

Saffronland Homes 2 Limited

Minehead

Inspection report

18 Minehead Road
London
SW16 2AW

Website: www.saffronlandhomes.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

About the service

Minehead is a residential care home providing personal care to five people older with a Learning disabilities or autistic spectrum disorder, mental health and older people. The service can support up to six people in one adapted building over three floors.

The care home is larger than current best practice guidance suggests for residential services for people with learning disabilities or autistic spectrum disorder.

However, this has not had a negative impact on the people living there. This is because the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service ensured people were protected against the risk of abuse. Staff received safeguarding training and risk management plans in place protected people from avoidable harm. Medicines were managed in line with good practice and robust infection control measures in place minimised the risk of cross contamination. Sufficient numbers of staff were employed to keep people safe.

Staff received regular training to meet people's needs and enhance their skills. Staff were supported to reflect on their working practices through supervisions. People were encouraged to remain healthy and had access to healthcare services to monitor and maintain their health and wellbeing. Food provided met people's dietary and cultural preferences and needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People confirmed staff were compassionate and treated them with kindness and respect. This was observed throughout the inspection. People's support levels were regularly reviewed to encourage their independence, whilst keeping them safe.

People's care and support was planned in line with people's wishes and needs. Care plans were comprehensive and gave staff clear guidance on meeting people's needs. People's communication needs were met, and complaints were managed swiftly. People were encouraged to live fulfilled lives and access the community. The provider had an end of life policy in place.

The service was well-managed. People and staff could approach the registered manager for guidance and support. The registered manager was keen to work in partnership with stakeholders to drive improvements.

Audits undertaken meant issues identified were acted on swiftly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 June 2018). Since this rating was awarded the registered provider of the service has changed. This was the first rating under the new provider since its registration on 11 January 2019.

Why we inspected

This was a planned inspection based on our methodology, which states services must be inspected within 12 months of being reregistered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Minehead

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, for example, feedback from healthcare professionals and members of the public. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people about their experience of the care provided. We spoke with five staff, this

included care staff, team leaders and the registered manager.

We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and fire safety were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People indicated through gestures, Makaton and by pointing to symbols that they were happy living at Minehead. Makaton is a means of communication by use of speech with signs (gestures) and symbols (pictures), for people who cannot effectively verbally communicate.
- Staff received safeguarding training and knew how to identify, respond to and escalate suspected abuse, which ensured people were protected against the risk of abuse.
- A staff member told us, "[Safeguarding] means we [staff members] need to protect people from abuse. I would inform my [registered] manager straight away if I suspected abuse. If the registered manager didn't do anything about it, I would inform external bodies."
- At the time of the inspection there were no safeguarding being investigated.

Assessing risk, safety monitoring and management

- The registered manager developed risk management plans that gave staff guidance on how to mitigate identified risks.
- Risk management plans covered all aspects of people's lives, for example, medicines, behaviours others may find challenging, finances, road safety, fire safety and activities.
- We reviewed people's risk management plans and found these were comprehensive and regularly reviewed to reflect peoples changing needs.
- The registered manager ensured the environment was safe through regular fire safety and equipment checks.

Staffing and recruitment

- People were supported by sufficient numbers of staff to keep them safe.
- The provider carried out pre-employment checks on perspective employees to ensure they were suitable for the role. Pre-employment checks included full employment history, two satisfactory references, photographic identification and a Disclosure and Barring Service (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.
- Throughout the inspection we observed there were adequate staff available to meet people's needs. A staff member told us, "Yes, there are enough staff as we [provide] one-to-one support and are allocated [people] each day to work with. If staff go sick we have an agency person to cover, we use staff from the agency that know the clients well." Records confirmed what the staff told us.

Using medicines safely

- People received their medicines as intended by the prescribing GP, and in-line with good practice.

- A staff member told us, "We have both e: Learning and [classroom based] medicines training. If I noticed an error I would report it to my manager, call the GP and monitor the [person] and take the advice from the GP. I would write it down."
- People's medicines were administered, recorded and stored safely. Stocks and balances matched what was recorded as being stored.
- The registered manager and team leaders carried out regular medicines audits to ensure any issues identified were acted on in a timely manner, therefore minimising the negative impact on people.
- People's medicines profiles clearly indicated the medicines people were prescribed, the reasons why and any contraindications. People were also supported to have their medicines regularly reviewed by a healthcare professional to ensure their medicines were effective and met their needs.

Preventing and controlling infection

- The provider ensured people were protected against the risk of cross contamination, as there were infection control measures in place and staff received infection control and food hygiene training.
- Staff confirmed they were provided with adequate Personal Protective Equipment (PPE). For example, one staff member said, "We have gloves, aprons and shoe protectors. There is plenty here. I have had infection control training."

Learning lessons when things go wrong

- The registered manager sought to learn lessons when things went wrong.
- Accidents and incidents were clearly recorded, detailing, what happened, actions and outcomes. Guidance was then shared with staff members to minimise repeat incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into Minehead. The local funding authority carried out an assessment of people's needs, which the registered manager reviewed and then carried out an additional assessment. Where agreed, people's needs could be met at Minehead, the registered manager developed a care plan.
- Assessments included, people's preferences, medical, social, mental health and physical needs. □
- The registered manager worked in line with legislation and other professional bodies to deliver holistic and effective care and support. For example, in line with NICE guidance. The NICE guidance are, 'evidence-based recommendations for health and care in England. They set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings.'

Staff support: induction, training, skills and experience

- The provider ensured staff members received training to enhance their skills and experiences. Staff members spoke positively about the training provided. For example, one staff member said, "I can say the training is very good. We receive e:Learning and external classroom training. We know when [the training] is expiring, so they [senior staff members] book more training. The training reminds us what to do day-to-day, it gives us the steps to follow."
- Training provided was both mandatory and person specific. For example, the training covered, challenging behaviour and de-escalation, safeguarding, medicines, epilepsy, Autism, fire safety and first aid. Staff confirmed they could request additional training should they feel this was required.
- The registered manager had also scheduled training in February 2020, with a specialist from the funding authority, on oral health care. Minehead would be the first service in the borough to receive this specialist training.
- Newly recruited staff underwent an induction and shadowed senior staff to familiarise themselves with people, the service and their role. Induction procedures followed the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Records confirmed staff received regular supervisions with senior staff to reflect on their working practices.

Supporting people to eat and drink enough to maintain a balanced diet

- People indicated through Makaton, gestures and pointing at pictures, they enjoyed the food provided at Minehead. For example, one person used Makaton to tell us they liked hot and spicy foods, fish, vegetables and traditional African dishes.

- People were encouraged to choose foods that met their preferences, reflected their cultural and faith needs, whilst in-line with their dietary requirements. This information was also recorded in people's care plans, to give staff a clear understanding of how to meet people's nutritional needs.

Adapting service, design, decoration to meet people's needs

- The service had been designed and adapted to meet people's unique needs.
- Where people wished, they were encouraged to decorate their rooms to ensure they reflected their wishes and needs. For example, one person's room had been decorated with both cultural and faith memorabilia.
- The kitchen in the service had been further adapted to ensure people could access it safely. For example, the kitchen had sufficient space to enable people to be supported by staff with meal preparation, which enhanced their independent living skills.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health and well-being was regularly monitored. People were in receipt of a health action plan. A health action plan is a document that indicates what support people require to remain healthy.
- One person told us through Makaton and pointing at pictures, the staff took them to the GP when they had been unwell.
- Care plans detailed people's health needs and how staff could ascertain if people were in pain, should they be unable to verbally communicate this.
- Records confirmed people had access to a range of healthcare services, including, for example, GP, nurses, dentist, psychologists and oncologist.
- Staff were aware of the importance of reporting any changes to people's health, behaviour and mental health to the registered manager immediately.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff were aware of their responsibilities in line with legislation.
- A staff member told us, "The [MCA] means an assessment is carried out to see if they have the capacity to make decisions. If they lack capacity, we have a best interest meeting to make a decision in their best interests."
- Records confirmed DoLS in place were in date and where these were due to expire in the coming months, the registered manager had sent application for renewals in a timely manner.

- Although people living at Minehead had a DoLS in place, staff attempted to afford people as much freedom as possible, when safe to do so. For example, people were encouraged to access all communal areas freely.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People confirmed they were treated well by staff at Minehead. Through Makaton and pointing at pictures and symbols, one person told us, the staff are very good. Another person indicated through Makaton and gestures, the staff helped them.
- Throughout the inspection we observed staff interacting with people compassionately. Taking their time to communicate with people and demonstrated empathy when people were agitated.
- The service place great focus on treating people equally and embracing their diverse needs. For example, where people had indicated they wished to follow a faith, staff supported them to attend places of worship. People's bedrooms had been decorated in line with their culture and faith, with large colourful murals on the walls. The service also celebrated significant religious holidays.
- People whose first language was not English received care and support from staff that were fluent in their preferred language. The registered manager actively employed staff that reflected people's culture.

Supporting people to express their views and be involved in making decisions about their care

- Wherever possible, people were encouraged to express their views in any way they could. Staff were aware of how to effectively communicate with people to ensure they afforded them the skills to make decisions about the care and support they received. This was reflected in people's care and support plans.
- A staff member told us, "When you're with the person, you give them options and support them to make a decision. You can show them the items, so they can make a choice, for example, with food and what to wear."
- Throughout the inspection we observed staff encouraging people to make decisions about their care. For example, if they wanted to engage in activities, if they wanted support or something to drink. Staff were respectful of people's decisions.

Respecting and promoting people's privacy, dignity and independence

- Care plans detailed the level of support people required in day-to-day activities. People's dependency levels were assessed, and support provided accordingly.
- A staff member told us, "We [staff members] include people in the activities they want to do, we prompt them. We encourage their independence, even if they did a small amount we still offer praise, it enhances their moral."
- People's privacy was maintained. During the inspection we observed staff members knocking on people's bedroom doors, seeking permission to gain entry before doing so. A staff member said, "If you are going into persons room, you don't just enter, you knock and wait for them to acknowledge us. We open the door slowly and you can tell if the person gives you consent to be in the room."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care provided by Minehead was person centred and reflected people's wishes whilst meeting their needs.
- During the inspection we observed one person looking through their care plan, pointing to pages of interest and talking to staff members about it. The service actively encouraged people to be involved in their care plan development, where possible.
- Care plans detailed people's wishes, preferences, cognition, health, social, medical, emotional, behavioural and communication needs and gave staff guidance on how to meet these needs. Care plans were regularly reviewed, and changes implemented were shared swiftly with staff.
- A staff member told us, "The care plan tells you everything about the [person]. There is an assessment completed before the care plan is made. To assess their daily needs and preferences." Another staff member said, "The care plan covers, the support plan and covers every daily activity. We review the care plan and update it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly documented in their care plans. Staff were aware of people's preferred communication styles and interacted with people in ways they understood.
- The service had employed staff who were fluent in people's first language, trained in Makaton and could therefore effectively communicate with the people they supported.
- The provider had a AIS policy in place and an easy read poster for staff to understand people's rights to access information in a format they understood.
- The provider's AIS policy followed the five key steps, ask, record, highlight, share and act.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access activities that reflected their preferences, faith needs and preferences.
- One person told us through Makaton and pointing at pictures, "Yes, [I go to] St faiths music class. I Like going. I like music class and I like the drum." Another person told us through Makaton, they really enjoyed horse riding.
- At the time of the inspection one person was being supported to access the local community to attend an appointment.

- Activities available to people were both in-house and in the local community. These included for example, "bowling, visits to the Nigerian restaurant, shopping, cycling, food shopping, café trips and out to play table tennis.
- Where possible, people were also supported to go on holiday. One person had recently attended a family wedding in Mauritius, supported by staff. The person had thoroughly enjoyed their holiday and shared their photos with us during the inspection.

Improving care quality in response to complaints or concerns

- People were encouraged to share any concerns they may have with staff, their relatives and management.
- Staff were aware of the provider's complaints policy and how to respond to concerns or complaints raised. For example, a staff member told us, "[The complaint record] needs to be the exact words [of the person] and not write our words down. I would tell [the person] I have to share the information with the [registered] manager."
- The provider had a complaints policy available for people to read. They also provided one in pictorial format, detailing through pictures who to contact should they have any concerns. The service had also created an easy read complaint form in one person's first language.

End of life care and support

- At the time of the inspection, no one living at Minehead was receiving end of life care and support.
- People's care plans detailed their wishes in relation to end of life care. Where people were unable to share their wishes, their relatives were encouraged to be involved in the decision making process, to ensure care and support provided at the end of people's lives was in line with their wishes and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Minehead placed great importance in providing a service that was inclusive, empowering and placed people at the centre of the service. People confirmed through Makaton, gestures and pointing at pictures, they liked the service and were happy living at Minehead.
- Staff members confirmed the registered manager was a visible presence within the service and spoke highly of her. Comments included, "The [registered] manager is excellent. She is managing people from different cultures and she is fair to everyone. We are all given one direction." And, "[The registered manager] is a very good manager, and she encourages staff a lot to make sure you know your job. She always thanks us for what we do, she boosts your morale as a team. She's motivating."
- The registered manager made herself available to people and staff, and throughout the inspection staff sought guidance and support from the registered manager which was readily available.
- The registered manager had oversight of the service to drive improvements. Audits undertaken were reviewed by the registered manager to ensure issues identified were acted on swiftly. Audits included, for example, medicines management, fire safety, care plans, risk management plans and staff training.
- The registered manager was aware of their responsibilities in line with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported and encouraged to share their views through general discussions, key-worker meetings and questionnaires.
- We reviewed the comments from relative's who had completed the September 2019 questionnaire. Comments included, for example, "All the information I should know has been made available to me." "I really enjoy a good relationship with the staff, especially the manager." And, "I enjoy the warm welcome by all the staff."

Continuous learning and improving care

- The registered manager actively sought continuous learning to improve the service provided.
- Records confirmed where there had been a medicines error, this had been fully investigated by the registered manager and additional guidance for staff provided, to minimise the risk of repeat incidents.

- Feedback from the latest staff survey had resulted in the registered manager implementing a staff recognition procedure. This process was well received by staff and added to the positive morale amongst the team.

Working in partnership with others

- Records confirmed the registered manager worked in partnership with healthcare professionals and stakeholders to improve the service delivery. For example, the registered manager made referrals to healthcare professionals and sought guidance and support. Guidance provided was then implemented into the delivery of care.