

People told us and records showed they had the opportunity to participate in regular resident's meetings, which provided people with the chance to be informed about changes to the service and to enable them to be involved in matters to do with the service. Records showed meals, holidays and appointments had been discussed during recent team meetings.

People's activity preferences were recorded in their care plan. People told us they participated in a range of activities including attending a day centre, watching Asian programmes and films on the television, playing cards, doing puzzles, knitting, shopping and writing letters. During the inspection we saw a care worker encourage and involve people in a number of activities including singing, drawing, manicures, exercises and household tasks. One person worked as a volunteer at a local charity shop, which they told us they enjoyed.

Another person went out to the local shops and a café. Care workers we spoke with were knowledgeable about people's preferences and the type of activities they enjoyed. People spoke very positively about a holiday to a coastal resort they had enjoyed in 2015. A person's relative told us that people went on trips to various places.

People told us about the household tasks they participated in which included; laundering their clothes, shopping, cooking and tidying their rooms. We saw people chose whatever they wanted to do and were comfortable in accessing areas of the home including their bedrooms and the kitchen independently.

The service had a complaints policy and procedure for responding to and managing complaints. This was displayed in the home. Records showed that people were asked by staff during residents' meetings if they had any complaints about the service. Staff knew they needed to take all complaints seriously and report them to the provider. People's relatives told us they had no concerns or complaints about the service. They said that if they had a concern they would feel comfortable raising it, and were confident it would be addressed appropriately and promptly. No complaints had been recorded for several years. This was discussed with the provider who told us day to day concerns such as people complaining about other people using the service, were addressed at the time they were raised and recorded in people's daily records. The provider told us she would look at ways of developing and improving the documenting of these concerns to show these issues were addressed in line with the complaints procedure. People using the service told us they felt comfortable telling staff if they had a complaint and were confident appropriate action would be taken. A person told us "I can speak to staff anytime."

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the home. People using the service, care workers and people's relatives told us the provider was approachable and listened to them. People told us "It's nice here," and "It is much better here than the last place I lived in." Comments from people's relatives included; "I would recommend the home," "[The provider] is very good, I can talk to her about anything and she listens," and "I am very pleased, it is a good home."

The provider told us she was in constant contact with the home and spent time in the service several times a week. She told us she spoke with people and staff during her visits to the home and welcomed people's feedback. We saw the provider engage in a positive manner with people using the service. People using the service approached the provider and care workers without hesitation.

Staff meetings, provided staff with the opportunity to receive information about the service, be told about any changes and to discuss and raise any concerns or comments they had. Care workers told us they were confident the provider would listen to them address and any issues they raised. Records showed that best practice issues about people using the service, recording of medicines, infection control and communication had been discussed during staff meetings.

Records showed satisfaction surveys had been completed by people using the service, people's relatives and a social worker. Results of this feedback showed people were satisfied with the service. The provider told us that people's relatives and others important to them also had the opportunity to feedback about the service during people's care plan review meetings, and when they visited the home. She said that she also had frequent contact; by phone and email with people's family members.

A range of records including people's records, visitor's book, communication logs, health records for individuals showed that the organisation liaised with a range of professionals to provide people with the service that they needed. Social care professionals attended people's care plan reviews and carried out monitoring visits. A person's needs were reviewed by a social worker during the inspection. The provider told us about the action she had taken in response to a check carried out in 2015 by the host local authority. Feedback from a social care professional was positive about the service.

Staff knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

We saw staff undertook audits to check the quality of the service provided to people. These included checks of the environment, medicines, fridge/freezer temperatures, hot water checks, health and safety audits and checks of people's finances.

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 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed at all times in order to meet people's needs and keep them safe. Regulation 18 (1)