

Ms Sophia Mirza

Sophia Care Home

Inspection report

236 Malvern Avenue
South Harrow
Middlesex
Middlesex
HA2 9HE

Tel: 02084268110

Website: www.sophiacarehome.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Our comprehensive inspection of Sophia Care Home inspection took place on 26 October 2017 and was unannounced. At our last comprehensive inspection on 20 and 26 August 2015 we rated the service as good. However improvement was required in the area of "effective" as the provider had failed to meet the requirements of the Mental Capacity act (2005). We returned to the home on 30 January 2017 to review actions taken in relation to this. At this focused inspection we found that the provider had addressed the failure and was subsequently rated good in all areas.

Sophia Care Home is a care home registered for seven people with a learning disability situated in Kenton. At the time of our inspection there were seven people living at the home. The people who used the service had significant support needs because of their learning disabilities or mental health conditions. Some people had additional needs such as autistic spectrum conditions, communication impairments and epilepsy.

The manager at the home is the registered provider. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at Sophia Care Home. We saw that people were comfortable and familiar with the staff supporting them.

Staff members had received training in safeguarding of adults, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines at the service were well managed. People's medicines were managed and given to them appropriately and records of medicines were well maintained.

We saw that staff at the service supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. A Deprivation of Liberty safeguarding authorisation had been obtained for a person who had been assessed as being unable to make decisions about their care or leave the home unaccompanied.

Staff who worked at the service received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision

from a manager and those whom we spoke with told us that they felt well supported.

We saw that the meals provided to people were healthy and varied. Alternatives were offered where people chose to eat other foods, and drinks and snacks were available to people throughout the day.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs.

The service provided a range of activities for people to participate in throughout the week. An annual holiday took place for people who were unable to take holidays with their relatives. Staff members supported people to participate in activities of their choice. People's cultural, religious and social needs were supported by the service and detailed information about these was contained in people's care plans.

The service had a complaints procedure that was provided in an easy read format. People told us that they would tell the manager or staff member if they were unhappy about anything.

People's health needs were regularly reviewed. The service liaised with health professionals to ensure that people received the support that they needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sophia Care Home

Detailed findings

Background to this inspection

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

This was a planned comprehensive inspection which took place on 26 October 2017. Our inspection was unannounced and was carried out by a single inspector.

Before the inspection we reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries. We also spoke with a member of the local authority's safeguarding and quality assurance team.

During our inspection we spoke with the manager, two people who lived at the home and two members of the care team. We spent time observing care and support being delivered in the communal areas, including interactions between staff members and people who lived at the home. We also spoke with two family members. We looked at records, which included three people's care records, two staff records, policies and procedures, medicines records, and records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe at the home. One person told us, "They are always checking to make sure that I am OK." Another person said, "I'd prefer to have my own flat but I do feel safe."

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff that we spoke with and the records that we viewed. Records of medicines maintained by the home were of a good standard, and included details of ordering, storage, administration and disposal of medicines. Medicines were stored safely.

The service had an up to date procedure on the safeguarding of adults. Staff members had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated an understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. We reviewed the safeguarding records and history for the service and saw that there had been one safeguarding concern raised since our previous inspection. There was evidence that the provider had worked in partnership with the investigating local authority to address this.

The manager told us that people who lived at the home managed their own monies and the service looked after the purse of one individual when they were not using it. We saw that this was kept in a secure place. There was a record of monies given over to staff for safekeeping and this corresponded with the money contained in the person's purse.

The service had arrangements in place to protect people from identified risks associated with day to day living and wellbeing. Risk assessments for people who used the service were personalised and had been completed for a range of areas including people's behaviours, mental health needs, health needs including epilepsy, safety in the home and within the community. The risk assessments included risk management plans with guidance for staff around how they should manage identified risks.

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and furnished in a homely way. We saw that there was sufficient space for people with mobility and sensory impairments to move around safely.

We saw from the service's staffing rotas and our observations of staff supporting people that there were sufficient staff available to meet people's needs. The staffing on the day of our visit corresponded with the information contained within the staff rota.

We looked at two staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff that were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in

relation to staff recruitment and the staffing records showed that these had been followed.

The home was well furnished, clean and well maintained. During our inspection a builder was at the home replacing flooring and fixing a toilet. We noted that this work had limited impact on people's ability to move around the home safely. Regular health and safety checks took place and we saw that actions identified by these had been addressed. Health and safety records showed that safety checks for the home, for example in relation to gas, electricity, fire equipment, and portable electrical appliances, were up to date.

There was an infection control procedure in place at the home. We saw that the kitchen and bathroom areas were clean and well maintained. We observed that staff members used disposable gloves and aprons when carrying out tasks such as preparing food.

Accident and incident information was appropriately recorded. We saw evidence that fire drills and fire safety checks took place regularly.

Is the service effective?

Our findings

People told that they were satisfied with the support that they received from staff. One person said, "They aren't bad at all. They are very helpful."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home had a policy and procedure in relation to the MCA and DoLS. Some staff members had received training on this. At the time of our inspection there was one person living at the home who had been assessed as lacking capacity to make safe decisions or leave the home unaccompanied. We saw that an up to date DoLS authorisation was in place for this person.

People had been consulted about changes and practices in the home. There were regular monthly resident's meetings and we saw, for example, that changes to flooring and improvements to a toilet had been discussed with them before the works had taken place.

Staff members had received an induction when they started working at the home. We saw that the inductions for recently appointed staff members had been linked to the Care Certificate which provides a nationally recognised induction standard for staff working in health and social care services. All staff had received mandatory training such as safeguarding of adults, infection control, manual handling, epilepsy awareness and medicines awareness. Training had also been provided in relation to people's individual needs, such as positive behaviour management and diabetes awareness. Staff also had opportunities to take up care specific qualifications and we saw that a number of staff members either had these or were currently working towards achieving them. The staff members that we spoke with were positive about the training that they had received. We were told, "There's always lots of training on offer. It's good to learn and discuss the things that we do."

The staff records that we looked at showed that staff members had received regular supervision by a manager which took place at least every two months. Annual performance appraisals had also taken place.

People told us that they liked the food that was provided by the service. We saw that menus and records of the meals that people ate were varied and nutritious. People's care plans and risk assessments showed that

dietary needs, such as diabetes were recorded. The staff we spoke with demonstrated that they were aware of individual dietary needs when they prepared meals. One person had an anxiety about certain food being available to them. They had an individual refrigerator to store these. This was checked by staff to ensure that it remained clean and that the person was not running out of this preferred food item. Some people who used the service were able to make drinks and snacks independently or with support. During our inspection we saw that people were encouraged or assisted to prepare drinks and snacks. We also observed that people were offered choices regarding what they wished to eat at mealtimes.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with diabetes and epilepsy services, as well as the GP and dentist. Care plans included information about people's health needs which included details about the support that they required to maintain their health and wellbeing.

Is the service caring?

Our findings

People were supported by staff members who treated them with dignity and respect. We observed that staff members communicated with one person with limited verbal communication in a way that was positive and reflected their actions and body language. We also saw that people's questions and comments were responded to appropriately. One person preferred to be addressed by a name that was not their given name. Their care plan provided guidance about his and that staff members followed this guidance. One person told us, "Yes, they do care."

We saw that care was delivered in a sensitive manner, and was flexible in ensuring that people were given the support that they needed to participate in valued activities.

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs were recorded in their care plans. We noted that one person was supported to attend a place of worship as they chose. We asked the manager about people's personal relationships. She told us that although none of the people who used the service at the time of our inspection were currently in a relationship, they would be supported if they were. She told us, "If staff had a problem with people's choices, I would speak with them and arrange training if necessary." The service had previously involved specialist counselling to support people who might have required support in dealing with their sexuality.

The manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the home. However, most people had very strong links with their families who were fully involved in their care. Family members called their relatives regularly, and we saw that regular home visits were included in people's activity plans.

People were involved as much as possible in decisions about their care. We saw that care plans included information about people's likes, dislikes and individual preferences, along with guidance for staff on their communication needs where appropriate.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person told us, "I have reviews. I know what is in my plan."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out and written in plain English.

People's care plans detailed their personal history, their spiritual and cultural needs, likes and dislikes, preferred activities, and information about the people who were important to them. The care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, we saw that there was detailed guidance on managing epileptic seizures and identifying and responding to hypo and hyperglycaemia in relation to a person with diabetes.

People participated in a range of activities within the local community that included shopping, walks and meals out. People also attended day activities away from the home. Two people who lived at the service liked to go out independently. The home organised an annual holiday for people who did not have the opportunity to go away with family members. One person told us, "I haven't been here long but they do ask me if I would like to do things." During our inspection we did not see any planned activities taking place. One person was watching television and another was completing a puzzle book. However, one person went out independently and we observed staff members trying to engage people in discussions.

Family members were involved with people living at the home and the manager told us that visits were encouraged and supported. One person told us, "I stay with my cousin sometimes. The staff know this."

The service had a complaints procedure that was available in an easy read format. People told us that they would talk to the manager or a staff member if they had a problem. The home's complaints' register showed that complaints had been dealt with quickly and appropriately, and that the outcomes of complaints had been recorded.

Is the service well-led?

Our findings

One person told us, "The manager is good. She is here a lot." Another person said, "Yeah, she is not bad at all."

The manager was also the service provider. They were supported by two senior care workers who deputised for the manager in their absence. Staff members told us that the manager was always available if there was an emergency. We saw from the rotas that the manager also worked shifts at the home. She told us, "I work shifts regularly. It's good because I always know what is happening for people."

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. One told us, "I can't fault her. She is really supportive." We saw that the manager spent time with staff members and people lived at the home, and that her interactions were positive and informal. People approached her for a chat or to ask for information or support. We noted that she was knowledgeable about people's needs.

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. The manager also used the team meetings and supervision sessions to deliver informal refresher training to staff. Staff members told us that they valued these meetings and that they provided opportunities to ask questions and offer suggestions that were listened to. The manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

There were systems in place to monitor the quality of the service and we saw evidence that regular quality reviews had taken place. These included reviews of safety and records. Where actions had been identified as a result of these reviews, we saw evidence that these had been acted on and addressed.

People who used the service, their families and other stakeholders were asked for their views about the home on an annual basis. The most recent survey of people's views had taken place in October 2016 and showed high levels of satisfaction with the support provided at the home. The manager informed us that a further survey was due to take place at the time of our inspection.

We reviewed the policies and procedures in place at the home and saw that these reflected current legislation and guidance in relation to best practice. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the service that they required. Information regarding

appointments, meetings and visits with such professionals was recorded in people's care files.