

Ms Sophia Mirza

Sophia Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 20 August 2015 and was unannounced. We returned to the home on 26 August 2015 to complete our inspection.

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 two vacancies at the home. The people who used the service had significant support needs because of their learning disabilities. The majority of people had additional needs such as autistic spectrum conditions, mental health conditions, and communication impairments.

There was a registered manager in post. 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.

Two 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

Summary of findings

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 not meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. However an application for a Deprivation of Liberty Safeguards (DoLS) authorisation had not been made to the relevant local authority to ensure that a person who was unable to make informed decisions about their safety was not inappropriately restricted.

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.

People told us that they liked the food at the service. Meals provided were varied and met guidance provided in people's care plans. Alternatives were offered where required, 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 engaged people supportively in participation in activities. 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.

We saw that there were systems in place to review and monitor the quality of the service, and action plans had been put in place and addressed where there were concerns. Feedback from people who used the service, their family members and other professionals was positive. Policies and procedures were up to date.

People who used the service and staff members spoke positively about the management of the home.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. The service had a policy on the safeguarding of adults. Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people.

Medicines were administered and managed in a safe and appropriate manner.

Good



Is the service effective?

The service was not always effective. Policies and procedures in relation to The Mental Capacity Act were not up to date. An application for a Deprivation of Liberty Safeguard for a person who had been assessed as lacking capacity to make safe decisions in relation to their activities had not been made.

Staff members received the training and support they required to carry out their duties effectively.

People who used the service were involved in decisions about their care. They were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to eat and drink.

Requires improvement



Is the service caring?

The service was caring. People who used the service told us that they were happy with the care provided by staff. We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were positive and caring

People's religious, cultural and social needs were respected and supported.

Good



Is the service responsive?

The service was responsive. People told that their needs were addressed by staff.

Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

People were able to participate in a wide range of activities.

The home had a complaints procedure. Complaints had been managed in an appropriate and timely way.

Good



Summary of findings

Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager demonstrated leadership and accountability. She was approachable and available to people who used the service, staff members and visitors.

Staff members told us that they felt well supported by their manager.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were promoted on behalf of people who used the service.

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 inspection took place on 20 August and 26 August 2015 and was unannounced. The inspection 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.

During our visit we spoke with three people who lived at the home. We were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. In addition we spoke with the registered manager and two members of the care team. We looked at the records maintained by the home, which included three people's care records, three staff recruitment 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 who used the service told us, “They make sure I am safe. I tell them where I am going and when I will be back. They check if I am late back.”

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.

The service had an up to date procedure on the safeguarding of adults and this made reference to the local authority inter-agency safeguarding procedures. 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 no safeguarding concerns raised since our previous inspection.

The registered manager told us that people who lived at the home managed their own monies and the service looked after the purses and wallets of some individuals when they were not using them. We saw that these were kept in a safe. However, there was no record of the money contained within these purses and wallets when they were passed on to staff members or returned to people which could mean that they were at potential risk of financial abuse. We discussed this with the registered manager who told us that they would set up a system to ensure that monies given to staff for safekeeping were checked with people and recorded.

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, anxieties, and health needs. Risks had been

identified for people both at home and in the community. We saw that these were up to date and had been reviewed on a regular basis. Risk management plans were detailed and included guidance for staff around how they should manage identified risks. Where relevant this was situational. For example, we saw that the risk assessments for a person with epilepsy included information about how staff should support them both at home and in the community. Another person’s risk assessment provided guidance for staff in ensuring that they were safe when leaving the home independently. We were able to observe a conversation with the person that showed that this guidance was followed.

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. Three people who lived at the home had recently been away on a week’s holiday. The provider had ensured that they were supported by a sufficient number of staff whilst maintaining support at the home. We observed that people who used the service were familiar with the staff members supporting them, and the staff members that we spoke with were knowledgeable about people’s individual care and support needs.

We looked at three 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 care home was well furnished, clean and well maintained. 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.

Is the service safe?

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

The provider maintained an out of hours emergency contact service and the staff members that we spoke with were aware of this and how to use it.

Is the service effective?

Our findings

Three people told that they were happy with the support that they received from staff. One person said, “they always remind me about the things I need to do.”

The service did not have an up to date policy in relation to The Mental Capacity Act (MCA) 2005. There was also no policy or procedure regarding The Deprivation of Liberty Safeguards (DoLS) which are part of the MCA and are intended to ensure that people who are unable to make decisions are not unduly restricted. One staff member that we spoke with was unfamiliar with the MCA and DoLS. They told us that they had not yet received training about this. One person who used the service had been assessed as being unable to make safe decisions about their lifestyle, and their risk assessment indicated that they were unable to leave the home unaccompanied. We also saw that they were carefully supervised and supported by staff whilst at home. However, the service had not made an application to the relevant local authority, as required by DoLS, to ensure that an authorisation was in place for this restriction. The registered manager told us that they had tried to contact a social worker regarding a DoLS application, but had not followed this up.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed our concerns with the registered manager and they informed us that they would take action to address these.

Staff told us that they had received an induction when they started working at the service. The induction included information about people using the service, policies and procedures and service specific information such as the fire procedure, report writing and the environment. The registered manager showed us how they were planning to deliver induction training in respect of the Care Certificate for a new member of staff. We saw that 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 autism, epilepsy and diabetes. 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, “the manager is always encouraging us to go on various courses,” and, “the training helps us support people. All the time we are learning something new.”

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 a specific anxiety about certain food being available to them. We saw that arrangements were in place to ensure that their needs were met, and that they were reassured by staff members when expressing anxiety about this. Some people who used the service were able to make drinks and snacks independently or with support. The registered manager told us that it was important to ensure that people were as involved in food preparation as they were able to be. During our inspection we saw that people were encouraged or assisted to prepare drinks and snacks

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 their 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.

People’s families were involved in their care and their feedback was sought in regards to the care provided to their relative. Three people that we spoke with told us about their relatives and how they were involved in their care. This was confirmed by the care documents that we viewed.

Is the service caring?

Our findings

One person told us, “the staff are great.” They mentioned the names of staff members that they liked. Another person said, “they are really good to me.”

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. For example, when one person asked about food shopping and what would be bought, a staff member was clear about the day when the shopping would take place and how many of the items that they had requested would be purchased. We saw that the person was satisfied with the response. Two people preferred to be addressed by names that were not their given names. We saw that their care plans provided guidance about this and that staff members followed this guidance.

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. For example, three people who would not have otherwise had a holiday, had been supported by staff members spend a week away during July 2015. One person told us, “we went to Bournemouth. It was great.”

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 asked the registered 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. One person had been in a relationship in the past, and although this was now over, staff accompanying them to appointments nearby enabled the person to visit their ‘ex’ and gave them time alone to talk. The service had involved specialist counselling support for people who were anxious about their feelings and ‘urges.’ We asked about the service’s approach to supporting people who wished to develop a relationship with someone of the same gender. The registered manager told us, “it’s the same as any other relationship. It’s their right. Whatever the relationship we need to make sure that they understand their rights and risks.”

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. 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 know about my care plan. [Staff] have asked me about it."

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 clear and detailed information was given in relation to how staff should support people with conditions such as diabetes and epilepsy. The care plan for a person with an autistic spectrum condition provided detailed information about the rituals and routines that were important to them, and how they should be supported to reduce anxieties about these.

People participated in a range of activities within the local community that included shopping, walks and meals out.

The service organised an off-site 'day service' three times a week in a local community facility. One person told us, "I like it. I play football and badminton, and we play other games." People were also supported to participate in other activities as they wished such as attending a local evening club, shopping, swimming and meals out. One person who lived at the service liked to go out independently. They told us about they liked to use buses to travel around on and explained the bus routes in the area. During our inspection they were visiting a relative to play a computer game. We saw that staff members followed the guidance within their care plan and risk assessment to ensure that they were reminded of actions that would keep them safe, and to identify the time when they should be expected home.

Family members were fully involved with the service, and we were told that regular visits were encouraged and supported. In addition to the person who was visiting their relative, two people told us that they were in regular contact with their family members.

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 outcomes had been recorded.

Is the service well-led?

Our findings

One person told us, “I like the manager and staff. This is better than where I was before.”

The registered manager was also the service provider. They were supported by two senior care workers who deputised for the manager in their absence. A senior care worker told us that the manager was always available in case of an emergency.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. One told us, “I feel very well supported by the manager. She is always available and always very helpful.” We saw that the manager spent time with staff members and people who used the service, and that her interactions were positive and informal.

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people’s support needs. The registered 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 registered 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. A staff member told us, “there is good teamwork here.”

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. We saw copies of the completed questionnaires from the most recent survey that showed high levels of satisfaction with the service. A family member had written that their relative ‘gets the best care and attention.’ A GP had commented that the service was ‘very good in every respect.’ We also saw evidence that this feedback was evaluated by the registered manager and discussed with the staff team.

We reviewed the policies and procedures in place at the home. Although the policy on MCA required updating to include current guidance on DoLS, other policies and procedures were up to date and reflected good practice guidance. 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not made arrangements to ensure that the requirements of The Mental Capacity Act (2005) Deprivation of Liberty Safeguards were followed in relation to restrictions in place for a person who had been assessed as lacking capacity to make safe decisions.</p> <p>Regulation13(4)(b)</p>