

Santa Bapoo

Santa Care

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 22 December 2017 and was unannounced. The last inspection took place in May 2017 and the service was rated 'requires improvement' in Safe, Effective, Well Led and overall. Caring and Responsive were rated 'good'. We found breaches of Regulations relating to safe care and treatment, safeguarding service users from abuse, staffing and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when they would make the necessary improvements to meet the regulations. During this inspection, we found that improvements had been made.

Santa Care is a 'care home' for up to four adults with learning disabilities or mental health needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection, three people were using the service. Two of the three people living in the home used British Sign Language (BSL) to communicate which staff had also been trained to use.

The home is one of three owned by the provider who is also the registered manager. 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.

During the inspection on 22 December 2017, we saw the provider had made improvements to how they monitored the service. However, we saw a number of gaps in the records of people using the service and in staff records. This included not all reviews being up to date, care plans not addressing people's wishes for end of life care and not all staff training was up to date. This meant the service could not ensure a consistent quality of care.

The provider had procedures in place to protect people from abuse. Care workers we spoke with knew how to respond to safeguarding concerns. People had risk assessments and management plans in place to minimise risks. There had been no incidents and accidents since the last inspection but the provider had a procedure in place to mitigate the risk of reoccurrence of incidents if they did occur.

Care workers followed procedures for the management of people's medicines and underwent medicines training and competency testing. Weekly medicines audits indicated that people were receiving their medicines safely as prescribed.

Care workers had completed training in infection control and used protective equipment as required.

Care workers had an induction and up to date relevant training to develop the necessary skills to support people using the service. Safe recruitment procedures were followed to ensure care workers were suitable to

work with people using the service.

People were supported to have maximum choice and control of their lives and care workers were responsive to people's individual needs and preferences. However there was no indication that people's end of life wishes had been considered as part of the care planning.

People's dietary and health needs had been assessed and recorded and were monitored to make sure their nutritional needs were met.

People were involved in their care plans and making day to day decisions so the care was reflective of their preferences and wishes.

There was a complaints procedure in place and the service had not had any complaints since the last inspection. The deputy manager was available and people using the service and staff told us they were approachable and supportive.

The service had a number of systems in place to monitor, manage and improve service delivery so a quality service was provided to people.

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.

The provider had a safeguarding policy and staff knew how to respond to safeguarding concerns.

People had risk assessments and risk management plans to minimise the risk of harm. Incidents and accidents were recorded to monitor their occurrence.

Safe recruitment procedures were followed to ensure care workers were suitable to work with people using the service.

The provider had audits in place for the safe management of medicines.

The provider had infection control procedures in place which were followed by care workers.

Is the service effective?

Good ●

The service was effective.

The provider acted in accordance with the requirements of the Mental Capacity Act (2005) to promote people's rights.

Care workers were supported to develop professionally through an induction, training and supervision.

People's dietary and health needs had been assessed and recorded.

Is the service caring?

Good ●

The service was caring.

We observed care workers treated people kindly and with respect.

Care plans identified people's needs and preferences and provided care workers with guidelines to effectively care for people in a way that met their needs.

Care workers supported people to express their views and be involved in day to day decision making.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning people's care but were not consulted about end of life care.

Care plans included people's preferences and guidance on how they would like their care delivered and were reviewed annually.

The service had a complaints procedure and people knew how to make a complaint if they wished to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had a number of data management and audit systems in place to monitor the quality of the care provided. However files were not monitored to ensure there were no gaps in the required information.

The deputy manager with the support of the registered manager had oversight of the home and promoted an open culture within the home.

Care workers were able to approach the registered manager and deputy manager and felt supported.

Santa Care

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 checked 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.

The inspection took place on 22 December 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's safeguarding and commissioning teams to gather information about their experience of the service.

During the inspection we spoke with two people using the service, the deputy manager and two care workers. We viewed the care records of three people using the service and three care workers files that included recruitment, supervision, appraisal and training records. We also looked at medicines management for two people who used the service and records relating to the management of the service including service checks and audits. After the inspection we spoke with one relative and emailed two professionals.

Is the service safe?

Our findings

At the inspection on 25 May 2017, we identified a breach of regulation relating to the safe care and treatment of people. This was because one risk management plan was not robust enough and the lack of guidance meant risk was not adequately minimised to keep the person safe from harm. Additionally the provider did not have a PRN (as required) protocol, ongoing medicines training or competency testing. Therefore, we could not be certain staff had the required level of competency to administer medicines safely. Following the inspection, the provider sent us an action plan to be met by July 2017, which indicated how they would address the identified breach.

During the inspection on 22 December 2017, we saw the provider had reviewed their risk assessments and implemented procedures to safely administer medicines to minimise identified risks.

People had risk assessments which included the risk of falls and risks associated with smoking, finance, non-compliance with medicines, and how to manage them. The deputy manager told us risk assessments were updated when new risks were identified. One person's file contained an old risk assessment and it was not clear this was no longer relevant. The deputy manager said this had been removed from the file but was been put back in when the social worker asked to see the old reports and would be removed again.

The provider had arrangements in place to help ensure people received their medicines as prescribed. Medicines were ordered on a seven day cycle and each person had a photo and information relating to diagnoses, any allergy, their GP and various medicines prescribed. Medicines were kept in a locked cabinet with a record of the cabinet's temperature. We completed a medicines stock take for two people using the service and found the stocks tallied with the medicines administration records which we saw were correctly signed and dated. There were protocols in place for PRN (as required) medicines. Policies and procedures for medicines management were in place and were reviewed annually to keep the information up to date. A local pharmacist undertook an advice visit in May 2017 and there were no issues raised. Medicines competency assessments had been updated since our last inspection and completed for care workers. Weekly medicines checks included checks on Medicine Administration Records (MAR), stocks, blister packs, the action taken to remedy errors and was signed by the deputy manager.

The two people we spoke with told us they felt safe at the service. The provider had a number of policies and procedures in place to provide safe care to people using the service. These included safeguarding adults and whistle blowing policies. Training records indicated two out of four care workers had last completed safeguarding adults training in 2015 and 2016 respectively. The deputy manager advised us this was because the care workers had been unwell at the last training day. However, all care workers were due to complete safeguarding training on 31 January 2018. Care workers we spoke with were able to identify the types of abuse and knew how to respond to safeguarding concerns. They told us, "I would let [the deputy manager and registered manager] know and we have all the numbers for CQC (Care Quality Commission) and social services" and "I would report to the manager so he could investigate. I would contact CQC." The provider had information in a communal area regarding what to do if someone suspected abuse, how to raise a concern with the CQC and 'grab cards' with contact details for Brent and Hillingdon social services so

people using the service and staff knew who to contact if they had a concern. There had had been no safeguarding adults concerns since our last inspection, but the deputy manager was aware of their responsibility to notify the local authority and CQC of any safeguarding concerns.

Care workers told us incidents and accidents were recorded in a book and they made the deputy manager aware of the situation. There had been no incidents or accidents since the last inspection but we saw incidents and accident forms that had been completed previously, recorded what happened, where it happened, what action was taken and who had been informed of the incident.

There were checks to ensure the environment was safe. Checks had been carried out for the fire alarm system and fire equipment. We also saw evidence of regular fire drills. People who were deaf had lights and vibrating pillows to alert them to fire alarms. The provider had a fire safety policy and each person had a personal emergency evacuation plan (PEEP) in place. Smoking was confined to the garden and people agreed to staff keeping their cigarettes which they asked for if they wanted to smoke.

The provider had systems in place to ensure care workers were suitable to work with people using the service. We saw the recruitment files for three care workers which contained checks and records including application forms, two references, identification documents with proof of permission to work in the UK if required and criminal record checks. The provider had also taken the appropriate steps to address declared convictions that were noted on criminal records checks.

The provider had an infection control policy and infection control was part of staff training. Care workers told us they used gloves and aprons for protection as required to help reduce the spread of infection.

Is the service effective?

Our findings

At the inspection on 25 May 2017, we identified a breach of regulation relating to safeguarding people using the service from the risk of abuse. This was because although one person was restricted in leaving the home, an application to deprive them of their liberty had not been made to ensure the provider was supporting people in accordance with the Mental Capacity Act 2005 (MCA). Following the inspection, the provider sent us an action plan to be met by July 2017, which indicated how they would address the identified breach.

During the inspection on 22 December 2017, we saw the provider had made an application in June 2017 to deprive the person of their liberty, which was still in the process of being assessed.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

All care workers had undertaken MCA training, but not all understood the impact it had on the people they were supporting, for example, what having a deprivation of liberty authorisation meant in terms of providing support. The deputy manager said they would ensure this was discussed individually with care workers. However, all care workers understood that people needed to consent to their care. One care worker said, "I go through the stages and ask them what they want." Additionally people's files had consent forms for various tasks such as medicines and finance, which were signed by the person using the service and staff. Where appropriate, people were able to leave the service unaccompanied, or with staff.

At the inspection on 25 May 2017, we identified a breach of regulation relating to staffing. This was due to a lack of written supervision and appraisal records and up to date training. Following the inspection, the provider sent us an action plan to be met by July 2017, which indicated how they would address the identified breach. During the inspection on 22 December 2017, we saw the provider had made the required improvements.

We looked at three care workers' files and saw supervision had been last undertaken in August 2017 for one care worker and in November 2017 for the other two care workers. Care workers said they had supervision about six monthly and told us, "[Supervision] helps me to go through any problems and we can discuss straight away" and "I feel free to say anything and I don't have to wait for supervision." Of the four care workers employed, two staff had appraisals completed in the last year and the two new staff were due to have completed appraisals within their first year of employment.

Care workers told us they felt supported to develop the skills relevant to their job. Care workers had an induction to the service and completed the Care Certificate, which is an identified set of standards that health and social care workers should adhere to in their daily working life. The deputy manager told us they employed an external trainer and used training materials such as DVDs. Training included challenging behaviour training and training around autism. As two of the people using the service were deaf, new care workers were supported to learn basic British Sign Language (BSL) to meet people's communication needs.

People were supported to have a balanced and nutritional diet that included their preferences. People we spoke with said they liked the food in the home. Care plans indicated people's food likes and dislikes and needs specific to their individual diets and culture. At weekly residents meetings, people discussed menus and what they wanted to eat during the week, but if they changed their mind, care workers were able to accommodate this on the day. People were able to make their own choices about food. For example if one person wanted to go to a certain place for food, care workers supported him to go there.

The provider communicated effectively with other services. For example, we saw records were kept of appointments with healthcare professionals, including the dentist, optician, psychiatrist, hospital and GP so people received the care they required.

People's care plans had information on how to manage their healthcare needs and included both their physical and mental health needs. When required, weight records were maintained to monitor people's weight and nutrition so appropriate action could be taken to support people where indicated. Care plans contained information from other professionals including hospitals and social services. They were person centred and provided information around people's needs and how they would like to receive care. This included how to communicate effectively with people and support them to make day to day decisions about their care.

At the time of the inspection, the kitchen was being renovated and an office was being added so files could be kept on site and to provide a private area for staff meetings and supervisions. The home had a garden with a sitting area, communal areas such as the lounge and each person had their own bedroom decorated to their taste. This meant people could be alone or with other people and they had space to meet with visitors. Adaptations such as vibrating pillows to alert the deaf service users to the fire alarm if they were asleep had also been implemented to meet individual needs.

Is the service caring?

Our findings

The two people we spoke with both said they liked the care workers and were happy living in the home. One person gave us examples of activities they did with staff and we saw balloons and cards for another person who had just had a birthday party at the home. We observed care workers to have a caring demeanour with people using the service. We heard them asking people if they wanted to go out and their conversations indicated the care workers knew the people using the service and their interests well. We saw one care worker who was very consistent in getting up and standing in front of the person she was signing with, so they could clearly see her.

Care plans had a communication section that provided information on the use of British Sign Language (BSL), writing and guidance to use short sentences. Two staff members were fluent in BSL and all staff had basic BSL. We saw this was good enough to communicate with the deaf people living at the service, which meant they were able to sign and express their opinions. Other forms of communication included writing in a notebook and two people used a laptop and a tablet to help communicate. The deputy manager told us one person always had an interpreter when they attended medical appointments so they clearly understood what was being said. The service also had weekly residents' meetings where people could provide feedback about any concerns they had and contribute to how the service was run, for example by discussing what they would like on the menu and what activities they would like to do the following week.

People we spoke with said staff asked them what they wanted to do and respected their wishes. Care workers said they promoted people's independence by encouraging them to do things for themselves and to learn new skills. One person was preparing for independent living and we saw from the care plan how they had developed their independent living skills over the past two years. A care worker told us, "We also support them to cook, to make a cup of tea and to make their choices for shopping. Making their own choices is good for them. They clean dishes and everyday do better and it's nice to see."

Care workers were respectful of people's wishes when supporting them with personal care. One care worker said, "I make sure they are happy with me helping them and make sure they have the toiletries they want and make sure the temperature is okay. For example, if I wash [person's] hair, because they are deaf, I would have to communicate it before hand and make sure that is what they want me to do." Another care worker said, they supported a person to shower because it "helps her to feel good and to put on make-up. I ask her if she wants her hair washed. We don't force her. She has good days and bad days."

Where appropriate, people could come and go from the service as they pleased. Families were welcome to visit the service and we saw one person had a weekly visit from a family member. In addition, if people wanted to talk to their social worker, contact details were available for people to use independently of the service.

Is the service responsive?

Our findings

We looked at the care plans for all three people using the service for evidence of how the service responded to their needs. Preferences such as hobbies and food, and people's aims and how these might be achieved, were recorded. For example we saw one person attended a deaf club and they told us they had been at a party with the club the previous night. Background records included information such as health but also personal details such as 'Important to [person] to be well dressed and hair and nails are done' and how people liked their rooms decorated. People were involved in their care plans and they were signed by the person and the deputy manager.

Care plans were reviewed annually. We saw one person's care plan review was overdue and the deputy manager explained this was because the person was in the process of moving on. We did observe the care plan had dated handwritten updates on it that evidenced the person's progress over the last two years.

The provider did not record any information around people's wishes, views and thoughts about end of life care. This has not been considered as part of the care planning process. We discussed this with the deputy manager who said they would review the care plans to include this.

The service had weekly house meetings where people could provide feedback on how the service was managed. People using the service had discounted the idea of having a daily planner; instead activities were discussed at residents' meetings and recorded in the diary for the following week. However, there was flexibility on the day if the person did not want to do the agreed activity. In the diary we saw as well as appointments, people going out for walks, and engaging in activities to develop individual living skills such as banking, spelling and doing household chores. People also had weekly daily living skills charts that indicated when they would do their laundry, tidy up their room and participate in cooking. Care plans included photos of people engaging in activities they enjoyed. We saw daily logs were completed in the morning and evening and these reflected people's care plans.

The service had a complaints policy which also provided contact information for external agencies if a person wanted to contact another agency about their concerns. The deputy manager said they did not have a complaint file because they had never had a complaint. As it was a small service there was ongoing daily communication between the people using the service, care workers and the deputy manager. The service did have a complaints form and when we asked people what they would do if they wanted to make a complaint, they gave us the names of staff they felt they could talk to.

Is the service well-led?

Our findings

At the inspection on 25 May 2017, we identified a breach of regulation relating to good governance. This was because the provider was not effectively monitoring and improving the quality and safety of the service provided. Following the inspection, the provider sent us an action plan to be met by July 2017, which indicated how they would address the identified breach.

During the inspection on 22 December 2017, we saw the provider had made improvements to how they monitored the service. Checklists and audits included checking the environment for safety and cleanliness, fire safety, medicines, finance and infection control. However, the provider did not have audits to ensure peoples' care plans were up to date, for example we saw one person had risk assessments in their file but it was not clear if these were still relevant and their care plan review was due. The deputy manager explained the old information was in the file because the social worker had recently requested to see old documents and these had not been taken out again. The review was not completed as the person was in the process of moving to another service. We discussed with the deputy manager the importance of continuing reviews even when people were moving, as moves were sometimes delayed and people using the service still required ongoing care that was relevant to their current circumstances. We also found that the care record audits had not identified that the care plans had not addressed people's wishes and thoughts for end of life care.

Additionally training audits were not effective as these had not identified that two care workers had not had updated training at the time of the inspection, so action could have been taken in a timely manner to address this issue.

Care workers felt supported and said, "[The deputy manager] is good. He's easy to communicate with. [The registered manager] also comes to the site. They fully listen to concerns and any problems and they work with you", "I shouldn't be afraid to ask. I feel like they support me. They say we shouldn't hide anything" and "They are very supportive. I don't feel like I cannot say." The deputy manager was in the service at least five days a week and had positive relationships with both the people using the service and care workers.

The registered manager was not available during the inspection but both people and care workers said they saw the registered manager at the service and could approach them. The registered manager and deputy manager were aware of their responsibility to notify the Care Quality Commission and the local authority of significant events as required.

The service had weekly residents' meetings and monthly staff meetings which provided opportunities for people and staff to give feedback to the provider. The provider usually undertook a yearly service user satisfaction survey for people using the service and their families. They had not in 2017 but planned to send out surveys in 2018. However, as the service was small, there was regular and ongoing informal communication and feedback so everyone was kept up to date.

The deputy manager kept up to date with current best practice and guidance through local authority

provider forums and the Care Quality Commission's newsletters. We saw there was professional involvement with the community through other health and social care professionals and people using the service also took part in community events such as attending organised clubs and using the library.