

Mrs Taslimah Salamut

Residential Care Home

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?

Good ●

Summary of findings

Overall summary

About the service

Residential Care home is a residential care home providing personal care to six people with a learning disability at the time of the inspection. The service can support up to six people.

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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they felt safe at the service. A relative told us their family member was safe. Staff at the service knew their safeguarding responsibilities and knew how to report abuse.

People had risk assessments in place to protect them from avoidable harm yet allow them to live as freely as possible. People's medicines were managed safely. The service was clean and free from malodour, staff followed good hygiene practices.

People were supported by staff who had been recruited in a safe way.

People received an assessment of needs before moving into the home. People told us staff were good and could support them well. Staff received regular training and supervision to ensure they had the right skills to support people.

People had enough to eat and drink. The building was accessible, and people could navigate their way around it well.

People liked the staff who supported them, and staff were observed to be kind and caring. People's privacy and dignity was respected. Staff were non-discriminatory and respected people as individuals.

People received person centred care and were involved in the planning and delivery of their care. People's communication needs were documented clearly. People were supported to do activities of their choice and to attend places of worship. Trips abroad were encouraged and supported by the service.

The service had a registered manager who was visible and involved in peoples' care. People and staff spoke highly of the registered manager.

The registered manager regularly audited the service and sought the views of people, relatives, staff and professionals to improve the service.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 ●

Residential Care Home

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

The inspection was carried out by one inspector.

Service and service type

Residential Care Home is a 'care home'. 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.

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and two support workers.

We reviewed a range of records. This included three people's care records and their medicine 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 policies and procedures were reviewed.

After the inspection

We contacted a relative to seek their feedback of the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted the local borough who commissions care with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely.
- At our last inspection the service provided people with medicine on an as required basis (PRN) without having a PRN protocol in place and a recommendation was given. During this inspection we saw evidence of a PRN protocol which provided guidance to staff on the circumstances when people should be supported to receive PRN medicines. A member of staff said, "I need to ask first if [person] is in any pain before I give them paracetamol."
- Staff told us how they ensured the risk of medicine errors was minimised. A member of staff said, "We give each medicine one at a time, concentrate on that to avoid mistakes."
- Staff received training in the safe administration of medicines and had their competency checked by the registered manager.
- Medicines were stored safely and securely and where people visited family an accurate stock of medicines taken out of the service was recorded and checked upon return.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained in safeguarding and understood their responsibilities in this area, which included identifying and reporting allegations abuse.
- Staff told us they would blow the whistle to the provider, local authority, CQC or police if they observed poor practice and no action was being taken by the registered manager. A member of staff said, "If I saw [poor care] I would have to raise it, I cannot compromise their [people's] care." Another member of staff said, "I have to put a stop to it [poor practice] and tell [registered manager]."
- The service had a safeguarding and whistleblowing policy and staff knew where to access it if they needed to.

Assessing risk, safety monitoring and management

- Staff at the service kept people safe from avoidable harm.
- People told us they felt safe at the service. One person said, "Yes, I feel safe living here, staff keep me safe in my bedroom." Another person nodded their head when asked if they felt safe living at the service. A relative told us their family member was kept safe.
- Staff told us they observed people throughout the day to keep them safe. A member of staff said, "I need to keep an eye out and check on them."
- People had appropriate risk assessments to help reduce the risk of harm. A member of staff gave an example of someone they supported with epilepsy. They said, "[Person] has epilepsy, it can happen anytime. Everything we need to do is written in the care plan and risk assessment. We have to make sure he

is sitting upright so he can breathe." This showed staff were aware of the risk and how to minimise any potential harm.

- The provider had completed risk assessments in other areas such as; falls, using a shower chair, self-harm and oral care.
- Health and safety checks had been carried out around the service to ensure a safe environment for people living there.

Staffing and recruitment

- The provider followed safe recruitment procedures when employing new staff to the service.
- Records confirmed staff had completed an application form with their previous experience and any relevant qualifications and references, Criminal records checks from the disclosure and barring service were obtained.
- There were enough staff to support people's needs at the service. However, the registered manager and staff advised during the night the need for a sleep in member of staff had changed and now a member of staff needed to be awake to provide safe care. Due to the registered manager's assessment, a member of staff was awake during the night to ensure people's needs were met and kept safe. The request to place a permanent waking night staff had been sent to the local authority and was currently under review.

Preventing and controlling infection

- The risk and spread of infection was minimised within the service.
- The service was clean and free from any malodour. A relative said, "The place is spotless, always someone cleaning."
- Staff followed good infection control practices and received infection control training. They used separate mops to clean different areas in the service.
- Staff washed their hands regularly before preparing food and drinks.

Learning lessons when things go wrong

- There were systems in place for the provider to learn from accidents and incidents at the service.
- The registered manager advised a meeting would take place with staff to discuss what had gone wrong and how it could be prevented in future. If staff needed to be retrained this would be arranged by the provider.
- A member of staff said, "We have to record all accidents and incidents in the book, first thing I check when I come on shift is whether there have been any 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had an initial assessment of their needs to ensure the service could support them.
- Assessments covered people's physical and mental health, social needs, level of independence and outcomes they wished to achieve. People and their relatives were involved in this process.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained regularly and had the skills to do the job.
- People told us the staff were good at their jobs and knew what they were doing. A relative told us staff had good skills to support their family member.
- Records confirmed staff received an induction and extensive training to give them knowledge and understanding to support the individual needs of people living at the service.
- Staff told us they received regular supervision with the registered manager and it was effective. Appraisals were carried out when they were due and were used as a means to review the work progress and performance of staff. A member of staff said, "I feel very supported, I get supervision and can go to [registered manager] when I need her."

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

- People were supported to have enough to eat and drink.
- We observed staff offer people fluids of choice during the inspection and a choice of meal for their lunch. A member of staff told us each person chose different things and we could see that this was fulfilled.
- A relative said, the food is lovely, I know [person] gets a choice they will tell the staff. Sometimes [person] may just want a sandwich, and staff get that for him."
- People chose where they wanted to eat their meals. Some people had gone out for the day and ate meals outside of the service.
- Fresh fruit was readily available for people at the service. One person said, "Yeah, I can get fruit when I want."

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

- People living at the service were supported to access health support from appropriate health professionals.
- Records confirmed people attended healthcare appointments when they were unwell and received

regular health screening from their GP and other health professionals. Staff documented the type of appointment attended and the outcome achieved for people.

- A member of staff said, "I ask do you want me to make an appointment at the GP? If [person] feels unwell I will make an appointment for them, we can't predict their health so I have to let their GP know."
- Staff received oral health training and people at the service were supported to attend the dentist to maintain good oral hygiene.

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

- People lived in a home that had been adapted to meet their needs.
- The home was accessible with ramps leading out from the ground floor to enable people who used wheelchairs to enter and exit the service safely.
- People's bedrooms were personalised and they had displayed personal items of their choice.

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.

- People were supported by staff who understand the principles of the MCA and to encourage choice and support decision making as much as possible.
- The registered manager understood their responsibilities under the MCA and held 'best interest' meetings for people in the service. Records showed the registered manager knew how to apply for DoLS restrictions where necessary. People with DoLS did not have any conditions applied.
- Staff told us they asked for people's consent to provide care before offering support. A member of staff said, "I go to (person) and say 'good morning' it's time to bath if (person) refuses, I can't force them we need their consent."

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 at the service received care and support from kind and respectful staff.
- A member of staff told us , "I love the people here and love caring for them." The same member of staff said, "We have a laugh and a joke with them [people using the service], I build a rapport with them so its not difficult to relate to them."
- A relative said of the staff, "They are really caring, so nice. I wouldn't want [person] to go anywhere else."
- People were supported by staff and a registered manager who were non- discriminatory and respected people as individuals. They told us that people would be welcome at the service and would not be treated differently because of their sexual orientation, disability or gender.
- Staff told us they received equality and diversity training and the principles of inclusion were demonstrated by staff in how they showed respect to people and their different backgrounds.

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

- People told us they were able to express their views at the service.
- People's care plans showed evidence of being involved in making decisions about their care through discussions with staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff at the service.
- During personal care staff told us they ensured bathroom and bedroom doors were closed to protect people's dignity.
- People's independence was encouraged, people told us they were supported to do their own laundry. The registered manager also told us one person had gone to work at a volunteering job for a few hours which was something they had wanted to do and gave them independence.
- Staff at the service respected people's confidentiality and did not discuss people's personal information outside the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care that was personalised and gave them choices in how to receive care.
- People were involved in the care planning process with their relatives and a named key worker (a key worker is a member of staff who takes the lead in coordinating care for a person.)
- A relative confirmed they were kept informed about changes to their family member's care needs. Records showed care plans were regularly reviewed and staff told us they were given protected time to read updates about people's care needs.
- Care plans contained people's personal history, likes and dislikes and goals they wanted to achieve.

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 were supported to communicate in a format that met their needs.
- The service assessed people's communication needs when they joined the service to identify the level of support needed to express themselves. A member of staff told us how they supported a person to communicate instead of full verbal communication by writing down information and the person understood this and would complete the task.

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 at the service were able to take part in activities of their choice.
- A relative was pleased with the number of activities their family member was able to participate in. They said, "I know [Person] goes to art and crafts."
- People were supported to attend places of worship with staff and to enjoy cultural meals prepared by staff.
- Records confirmed a person had been supported to travel to visit family abroad, organised by the registered manager. This had made the person very happy to be able to travel back to their home country and to visit people important to them. The registered manager advised they were planning how they could further support another person travel abroad to a country of their choice.

Improving care quality in response to complaints or concerns

- People were able to raise concerns or complaints at the service in the confidence that they would be

listened to. One person said, "If I wasn't happy I would go and find the staff."

- At the time of this inspection no complaints had been raised and we checked the records to confirm this. A member of staff said, "If they [people using the service] come to me with a complaint I have to take it further."
- The registered manager told us they encouraged people to raise complaints as well as compliments to help the service to improve.

End of life care and support

- During this inspection no one required end of life support.
- Records confirmed the service explored and documented people's end of life wishes so the service could respect them.

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

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

- People were supported in caring and positive environment. People at the service were supported to be empowered in their care and achieve their goals.
- The registered manager said, "My door is always open, I'm willing to support my staff 100%. If they need me for physical, mental or emotional support I'm here."
- Staff told us they were actively encouraged to develop in their role and to gain further skills. The registered manager said to us, "I promote the staff, I give them all equal opportunity to develop. I have a perfect staff team, they help me."
- Staff spoke positively of the registered manager, one member of staff said, "She is very supportive, we are free to speak to her whenever we want."
- A relative said of the registered manager, "She is very nice and friendly. I can call up whenever I like to speak to them."

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 registered manager understood their responsibilities in relation to duty of candour. The registered manager said, "As the responsible person I have to look into it [the concern], I will investigate and take action. If I am unable to fix it, the police, local authority and CQC need to be involved. I will inform them."

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

- The registered manager had a clear vision for the service and had full support from the provider to achieve good outcomes for people.
- The registered manager had quality assurance systems in place. They used them to monitor the quality of the service and make improvements as needed.
- The registered manager completed the following audits; staff competency check, unannounced spot checks, control substances that are hazardous to health check and finance audits.
- The registered manager provided an example of how they were proactive in reviewing care and ensuring people using their service had their risks minimised. They told us they had performed a care review for a person using the service and this identified the need for a member of staff during the night to provide extra

support.

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

- The service sought feedback from people who used the service through resident meetings, one to one meetings with their key worker and surveys.
- The service used questionnaires for people in an accessible format by using pictorial faces for people to use. People had used smiley faces to show they were happy with the service.
- The registered manager used information from surveys to improve care for people.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff regularly received training to update themselves.
- The registered manager advised they liked to stay updated with current practices in adult social care, for example the registered manager had managed to obtain latest technology for testing blood sugar for people with diabetes.
- The registered manager informed us they worked in partnership with health professionals and records confirmed this. The registered manager told us they read adult social care publications and attended provider forums to stay up to date and share best practice. They said, "Any information I get, I share with staff."