

# Saffronland Homes 1 Limited

## Mundania

### Inspection report

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Date of inspection visit:  
05 January 2024

Date of publication:  
16 February 2024

### 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

Mundania is a residential care home providing accommodation and personal care for up to 6 people in 1 adapted building. The service provides support to younger adults, adults with learning disabilities and autistic adults. At the time of our inspection there were 5 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

**Right Support:** 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 were supported in a safe, clean and well-furnished environment.

**Right Care:** People's equality and diversity was promoted. Care workers understood people's needs and provided culturally appropriate care. People received kind and compassionate care, and their privacy and dignity were respected.

**Right Culture:** People were supported by care workers who understood best practice in relation to the strengths, impairments and sensitivities of people with learning disabilities. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Relatives we spoke to told us they felt people received safe care and support in the service. A person told us, "I do feel good, I am in safe hands."

The provider had a wide range of audits and checks in place to monitor and keep people safe. The home was clean and well equipped. There were enough care workers available to support people with their care needs throughout the day.

People told us they thought the home was well-led. A relative told us, "The [registered] manager has improved [the home] a lot and is doing a great job."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 February 2020).

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of assessments. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the Safe and Well led sections of this full report.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Mundania

## Detailed findings

### Background to this 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors, 1 regulatory coordinator and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Mundania is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mundania is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the

last inspection. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records including care and support plans for 4 people. We looked at records of recruitment, training, and supervision records for 4 care workers. We reviewed records relating to the management of the service, including quality assurance audits. We spoke to the registered manager, the nominated individual, care workers, people, and their relatives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of safeguarding policies and procedures in place to protect people from the risk of abuse.
- Safeguard concerns were documented, with evidence to support the provider sought guidance and worked with multiple agencies to protect people and resolve any incidents.
- Care workers had received mandatory training in safeguarding and understood how to protect people from abuse. Care workers told us, they were confident in reporting concerns to the registered manager, or to the local authority if required.

Assessing risk, safety monitoring and management

- The provider worked with people, relatives, and health professionals to ensure people's care needs were robustly assessed prior to the delivery of care. Risk assessments and care plans were reviewed regularly and adjusted as required.
- Care records were comprehensive, accurate and up to date. Daily logs were detailed to ensure well informed handovers could proceed between work shifts of care workers.
- People had as much freedom, choice, and control over their lives as possible, because care workers managed risks to minimise restrictions.

Staffing and recruitment

- The provider had processes in place to ensure recruitment was safe. The recruitment process included gathering references from previous employers to gauge the suitability of care workers.
- All care workers were required to pass a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough care workers to support all people could take part in their scheduled daily activities and attend appointments as required. The numbers of care workers available and their skills matched the care needs for people at the service.

Using medicines safely

- The provider had measures in place to ensure medicines were stored and administered safely. Care workers followed the policies and procedures in place to ensure medicines were safely managed.
- Care plans contained adequate information about people's medical support needs, including information about allergies and dietary requirements.
- Medicines records were reviewed regularly. We saw no discrepancies between the number of medicines

administered and the number of medicines which remained on site.

- Only qualified and experienced staff could support and monitor new care workers with administering medicines after training. Care workers had to go through a robust process to prove competence before they would be allowed to administer medication.

#### Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe. There were good arrangements in place to keep the home clean and hygienic. We saw that the home was clean and tidy throughout.
- Care workers told us they had access to personal protective equipment (PPE). We saw PPE being used effectively and safely in the home.
- Care workers had completed training courses on preventing the spread of infection. We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider's infection prevention and control policy was effective and up to date.

#### Visiting in care homes.

- People were not restricted to having visitors at the home, relatives told us they have no issues with visiting people at the home.
- The home had a large lounge where people could sit with relatives away from their bedrooms if they wished. Relatives were also able to take people shopping on visits. A person told us, "My [family member] visited and we went out for a takeaway. It made me very happy."

#### Learning lessons when things go wrong

- The provider had processes in place for recording, investigating and monitoring accidents and incidents. Records confirmed the local authority and appropriate health professionals were contacted to support measures to reduce repetition of incidents.
- Incidents were discussed at bi-monthly staff meetings. Relevant information was shared with relevant parties either face to face, via email or on the phone.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager worked with people, healthcare professionals and relatives to assess people's care needs prior to them moving into the home.
- Assessments included information about equipment required to support people with mobility needs. It also included information about emotional and behavioural support that might be required, and how care workers should manage people's needs.
- Care plans reflected a good understanding of people's needs in relation to daily activity requirements, communication support needs, goals and aspirations.

Staff support: induction, training, skills and experience.

- Records showed that care workers had completed an induction period and job shadowing at the beginning of their employment.
- The recruitment process ensured care workers had appropriate level of understanding and capacity to support people well.
- The provider worked with the local authority to deliver relevant training to staff. Relatives told us they thought care workers were well trained to deliver safe support to people.

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

- The provider had policies in place to ensure people had enough to eat and drink to maintain a balanced diet.
- Care plans documented people's preferences in relation to food and drink. Information in relation to allergies and dietary requirements to maintain good health was also documented.
- Care workers supported people in preparing and cooking their own meals in line with their personal or cultural preferences or beliefs. A person told us, "[Care workers] support me to make meals. They understand my concerns and make sure there is no cross contamination with meat when we are preparing meals.
- Relatives told us they were happy with how people were being supported with their diet. We received comments like, "[Care workers] monitor [family member], when [family member] put weight on they were put on a diet. [Care workers] are very aware of what is going on", and "What I have seen, [family member] is well supported with meals. [Family member] has fruits throughout the day as well."

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

- The provider worked with local authorities and health care professionals to ensure they were able to

support people with access to healthcare services as required.

- Relatives told us they were happy with how people were supported to access health care services. A relative told us, "[Family member] is taken to the doctors if they need to go. The home always keeps me informed of medical appointments."
- The provider had measures in place to ensure people were provided with joined-up support so they could travel to a variety of health services as required.

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

- People's care and support was provided in a safe, well-furnished, and well-maintained environment.
- The home had rooms where extensive maintenance work was due to begin. These rooms were appropriately secured so people could not accidentally access these areas.
- People had large spacious rooms which were personalised with their own items.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. The registered manager was aware of the need to notify the Care Quality Commission following the approval of DoLS applications.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider had measures in place to ensure people's equality and diversity requirements were documented so appropriate care could be provided.
- People's protected characteristics was captured in their care plans. A person told us, "[Care workers] respect my religious needs, they assist me to pray, I really appreciate that."
- Care plans documented people's life histories, which enabled person-centred care to be provided while respecting and promoting people's dignity.

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

- People, along with their relatives or health professionals were involved in creating care plans and risk assessments.
- Relatives told us they felt involved in decision made about people's care. A relative said, "They do have meetings and ask me if I want to add anything. I do receive feedback from meetings and occasional emails to update me on things happening."
- Care workers respected people's choices wherever possible, and accommodated their wishes in relation to support, including those relevant to protected characteristics.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted. During the inspection, we saw people being treated with kindness, dignity, and respect at the home.
- People's permission would be requested before care workers or staff entered people's bedrooms. People had their own keys to their bedroom so they could lock their bedroom doors when the rooms were not occupied.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider had measures in place to ensure people received personalised care which met their preferences and needs. Care plans and risk assessments were reviewed regularly to ensure any changes were captured and care provided adjusted accordingly.
- People's care plans included their likes and dislikes and preferences around how they would like to spend their day. Activities were planned to take these things into account.

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an Accessible Information Standard policy in place. The registered manager ensured people had access to information in formats they could understand.
- Relatives were happy with the communication support provided for people. We received comments like, "[Family member] has a communication book where they can point to something they want", and "Yes, [care workers] supply pictorials to support [family member]"
- People's communication preferences and requirements were documented in their care plans. Support plans had pictures throughout to aid people's understanding of the information documented.

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

- People were supported to maintain social relationships, to follow interests and to take part in activities that were socially and culturally relevant to them.
- Relatives said they were able to visit people at any time without issues. A relative told us, "We went cycling with [family member] to a place where they have specially adapted bikes."

Improving care quality in response to complaints or concerns

- The provider had a complaints and concerns policy in place.
- The registered manager ensured complaints were documented. Incidents were discussed at staff meetings.
- People said that they were happy to discuss issues with the registered manager or other staff. A person said, "I am able to call the [registered] manager at any time if there is a problem."

## End of life care and support

- The provider had an end-of-life care policy in place. People were able to document their care wishes in relation to end-of-life care in their care plans if they wished to do so.
- Care workers received training in end-of-life care, so they were equipped to provide appropriate support if required to do so.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had failed to notify CQC of 1 incident that occurred at the service after the last inspection, of which they have a legal requirement to do so. The notification was submitted after the inspection.
- We saw evidence which supported the provider understood the requirement to document and investigate incidents when things had gone wrong. They understood the requirement to communicate with relevant people what had happened, and what measures they would put in place to prevent repetition of incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a person-centred positive culture. There was good communication amongst all staff, which created positive outcomes for people.
- Staff said they felt supported and were able to ask for help when needed. They felt able to raise issues and concerns and were confident they would be dealt with.
- Management was visible in the service and took a genuine interest in what care workers and people had to say.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and all staff understood their roles and responsibilities in relation to risks and regulatory requirements. This ensured staff were able to deliver good quality support.
- The registered manager had a clear understanding of people's needs, and a good oversight of the service and what was required to improve and maintain good support for people.
- The provider invested in staff by providing them with training to meet the needs of people using the service. Care workers were able to explain their role in respect of people without referring to documents.

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

- Care plans were created with input from health professionals, people and relatives. Plans and risk assessments detailed people's protected characteristics so appropriate care could be delivered to people.
- The provider had measures in place to ensure continued learning and improvement of care. The provider invested sufficiently in the service embracing change and delivering improvements.

### Working in partnership with others

- The service worked with health and social care organisations, the pharmacy, GP's and the local authority to provide support for people.
- Professionals told us they worked well with the home and the registered manager.