

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?

Good ●

Summary of findings

Overall summary

This unannounced inspection of Santa Care took place on the 10 March 2016. At our last inspection on 11 September 2014 the service met the regulations inspected.

Santa Care is registered to provide accommodation and personal care for four adults. The home provides care for people who have a learning disability and/or mental health needs. The home is owned and managed by Santa Bapoo, an individual who owns two other care homes in North West London. There is no requirement for a separate registered manager. On the day of our visit there were four people living in the home. Public transport and a range of shops are located within walking distance.

People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People told us staff were kind to them. People's privacy and dignity were respected.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm.

Care plans were personalised and reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required. People had the opportunity to participate in a range of activities of their choice.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was maintained and promoted. People were provided with the support they needed to maintain links with their family and friends.

People were supported to maintain good health and their well-being was promoted. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. People were provided with a choice of food and drink which met their preferences and dietary needs.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

People had opportunities to feedback about the service. There were systems in place to regularly assess, monitor and improve the quality of the services provided for 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. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good ●

The service was caring. Staff were kind and provided people with the care and support they needed. Staff respected people and involved people in decisions about their care. People's independence was encouraged and supported.

Staff understood people's individual needs and respected their

right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. People received personalised care.

People were supported to take part in a range of recreational activities.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service, relatives and staff informed us the provider was approachable, listened to them and kept them informed about the service and of any changes.

People were asked for their views of the service and had the opportunity to provide feedback about the service during residents' meetings and issues raised were addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

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 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.

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. During the inspection we looked at the Provider Information Return [PIR] which the provider completed before the inspection. The PIR 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 PIR was discussed with the provider during the inspection.

Some people using the service were able to tell us in detail about what they thought about the service. Others were less able to describe their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

During the inspection we spoke with the provider, a community nurse, a senior care worker, and two care workers. Prior to the inspection we spoke with a social care professional. Following the inspection we spoke with two relatives of people using the service.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; a local authority quality monitoring report, care files of four people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. When we asked a person if they felt safe living in the home they said "Yes, I am safe here." Relatives of people told us that they had no concerns about people's safety. A person's relative told us "[Person] is safe, I don't worry about [Person]. There are never any problems." A person using the service told us they would tell staff if they felt unsafe or were worried about anything.

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. The contact details of the host local authority safeguarding team were displayed in the home. Care workers were able to describe different kinds of abuse and were aware of whistleblowing procedures. They told us they would immediately report any concerns or suspicions of abuse to the provider and were confident that any safeguarding concerns would be addressed appropriately by her. Care workers informed us they had received training about safeguarding people and training records confirmed this.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Care workers told us staffing levels were adjusted to meet people's specific needs, such as when people attended health appointments, went on outings and holidays. A care worker told us "We have extra staff when needed." We found sufficient staff were deployed during the inspection to meet people's needs including supporting them to participate in a range of activities.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments were personalised and had been reviewed and updated regularly. Risk assessments included risk management plans for a selection of areas including; falls, fire, use of the stairs and behaviour that challenged the service. It was not clear from risk assessment records whether people were aware of their risk assessments. The provider told us she would discuss with each person their personal risk assessments and ask them to sign that they had read and understood them.

A general fire risk assessment and individual fire safety risk assessments were in place and were regularly reviewed. The provider told us about the action she had taken to address issues found during an inspection carried out by the London Fire Service in July 2015. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Regular fire drills that included participation from people using the service took place.

People received a range of support from the service with the management of their monies. The individual support people needed with their finances was described in each person's care plan. We saw appropriate

records were maintained of people's finances including their spending. To reduce the risk of financial abuse staff carried out regular checks of people's monies. The provider told us these checks included checking receipts of all purchases as well as the balance of each person's cash that was kept in the home. She also informed us that an external auditor checked annually people's finances including their financial records.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

People's medicines were stored in a locked filing cabinet. The provider informed us that this was a temporary arrangement as the medicine cupboard had recently been damaged and was not appropriate for the storage of medicines. We discussed with the provider the suitable storage of people's medicines and on the day following the inspection the provider provided us with records that showed she had purchased a new medicine cabinet.

Records of medicines received by the home and returned to the pharmacist were maintained. A medicines policy which included procedures for the safe handling of medicines was available. People had a specific care plan relating to the management and administration of their medicines. Medicines administration records [MAR] showed that people received the medicines they were prescribed. Care workers administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed staff had received medicines training however; written staff medicines competency assessments were not available. The provider told us about the 'in house' medicine assessments she carried out before staff administered medicines and showed us an example of a written medicine competency assessment that she had recently developed. She told us she would ensure each member of staff completed this record to show how they had been assessed as competent to administer medicines to people safely. We found there was accessible information leaflets about each person's medicines. The provider informed us she would make sure staff also had access to a pharmaceutical reference book where they could look up medicines they were not familiar with.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves. Guidance about washing hands was displayed. A person's relative told us they had recently visited the home and had found it to be "Spotless."

Is the service effective?

Our findings

People told us they received the care and support they needed from staff. Relatives of people told us that they felt staff were competent and knew people well. A relative of a person told us that most staff had worked in the home for several years and were familiar with people's needs. They said "[Person] is in good hands." Care workers spoke in a positive manner about their experiences of working in the home caring and supporting people. They were very knowledgeable about the needs of the people using the service.

Care workers told us they received the training they needed to provide people with effective care and support. They informed us when they started working in the home they had received an induction, which included learning about the organisation, policies and procedures and people's needs so they knew what was expected of them when carrying out their role in providing people with the care they needed. During the inspection the provider spent time with a new member of staff informing them about several aspects of the service as part of their induction. The provider told us that she was recruiting a member of staff who had received training about the induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers. The provider told us that new care workers would complete this induction as well as the current 'in-house' induction.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, fire safety, food safety, health and safety, and Mental Capacity Act 2005 [MCA]/Deprivation of Liberty safeguards [DoLS]. Staff had also received training in other relevant areas including; challenging behaviour, learning disabilities, epilepsy and diabetes. Care workers had completed or were in the process of completing vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this. Care workers were positive about the training they received, and confirmed they regularly had refresher training in several essential areas including, fire safety and safeguarding adults.

Care workers told us they felt well supported by the provider. Staff told us and records showed that staff regularly had the opportunity to meet with the provider during individual and group meetings to monitor their performance, identify their learning and development needs, and discuss people's needs and other areas of the service. Records showed a range of topics including; handling people's money, team work, medicines, understanding roles and responsibilities had been discussed during supervision meetings.

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. The provider and care workers were aware of the requirements of MCA and DoLS. MCA is legislation to protect people who are unable to make one or more decisions for themselves. Care plans showed that people had received assessment of their capacity to make certain decisions to do with their day to day lives such as managing their finances. The home had a MCA/DoLS policy. Staff knew what constituted restraint

and knew that a person's deprivation of liberty must be legally authorised. The provider informed us that no people using the service were subject to a DoLS authorisation at the time of our visit.

People's care plans showed they were supported to be involved in decisions about their care and treatment, and the decisions they made were respected. Care workers knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Records showed that an advocate had been involved in supporting a person with making a decision in their best interest about treatment for a medical condition. Each working shift care workers completed daily care notes about people's needs including their health so these needs were monitored closely.

Care workers were knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. Care workers told us they always asked people for their agreement before they assisted them with their personal care or with anything else. Records showed people had been asked for their consent to receive support from staff with their finances and their health.

Care workers knew about people's care plans which they told us they read. They told us they had a 'handover' at the end of each shift when they shared information about each person's current needs and progress. We heard a care worker talk with another care worker about the people using the service before they went off duty to make sure they were up to date with people's needs and knew how to provide them with the care and support they needed. A person using the service told us staff provided them with the support and assistance they needed. They told us "[Staff] are nice, I am happy here."

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Each person had an up to date health care plan, which included pictures to assist people using the service in understanding the information in the plan. Records showed people had access to a range of health professionals including; GPs, psychiatrists, opticians, dentists, physiotherapists and chiropodists to make sure they received effective healthcare and treatment. People spoke of attending health appointments. Records showed that people had seen a GP promptly when they had been ill.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Care workers we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. The provider told us that she would review and develop people's nutritional care plans to include more guidance and information about healthy eating, particularly with regard to people who had diabetic needs. People's weight was monitored closely. Care workers knew to report significant changes in people's weight to the provider.

People were very complimentary about the meals and told us they were provided with choice. A relative spoke very positively about the meals They told us the food was "Wonderful." They provided us with an example where a person's chosen meal had been included in the menu. Records showed weekly meetings with people using the service took place when people had the opportunity to tell staff about their meal preferences for the forthcoming week. Pictures of food items were available to assist people in making their menu choices. Records confirmed that people's food choices had been incorporated into the menu. Meals catered for people's varied preferences, dietary and cultural needs. Fresh ingredients were used. A person told us about the meals they enjoyed. They told us they had chosen their breakfast. We heard a care worker ask a person if they wanted to eat in the home or out in the local area, and the person's decision was accepted by the care worker. Some people chose to participate in preparing and cooking meals and/or snacks. A person told us they sometimes made a sandwich. A person made their own drinks during the

inspection.

Two people using the service showed us their which were personalised with items of their choice. They told us they were happy with their bedrooms and the environment of the home.

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and sensitive way. People approached staff and interacted with them in an assured manner. A person told us staff were kind and treated them well. Comments from people included "I am happy here," and "I like it here." Relatives of people spoke highly of the staff and the service provided to people. A relative told us "[Person] is well looked after and is happy."

Care workers told us that they knew people well. A care worker told us they had worked in the home for several years and had good understanding of each person's needs. Care plans included a detailed profile about each person to help staff understand their individual needs. Care workers told us they got to know each person by talking with them and staff, reading people's care plans and getting to know each person's individual verbal communication needs, and the other ways they communicated including by gestures, facial expressions and behaviour. People's communication and language needs were written in their care plan.

Care workers informed us they made sure they involved people fully in decisions about their care and other aspects of their lives. A person confirmed they were encouraged to make decisions and was happy with the care they received. During the inspection we heard staff offer people choices and respected the decisions people made. For example a care worker asked a person if they wanted to play a board game and respected the person's decision when they indicated that they preferred to watch television. A care worker told us "People have choice, we respect that." Staff spent time sitting talking with people.

Care workers and people's relatives told us people's independence was encouraged by staff supporting people to be involved in household tasks, respecting people's choice and staff supporting a person's decision to go out unaccompanied. Records confirmed this. People were also supported to develop their skills and knowledge, a person using the service showed us certificates they had received after completing training in a range of areas including health and safety and mental health.

Care workers told us they were happy working in the home, enjoyed supporting and caring for people using the service and worked well as a team. A care worker described the service as "We are like a family." During the inspection care workers encouraged and praised people.

Care workers understood people's right to privacy and we saw they treated people with dignity. The service had a confidentiality policy. Records showed this had been discussed with staff during their induction. Care workers had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's records were stored securely. Care workers asked people's permission before entering their bedrooms. We saw that when people decided to spend time alone in their bedroom their decision was respected. Staff told us people opened their own letters.

People were supported to maintain the relationships they wanted to have with friends, family and others

important to them. A person using the service spoke of a friend that they regularly saw. Other people told us about friends they saw at the day resource centre they attended and at other social events. The provider told us they had a significant amount of contact with people's relatives about people's needs. Records confirmed this. People's relatives told us they regularly visited people using the service. Records showed some people using the service visited their relatives.

Care plans included information about people's life history and their spiritual needs. Care workers were knowledgeable about people's religious needs. A person regularly attended a place of worship. Care plans showed that a person preferred not to attend a place of worship but enjoyed watching religious programmes on television.

Records, staff and people using the service confirmed a range of religious festivals as well as people's birthdays were celebrated by the service. A person spoke about a birthday party they had enjoyed and showed us some photographs of the occasion. Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. A care worker told us "We don't discriminate; we respect people's sexuality, race and gender. We treat people with dignity and respect."

Is the service responsive?

Our findings

People told us they were happy living in the home and with the range of activities they participated in. A person told "I like going out to the shops. I like to buy clothes." People confirmed they enjoyed going to the day resource centre where they participated in a range of activities and engaged with friends. A relative of a person told us that staff knew the person well. They told us "[Person] is in good hands."

The provider told us that before a person moved into the home information about the person's needs was obtained from health and/or social care professionals. An initial assessment was then carried out to determine if the service was able to meet the person's needs and to make sure they were compatible with people currently using the service. People's care plans were developed from the initial and on-going assessment of their needs. Care workers told us people's needs were assessed and monitored on a day to day basis. Records showed this.

People's care plans were individually personalised and identified where people needed support and guidance from staff. The care plan information was in written and picture format. The four care plans we looked at contained detailed information about each person's health, support and care needs and what was important to them. However, although a person had a care plan about their diabetic needs this included little information about the symptoms of diabetes and guidance staff should follow in response them. The provider told us she would ensure the care plan would be reviewed and updated to include that information. People's care plans were written in the first person and showed the person was central to and the focus of their plan of care. They described people's individual abilities. For example details of a person's communication needs included 'I talk very softly and quietly sometimes people find it hard to hear me. I don't enjoy long conversations; I sometimes will just walk away if I have had enough. People did not have a copy of their care plan. The provider told us that she would offer people a copy of their plan of care, so they could refer to it if they wished to do so without having to ask staff. Care workers we spoke with had a good understanding of people's needs and knew how to provide them with the care and support they needed.

People's individual choices and preferences were recorded in their care plan. Records showed people had signed their care plan. Care plans had been reviewed regularly with involvement from people and if applicable their relatives. People's relatives told us they felt fully involved in people's care and attended review meetings. Records showed that care plans were updated when people's needs changed for example following treatment for a medical condition. Care workers told us and records showed that staff consulted health and social care professionals for advice and support to make sure people's needs were met.

People told us and records showed they had the opportunity to participate in regular resident's meetings, which provided people with the chance to be informed about changes to the service and to enable them to be involved in matters to do with the service.

People's activity preferences were recorded in their care plan. People told us they participated in a range of activities including attending a day centre, watching television, listening to music, going to social clubs, shopping, going out for meals. During the inspection a person played dominoes and went out with staff.

Other people attended a day resource centre. Care workers we spoke with were knowledgeable about people's preferences and the type of activities they enjoyed. People spoke very positively about a holiday to a coastal resort they had enjoyed in 2015. A person showed us a souvenir that they had bought during a recent holiday.

People told us about the household tasks they participated in which included; laundering their clothes, shopping, cooking and tidying their rooms. We saw a person washed their cup and plate. We saw people chose whatever they wanted to do including relaxing in their bedroom and freely accessed areas of the home including their bedrooms and the kitchen. A person told us a hairdresser regularly visited the home and did the person's hair.

The service had a complaints policy and procedure for responding to and managing complaints. This was displayed in the home. Records showed that people were asked by staff during residents' meetings if they had any complaints about the service. Care workers knew they needed to take all complaints seriously and report them to the provider. People's relatives told us they had no concerns or complaints about the service. No complaints had been recorded for several years. This was discussed with the provider who told us she would look at ways of developing and improving the documenting of day to day concerns that people may raise and to show these issues were addressed in line with the complaints procedure. A person using the service told us they would speak to staff if they had a worry or concern about anything.

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the home. People's relatives and staff were positive about the service and the way it was run. A person told us "I like it here." A relative of a person said "It [the home] is very well run."

The provider spent several hours each week working in the home. She told us she had contact with the home every day and could be contacted at any time by staff for advice and support. Care workers we spoke with confirmed this. The provider told us she spoke with people and staff during her visits to the home and welcomed people's feedback about the service. We saw the provider engage in a positive manner with people using the service. People using the service approached the provider and care workers without hesitation.

Staff meetings, provided staff with the opportunity to receive information about the service, be informed about any changes and to discuss the service with the provider. Care workers told us they were kept well informed and were confident the provider would listen to them and address any matters they raised about the service. Records showed that best practice issues about people using the service, recording of medicines, training, food safety, health and safety and supporting people with everyday living skills had been discussed during staff meetings.

People had the opportunity to participate in regular meetings where they contributed to the development of the menu by providing information about their meal preferences, and provided suggestions for activities and holidays. They also provided feedback about the staff and other aspects of the service. People and their relatives participated in the regular reviews of people's care.

Records showed satisfaction surveys had been completed by people using the service, people's relatives, staff and a health professional. Results of this feedback showed people were satisfied with the service. A person's relative told us they had regular contact with the home and communication with the staff including the provider was good. The provider told us and records showed staff had frequent contact by phone and email with people's family members.

A range of records including people's records, visitor's book, communication logs, health records for individuals showed that the organisation liaised with a range of professionals to provide people with the service that they needed. Social care professionals attended people's care plan reviews and carried out monitoring visits. The provider told us about the action she had taken in response to a quality check carried out by the host local authority in 2015. Feedback from a social care professional and a health care professional was positive about the service.

Care workers knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

Staff carried out a range of checks to monitor the quality of the service. These included checks of the

environment, medicines, fridge/freezer temperatures, hot water checks, health and safety audits and checks of people's finances. A check of the food safety had been recently carried out by the Food Standards Agency. They had rated the service rating as generally satisfactory.