Sara Care Home Limited

Sara Lodge

Inspection report

24 Talbot Crescent
Hendon
London
NW4 4PE

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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

We inspected this service on 11 May 2016. We last inspected the home on 25 March 2014 and the service was meeting all the requirements inspected. The inspection was unannounced.

Sara Lodge is registered to provide residential care for up to six people with a learning disability, autistic spectrum disorder or a mental health condition. At the time of the inspection there were two people receiving support as part of the residential care home. The provider also operated a supported living service from the same address. The same staff team and policies covered both services. As the supported living service was inspected within the same month, we have utilised information from both inspections for each report. You can read the report related to the supported living service by selecting the 'all reports' link for Dillan Care Pathway on our website at www.cqc.org.uk .

The service had a registered manager who has been registered with the Care Quality Commission. 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.

There was a joyful and lively atmosphere at the home on the day of the inspection. We saw people were treated with dignity and respect by staff and staff told us how important it was to gain people's consent before offering any care. Staff were able to demonstrate their understanding of the needs and preferences of the people they cared for, and we could see that people were assisted to be as independent as possible. The two people at the home were facilitated to attend a wide range of activities in the community, and we saw that the staff carried out activities with people at the service.

We checked medicines administration charts and found that clear and accurate records were being kept of medicines administered by staff. Care plans were personalised and detailed life histories, individual needs and likes and dislikes were recorded. Risk assessments were up to date and detailed.

There were safeguarding policies and procedures in place, and staff were able to tell us the different types of abuse and the action they would take if they had any concerns.

Staff told us they were supported well and we saw evidence of regular staff supervision and key training had been undertaken.

Staff recruitment processes included checks to confirm people were eligible to work in the UK, Disclosure and Barring Service (DBS) security checks and references. We noted that not all references had been verified prior to September 2015, but the provider had improved their processes and paperwork so recruitment processes were now more rigorous.

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. 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 registered manager had made referrals to the local authority with regards to deprivation of liberty safeguards (DoLS) for both of the people living at the service. One had run out in March 2016, but the provider could show us following the inspection they had applied to extend the DoLS for this person.

The service had good systems and process in place to assess, monitor and improve the quality and safety of service provided. There was evidence of regular monitoring checks of the quality and safety of the service.

The service was located in two adjoining terraced houses and there was access to a back garden. The building was not fully wheelchair accessible throughout as there were stairs to the first floor bedrooms, but there were wheelchair accessible downstairs bedrooms with ensuite showers.

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. Staff understood the different types of abuse and what action to take if they had concerns.

There were sufficient numbers of trained staff to meet with people's individual care needs.

Peoples' money was managed safely and appropriate records were kept.

Is the service effective?

Good

The service was effective. Staff received regular supervision and training.

We could see that people had access to a wide range of health professionals.

People had a choice of menu and individual preferences were catered for.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect.

The service identified and met people's religious and cultural needs and records contained their personal histories.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed, personalised and up to date.

There were a range of activities people could access at the service and in the community.

There was a complaints procedure in place and complaints' were dealt with appropriately.

Is the service well-led?

Good

The service was well-led. People and their relatives told us they

found the registered manager and deputy manager approachable.

There were records of audits and checks to monitor the quality of the service.

Sara Lodge

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 11 May 2016 and it was unannounced.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. We looked at the information sent to us by the provider in the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by one adult social care inspector and one 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.

We spoke with the registered manager, assistant manager and one member of the care staff. People could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We contacted two health and social care professionals to gain their views on the care provided by the service. We were unable to get feedback from any relatives.

We looked at two people's care records, medicine administration records and four staff files including their recruitment and training records.

We looked at accidents / incidents and complaints records, staff team meeting minutes, handover records and communication book, quality audits and monitoring checks.

Good

Is the service safe?

Our findings

Staff were able to describe the different types and signs of abuse and could tell us what they would do if they had any concerns. Staff understood the importance of whistleblowing if they witnessed poor care being provided.

There were up-to-date risk assessments in place and detailed guidelines to support staff in caring for people safely. These covered a wide range of risk including what to do if a person ran away from staff when outside of the service, or how to reduce the risk of a person consuming noxious liquids such as shampoo. There were also detailed and personalised emergency fire evacuation plans for people on care records. The risk assessments were reviewed every year and when there were any changes to people's needs. Incident records were completed and body maps used when necessary. Body maps are diagrams used to assist staff in recording unusual/unexplained marks on people's bodies. They are particularly important for people who have limited communication who may be unable to explain how a bruise occurred, and in situations where there are safeguarding adult concerns.

The service had sufficient numbers of staff. Staff rotas showed there were six to eight staff in the morning to assist the people in residential care and those being cared for as part of the supported living service. Staffing levels in the afternoon and early evening depended on the range of activities people were doing in the community. At night there were two waking staff available to support people. The service utilised a pool of bank staff as and when necessary.

Staff recruitment processes included checks to confirm people were eligible to work, Disclosure and Barring Service (DBS) criminal records checks and references. We noted that not all references had been verified prior to September 2015, but the provider had improved their processes and paperwork so recruitment processes were now more rigorous.

Medicines and controlled drugs were stored in a lockable cupboard that had individual shelves labelled with people's names to reduce the risk of medicine errors. Records of temperature for medicine storage were available and were within safe limits. This was important as storage outside of recommended temperature levels can reduce the effectiveness of medicines. Staff were trained to administer medicines, and there was always two staff administering medicines. Only one of the two people in the service was receiving regular medicines. We checked their medicine administration record against stocks and they tallied.

Processes were in place to ensure medicines were accounted for. The registered manager told us medicines audit sheets were completed on a weekly basis by the trained staff and the registered manager carried out a medicines audit every quarter. Any errors would be picked up on a weekly basis.

As part of the inspection we looked at kitchen area. Suitable procedures were in place to minimise the spread of infection. For example, food in the fridge was suitably stored, sealed and dated and the area was kept clean. There were different chopping boards for specific foods to minimise the risk of cross contamination and there was a guide on the wall to prompt staff as to usage. Staff were able to tell us which

bucket and mop were for each area and there was guidance displayed on the wall. There were gloves and aprons available for use when providing care.

We looked at fire drill records, cleaning schedule and records, and maintenance and equipment testing records. They were all complete and up-to-date. This showed the registered manager had quality assurance systems in place to monitor the quality of the service. .

Good

Is the service effective?

Our findings

Health and social care professionals told us that the service was able to meet the health needs of people living at the service. Health professionals were involved as necessary and we could see from records evidence of their involvement and actions taken as a result of their intervention.

One care record we looked at had very detailed information for staff to support them to carry out a detailed exercise programme daily for a person who was a wheelchair user. We could see from daily records that the exercises were being undertaken. This meant the person had support to move their limbs to the greatest extent possible in a safe manner. Detailed communication guidelines were in place and it was clear from records that the staff utilised the skills of a range of people including speech and language therapists, occupational therapists and physiotherapists. There was also evidence of people getting access to dental and optical services.

Staff spoke with us regarding the importance of gaining consent to provide care, and how they used different methods for people who had communication or sensory needs. For example, for someone who couldn't speak they used picture boards and physical objects to gain their view, and for a person who had a visual impairment, they were aware of the importance of touch so this person would be offered different clothes to touch to decide what to wear.

Staff also used pictorial individual menus for people to choose the food they wanted to eat. There was a four week programme of four to five choices a day so there were a wide range of meals prepared for different people living at the service. The care records detailed information on people's needs, likes and dislikes in relation to food. Nutrition and hydration intake were efficiently recorded in daily logs. This meant staff could ensure people were eating and drinking well.

We could see from records that staff received regular supervision. We looked at the supervision matrix and staff supervision records. Although there were some gaps in supervision records we could see they had planned supervision dates and following the inspection we could see these supervisions had been completed.

Staff told us they received a detailed induction and we could see this complied with best practice recommended by Skills for Care. We could also see from records that there was a wide range of training available and undertaken to ensure staff had the necessary skills to carry out the role they were employed for. Training included manual handling, food hygiene, administration of medicines, epilepsy awareness as well as specific courses that were relevant to the needs of the individuals in the service. Staff told us they felt the training was good and enabled them to carry out their role effectively. There was a training matrix for the whole team so the registered manager could see at a glance when people had had training and when it was next due.

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. 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. We saw that the service had applied for DoLS for both the people living at the service. One had run out in March 2016, but the provider was able to show us that they had reapplied for both an urgent and a standard authorisation for that person following the inspection.

The service also had sections within the care records that noted where people could make decisions so staff understood that mental capacity was viewed in relation to specific decisions rather than an overall limitation of their liberty. People's care plans also stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care.

The service consisted of two lounge areas, two dining areas, a laundry room, a kitchen, balcony and garden overlooking a park. People had individual bedrooms with toilet and shower facilities. Some people who preferred had a television in their bedroom. The service was not fully wheelchair accessible as there were stairs to the first floor, but there were downstairs bedrooms so people who used a wheelchair could be cared for within the service.

Good

Is the service caring?

Our findings

We could see from interactions between staff and people living at the service that staff were caring. There was a joyful atmosphere and staff seemed to enjoy people's company. The majority of people living at the service were under 30 years of age as were many of the staff so people had some shared interests and during the inspection we saw people and staff were dancing to music, singing and having fun.

The service was very homely. For example, there were wood carvings on the walls, depicting African and eastern objects with flowers and small plants at the service. People's individual rooms were tidy with family and role model pictures on the sides and walls. Some residents had flags from other countries in their rooms and one person was watching Indian TV programmes. This person preferred to spend more time on their own so they were supported to do so. Staff told us they supported people to clean their rooms and we saw one person from the supported living service was drying the dishes in the kitchen. Staff had a passion for the work they were doing, and we saw they treated and listened to residents with empathy, consideration and patience.

Staff were able to describe the importance of preserving people's dignity when providing care to people, and we saw this on the day of the inspection by the way they supported them. We saw staff reminding people of manners, for example, to cover their mouth when they coughed, and this was done sensitively. They also praised good behaviour, and conversations were centred on the residents. For example, what they had done at college or talking about the task they were doing and how well they were doing it. They also talked about the birthday party that had taken place the day before. There were still balloons and bunting in the living room, and it was clear it had been a really good party and the birthday person displayed clear joy in the recollection of the event.

Staff and the management told us they recognised people's individual needs and preferences and tried their best to meet them. We saw for example people's individual choices of food were met, and care records detailed people's religious beliefs. People were supported to attend church or other places of worship. In this way their cultural needs were met. The staff and people living at the service were from a wide range of cultural backgrounds so people were able to be supported sensitively. We saw people's personal information was stored securely which meant that their information was kept confidentially.

Good

Is the service responsive?

Our findings

Care plans were very detailed, personalised and up to date. For example, one care plan indicated the gestures a person would make when they were experiencing pain and detailed specific information relating to the level of support they needed with toileting. This care plan also indicated the time the person usually liked to go to bed, but also the action they would display if they wanted to go to bed later. This meant that staff had assistance to understand the non-verbal gestures this person made to aid better communication.

The care plans were in an easy to read pictorial format so people living at the service could understand them. It was also easy for staff to see at a glance and understand people's needs. They gave extensive individualised information regarding the people living at the service.

Health and social care professionals told us that the service was responsive to changes in people's health and we could see this from care records. They also told us they found the management team were responsive to any issues raised The registered manager told us they listened to people and their relatives' complaints and implemented various communication tools that enabled staff to communicate with people and their relatives efficiently. We looked at people's individual communication books where staff recorded any relevant communication with the relatives. Staff also maintained staff communication/log book to aid better sharing of information between staff on different shifts and they maintained a diary where they recorded important dates and appointments.

We saw that people participated in a range of activities in the community including swimming, arts and crafts. There was also a weekly trip to the pub which people enjoyed. This was evidenced in the daily care records held for each person.
At the time of the inspection there was no college provision for the two people living in the care home. We spoke with the registered manager regarding this and they told us they were pursuing this as a matter of priority. They told us they continued to encourage people's development of independent living skills at the service which they had been learning at college. These included help with housework, helping to make drinks and personal care tasks where this was possible.

The registered manager told us they carried out weekly meetings where people were encouraged to say how they felt about the service, if they had any concerns or specific wishes. We saw meeting notes which covered requests to change days for certain activities, staffing arrangements and birthday arrangements.

We saw the complaints and compliments policy. We also looked at complaints log and there were clear records of complaints that were made and actions taken. We saw complaints had been dealt with appropriately. The registered manager sought feedback in a formal manner once a year. We saw completed questionnaires and their analysis. The feedback was [overall] positive.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and had the support of the assistant manager. Staff told us that they found the management team approachable and supportive. Staff told us they felt well informed on the various matters affecting the service and their role. Staff told us they had an informal team briefing before starting their shift. We could see from staff team minutes they had meetings four to five times a year. Staff told us they were listened to and their suggestions were taken on board. They felt they were consulted by management on matters related to people they were supporting. The service had an open and positive culture that encouraged people to raise concerns and make suggestions.

There were clear records of audits and spot checks to monitor the quality of the service including a monthly bedroom inspection, health and safety checks, care plan audits and service inspection checks. Following the inspection the registered manager provided us with quality assurance evaluation results that were positive.

The registered manager told us they were introducing an electronic customer relationship database system that would have details on people's care plans, care records, activities, and staff information including absences, rotas and tasks. The registered manager told us they were aiming to implement the system by end of June.

The registered manager told us they were updating the company website to make it user friendly and interactive, and it would be available soon. We were told the website would provide information for the public and staff would also be able to access training resources to assist them in the delivery of care services.

The registered manager told us they asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. We saw completed people's, staff's and relatives feedback questionnaires. They were generally positive.

The registered manager attended the local authority's integrated quality team meetings to keep up to date with best practice in relation to providing care and told us they were keen to continually improve the service.