

Saffronland Homes 1 Limited

Mundania

Inspection report

2 Mundania Road
London
SE22 0NG

Tel: 02380270310
Website: www.saffronlandhomes.com

Date of inspection visit:
09 January 2020

Date of publication:
12 February 2020

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

The building is a five-bedroom residential property with a lounge, kitchen and dining area as well as a garden. 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

Mundania provides accommodation and support to up to five people with a learning disability. At the time of our inspection four people were using the service.

The provider had identified and appropriately mitigated risks to people's health and safety. There were clear systems in place for the identification, reporting and investigation of allegations of abuse. There were enough suitably qualified and appropriately vetted staff to work with people. People were given appropriate support with their medicines by staff who had received annual training, however their competencies were not checked every year. The home was clean and tidy on the day of our inspection and the provider had appropriate systems in place to prevent the risk of infection. There were clear systems in place to deal with accidents and incidents.

Staff were supported to do their roles. People were given the support they needed with their health and nutrition. The home was appropriately designed and decorated to meet people's needs. The provider was not always following best practise guidance as staff were not always receiving medicines administration competency assessments.

People's care was planned to ensure their needs and preferences were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's cultural and religious needs were met and they were supported to express their views. People's privacy and dignity was respected and promoted and people were encouraged to be as independent as they wanted to be.

The provider had detailed communication care plans in place and effectively communicated with people. The provider was meeting the requirements of the Accessible Information Standards (AIS) and was able to provide information to people in different formats when needed. People's recreational needs were met and there was a clear complaints and end of life care policy and procedure in place.

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.

People and their relatives gave good feedback about the care workers as well as the quality of the service. The registered manager and other members of staff understood their responsibilities. The quality of care was effectively monitored.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with us on 11 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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 ●

Mundania

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

Mundania 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the last inspection report which was under a different provider along with notifications received. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and two care workers. We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment and staff supervision. We also

reviewed a variety of records relating to the management of the service, including quality monitoring documents. We spoke with two people using the service during our inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives and one professional.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems in place for the reporting and investigation of abuse. People told us they felt safe with their staff and there had not been any concerns. One person told us "They keep me safe."
- Care workers had received training in safeguarding adults and understood the signs of abuse and what they were supposed to do if they thought someone was being abused. One care worker told us "Safeguarding is a priority for us. I'm always worrying about this area and thinking about it. As far as I've seen, nobody has been abused here- I haven't noticed anything wrong, but I will keep closely checking."
- The provider had a clear safeguarding policy and procedure in place. This stipulated the provider's responsibilities to investigate and report any concerns. People had clear systems in place for managing their finances to mitigate the risk of financial abuse. People had relatives who had been legally appointed to manage their finances and all transactions were clearly documented. At the time of our inspection, there had been no safeguarding incidents at the service.

Assessing risk, safety monitoring and management

- The provider appropriately identified and mitigated risks to people's health and safety. We saw people had clear risk assessments in place which related to different activities of their daily living as well as any issues related to their physical and mental health. For example, we saw risk assessments which related to risks associated with their going out shopping or to do with behaviours that challenged the service. Where risks were identified, there were clear details about the level of risk as well as clear risk management guidelines for care workers to follow.
- People had clear PEEPs in place for to maintain their safety. A PEEP is a Personal Emergency Evacuation Plan. It is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided. We saw these included details about their awareness of dangers as well as the amount of assistance they required in the event of an emergency.
- Care workers demonstrated a good level of understanding of the risks involved in caring for people. They gave us examples of people's behaviours and how they managed these in different situations. For example, one care worker told us "As support workers we look at the health and safety of clients. If we are supporting with personal care, we need to check if the environment is safe, is the water too hot? We ask ourselves these things."

Staffing and recruitment

- The provider ensured there were enough staff working to support people. At the time of our inspection we saw each person was supported by one care worker in accordance with their care plan. People's rotas also showed there were enough staff scheduled to support them.
- Care workers told us there were enough staff available to support people and people agreed with this. One

care worker told us "There are enough staff for everyone."

- The provider conducted appropriate pre-employment checks before allowing staff to work with people. We reviewed two staff files and saw they contained evidence of two references, a full employment history, people's right to work in the UK as well as a criminal record check.

Using medicines safely

- The provider ensured people's medicines were managed safely. People had clear medicines care plans in place which included details of the medicines they were taking, what they were for, the level of support they needed, the method of administration as well as the dosage and times they were required. Care staff filled in Medicine Administration Records (MARs) after administration and we saw these were fully completed.
- Staff told us and records confirmed they received annual training in medicines administration, but the provider was only conducting competency assessments as part of their induction or where an issue had been identified.

We recommend the provider reviews best practice guidance in relation to the frequency of staff competency checks.

- Care workers understood the correct procedure to follow when administering medicines to people and understood the importance of clear record-keeping and reporting any concerns. The provider had a clear medicines administration policy and procedure in place.

Preventing and controlling infection

- The provider took appropriate action to prevent the risk of infection. On the day of our inspection, the home was visibly clean. People told us the home was always clean and tidy and there were procedures in place for daily cleaning to take place.
- Staff received infection control training on an annual basis and understood their responsibilities to maintain cleanliness within the home. One care worker told us "We disinfect the premises, we have everything we need. We use gloves."
- The provider had a clear infection control policy and procedure in place which stipulated their responsibilities.

Learning lessons when things go wrong

- The provider had systems in place for managing accidents and incidents. One person's behaviours was being closely monitored with healthcare professionals and all incidents that were related to their behaviour was recorded and reported to their social worker, psychiatrist and other professionals in order to develop appropriate risk management guidelines. Care workers had a good level of knowledge about the progression of the person's needs as well as how they managed this.
- The provider had a clear policy and procedure in place which detailed their responsibilities to report and investigate accidents and 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider was not always following best practice guidance as staff were not receiving annual medicines competency assessments. However, the provider was otherwise ensuring care was delivered in line with current standards and the law as there were clear policies and procedures which were updated to reflect this.
- The provider conducted regular assessments of people's needs and choices to ensure they were delivering the care people needed. Quarterly reviews were conducted and where changes were identified, people's care plans were updated. For example, we identified changes that had been made to one person's behavioural care plan.

Staff support: induction, training, skills and experience

- Staff were given the support they needed to do their roles. The provider delivered an induction which followed the principles of the Care Certificate to staff before they started working with people. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Care workers received quarterly supervision sessions with the registered manager as well as annual appraisals. Records included details of training and development needs as well as feedback from care workers about any issues they had. Care workers confirmed they received the support they needed to do their roles.
- The provider ensured staff received annual training in numerous areas. This included safeguarding adults, medicines administration and first aid among others. Care workers confirmed they found the training useful. One care worker told us "We get a lot of training. Even when we're not working we still have to come to do training and we get paid for it."

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

- The provider effectively supported people with their nutritional needs. People were asked if they had any particular allergies or nutritional needs and at the time of our inspection, nobody did. However, people's care plans contained detailed information about the level of support they needed to prepare their meals as well as their likes and dislikes in relation to food.
- The provider supported people to meet their individual preferences by discussing their meal choices in residents' meetings and assisting them to prepare the food of their choice. One care worker told us "We discuss food at service user meetings and we ask them what they would like."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The provider worked effectively with other agencies to provide consistent and timely care. At the time of our inspection, the provider was working closely with multi-disciplinary professionals in relation to one person's behavioural needs and we saw detailed records of communication between all parties.
- Each person also had a hospital passport in place for assisting the transfer of communication to professionals if people had to go to hospital. A hospital passport is a document which contains information about appropriate means of communication, support needs and wishes, which has been created for health professionals to best communicate and make appropriate decisions about people's care.
- People's healthcare needs were clearly identified within their care plans. Each person had detailed care records which stated whether they had any particular conditions and how these manifested. Care workers understood people's conditions as well as how they effected their care needs.

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

- The home was appropriately designed and decorated to meet people's needs. We saw the home was spacious, pleasantly decorate and easy to navigate for people.

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.

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. We found the provider had clear DoLS authorisations in place and conditions were being met.

- Each person using the service had a DoLS in place. We saw these were in date, all conditions were being met and there was a tracker in place for the registered manager to ensure these were re-applied for when needed. The provider conducted mental capacity assessments to support people to make individual decisions where necessary and a best interest process was followed for these.
- Care workers understood the importance of getting people's consent before providing them with care. One care worker told us "We always ask for permission before we help people. We would never do anything that people don't want."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well treated and supported. One person told us staff were "very nice" and one person's relative told us their family member was "treated well." We observed people appeared to be comfortable around staff and they approached them in a familiar way.
- People's equality and diversity was respected and promoted. People's care records included details of whether they had any particular cultural or religious needs. At the time of our inspection one person using the service had expressed particular cultural requirements in relation to their food. Staff understood their cultural needs and ensured these were met.

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

- People were supported to express their views and be involved in decisions about their care. Care workers told us they consulted people in relation to their daily care needs and throughout the inspection we saw staff asking people about their preferences in relation to food and drinks.
- People's relatives told us they were consulted about their family member's support plans and they were invited to review meetings. People's care plans included detailed information about their individual needs and staff confirmed these details had been obtained through getting to know people's preferences by working with them closely.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. People's relatives told us their family member's privacy and dignity was met and we observed staff speaking to people respectfully. One relative told us "They seem to be respectful."
- Care workers gave us examples of how they supported people in a dignified way. One care worker told us "You can't just barge into people's rooms- we always knock and ask if we can come in" and another care worker told us that when giving personal care "We make sure that people have their robes about them and the door is closed. We explain to them what we are going to do and we make sure they are ok with it. If they want us to come back later, we will do this."
- The provider supported people to be as independent as they wanted to be. People's care records included information about what they were able to do for themselves and the areas in which they required further support. We observed staff supporting people with tasks in the kitchen area and encouraging them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned to ensure their individual needs and preferences were met. The provider sought information before people started using the service by speaking to them, their families and any professionals already involved in their care. They used this information to produce a comprehensive care plan.
- People's care plans were detailed and included information about their preferences in relation to different areas of their lives. This included their physical and emotional needs.

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.

- The provider met people's communication needs and met the requirements of the AIS. We saw documents were produced in an easy read format for people and the registered manager confirmed that they took the time to explain things to people to ensure they understood.
- People's records included a comprehensive communication care plan. This included information about how people expressed their emotions as well as advice for how care workers could communicate with people. We read that people used a combination of gestures, Makaton and verbalisation to communicate their needs.
- Care workers knew how to communicate with people. We observed care workers interacting with people effectively and they were able to describe people's individual styles to us. One care worker told us "We have learned to understand how people communicate. We know each other really well now."

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

- The provider supported people to meet their social needs. We saw people had individual activities timetables in place which reflected their individual needs. These included different types of activities such as gardening, painting and attending a day centre. One person had a specific activity that had been designed for them by their speech and language therapist.
- Care workers knew people's interests and ensured they participated in activities of their choosing. We saw people were away from the home on the day of our inspection attending activities. One care worker told us "We find out what they like doing- it's in their care plans. Every week we've got things planned. We take them

to those activities if they are able to go."

Improving care quality in response to complaints or concerns

- The provider had clear systems in place to investigate and appropriately respond to complaints. At the time of our inspection, the provider had not received any complaints, but people's relatives confirmed they knew who to complain to if needed and would not hesitate to do so.

End of life care and support

- The provider had a clear end of life policy and procedure in place. At the time of our inspection, nobody using the service was at the end of their life. However, systems were in place to manage their needs, if required and the registered manager confirmed they would work with other organisations to deliver the care people needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider created a positive culture that achieved good outcomes for people. People's relatives told us this was a good quality service and their family member was settled. One relative told us "It is a good service."
- Care workers told us they felt valued working for the provider and they gave good feedback about the registered manager. One care worker told us "The manager is very approachable. He has helped quite a lot of staff to develop in their roles."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and took appropriate action to meet this. Notifications of significant events were sent to the CQC as required. The provider had clear processes for investigating and reporting when things went wrong.

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

- The registered manager and other staff understood their responsibilities. The registered manager had clear processes in place to meet regulatory requirements, including identifying and mitigating risks and assessing the quality of the service. Tasks were delegated appropriately and the registered manager had clear oversight in ensuring these were completed in a timely manner.
- Care workers understood their roles. They gave us examples of their responsibilities and told us these were made clear to them when they first applied for their roles. We reviewed job descriptions and saw they confirmed care workers understanding of their roles.

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

- The provider engaged and involved people who used the service and staff. Annual surveys were sent to people, their relatives and staff to obtain their feedback about the quality of the service. We reviewed a sample of surveys and found they reflected positively on the care provided. The registered manager confirmed that if there were any issues, he would manage these individually.
- The provider conducted weekly residents meeting to communicate directly with people about matters that effected the home. This included activities and food among other matters.

Continuous learning and improving care

- The provider monitored the quality of the service to improve the care provided. Numerous audits were conducted which included medicines, financial and kitchen audits. The manager also completed a comprehensive monthly manager's report which reported on numerous issues including the quality of care records. We reviewed a sample of audits and saw they did not contain any issues.

Working in partnership with others

- The provider worked in partnership with other organisations to ensure people's needs were met. We saw evidence of joint working in communications within people's files. This included mental health teams, speech and language therapy and people's social workers.