

Mr & Mrs R F Williams

Saffrons Care Home

Inspection report

Saffrons Care Home
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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 comprehensive inspection took place on 19 November 2016. This was the first time the service had been inspected under the current registration.

Saffrons Care Home is a care home which provides care and support for up to 20 predominantly older people. At the time of the inspection there were 17 people living at the service. Some of these people were living with dementia. The service is in a residential area of Eastbourne but close to the town centre. The accommodation is spread across three floors serviced by a passenger lift. There were two lounge areas where people could choose to spend their time.

The service had a registered manager in post who was also one of the two registered providers. Day to day management of the service was carried out by the registered manager supported by the other registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to help ensure people's health and social needs were met. Staff were effectively deployed across the service and people's needs were met in a timely manner. Staff were friendly and compassionate in their approach to people. People commented; "Lovely staff, very caring and patient" and "The staff have been very helpful and are always around. You don't have to wait long if you need them."

Risk assessments were in place with information to guide staff on how to protect people from any identified risk. We observed staff supporting people in a safe way when they were helping to move them from their chair to a wheelchair. People's assessments were reviewed and updated regularly to help ensure they reflected their changing needs.

People told us they received their medicines as prescribed. The system for storing medicines was safe but under review. The registered manager had ordered a medicines trolley and medicines fridge to ensure the storage of medicines was robust. While the recording of medicines which required stricter controls was accurate, the record book was not a bound ledger. We have made a recommendation to the provider to obtain a more robust ledger as advised by the National Institute for Health and Care Excellence (NICE).

Staff received an induction into their role when they started working at the service. Training was refreshed and staff told us it was effective. Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure staff were suitable to work in the care sector.

People were protected from the risk of abuse because staff had a good understanding of the potential signs of abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Staff supported people to be involved in and make decisions about their daily lives. People chose where they spent their time, when they got up and when they went to bed. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Care plans were well organised and contained information covering all aspects of people's health and social care needs. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

People were able to take part in a range of activities of their choice. Entertainers visited the service as well as people giving talks on different topics. Where people wanted to stay in their rooms this was respected by staff.

There were a variety of methods in use to assess and monitor the quality of the service. These included satisfaction surveys for people using the service and their relatives. Overall satisfaction with the service was seen to be positive and results of the most recent survey were available for people to view at various entry points to the service.

People using the service and visitors all described the management of the service as open and approachable and thought people received a good service. Relatives told us, "We chose this home because we had heard really good reports about it and we have not been disappointed" and "It's run in a way which is homely. We always feel welcomed when we visit".

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff had received training in how to recognise and report the signs of abuse.

The management and administration of medicines were safe.

Is the service effective?

Good ●

The service was effective. People had access to health professionals when they needed to so their health needs were met.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Training identified as necessary for the service was updated regularly.

Is the service caring?

Good ●

The service was caring. Staff were friendly and compassionate in their approach to people.

People's privacy and dignity was protected.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

There were opportunities for people to take part in organised activities.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good ●

The service was well-led. There were clear lines of accountability and responsibility within the service.

There were systems in place for gathering the views of people and their relatives.

Saffrons Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 19 November 2016. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people who lived at the service. Not everyone was able to give us their verbal views of the care and support they received due to their health needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who had a limited ability to with us. We looked around the premises and observed care practices.

We spoke with the registered manager, the provider, four members of staff, four relatives and a visitor. We looked at care documentation for three people living at the service, medicines records, three staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living Saffrons Care Home and with the staff who supported them. One person said, "I do feel very safe living here. The girls (staff members) are always there when I need some help". Staff told us, "It's a lovely job. I love working here. Most of us have been here a long time. We have the time to spend with people when they need it most" and "The training we get helps make sure we are doing things right."

Medicine records were complete and accurate. Only staff who had received training were responsible for collating and receiving medicines into the home as well as managing the returns. There were suitable storage facilities for medicines to make sure they were stored safely. There were no creams prescribed for people at the time of the inspection. However, staff were aware of the need to ensure all creams were dated when opened. This meant staff would be aware of the expiry date of the item when the cream would no longer be safe to use. The service held medicines that required stricter controls by law. We checked the stock held against the records kept for one person and they tallied. While the recording of medicines which required stricter controls was accurate, the record book was not a bound ledger.

It is recommended the service uses a robust bounded ledger to record controlled medicines as recommended by the National Institute for Health and Care Excellence (NICE).

At the time of the inspection medicines requiring cold storage were being stored in the services main fridge. We discussed how these medicines were monitored in respect of temperature and how they were kept safe with the registered manager. The registered manager agreed the storage of these medicines would be improved if they were in a dedicated medicines fridge. The registered manager responded to this with immediate effect by ordering a medicines fridge for delivery to the service. This showed the manager took safe storage of medicines seriously and acted promptly to address and resolve any issues identified.

We observed a medicines round and saw people had their medicines administered sensitively. Staff stayed with the person until they had taken their medicines and ensured they had water or juice available.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff received safeguarding training as part of their initial induction and this was periodically updated. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

People and relatives told us there were enough staff to help ensure people's needs were met. During the inspection people's requests for assistance were met quickly. When a call bell was rung it was responded to quickly. Rotas showed there was a skills mix of staff on each shift. Care staff were supported by the registered manager. The previous two week rota showed the staffing levels identified as necessary for the service were routinely met. A relative commented; "There always seems to be plenty of staff on duty."

Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge

required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were risk assessments in place which identified risks and the measures in place to minimise risk. For example, additional observations were put in place to support a person following a series of falls, as well as guidance on the use of equipment to support people and further reduce the risks of falls. The assessments were specific to the care needs of the person. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example, one person's health needs had recently changed and a detailed assessment of risks associated with the person's new needs had been completed.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

There were systems in place to manage health and safety in the service. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. Service certificates were in place to make sure equipment and supply services including electricity and gas were kept safe.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. When talking with staff we found many had worked at the service for several years. One staff member said, "We (staff) are encouraged to do training whenever it comes up. Most of us have been here a long time and we all get to know everybody here really well. "

People were able to make choices about what they did in their day to day lives. For example, when they went to bed, got up, who they spent time with and their choice of food. There were no restrictions on how people chose to spend their time and people were free to move around the service as they wished. People told us, "I have everything I need in my room I do like to go to the lounge but then come back to my room in the afternoon" and "Staff come and check whether I need anything. Nothing is too much trouble for them and I feel I can make my own choices about what I do". A relative said, "All the staff have been excellent for (person's name). They know just what (person's name) likes and dislikes and what their routine is."

People had access to a range of healthcare professionals including doctors, district nurses, dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "We have a good relationship with the doctors and district nurses". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. A relative said, "They [staff] keep us informed of any changes in (person's name) health".

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the service's policies and procedures. Enrolling on a vocational health and social care course, designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff or 'buddy' until such a time as the worker felt confident to work alone. One recent employee told us; "I felt really supported when I started working here. The manager and staff were very good at making me feel part of a team."

Staff told us they felt supported by management and they received regular individual supervision. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role, responsibilities and talk about training opportunities. Staff also received annual performance appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period. Most people ate lunch in the main dining room, but others chose to eat their meals in the privacy of their own room and there were enough staff on duty to accommodate this. Lunchtime was a social event with people sitting together and sharing conversation. Tables were decorated with linen and seasoning pots were available. There was a choice of water or juices. There were enough staff to ensure those people who required some support received it. People were informed of the daily choice of meals on a notice board. People told us, "I like to eat here in my room. It's always a nice meal", "If the food is not what I like I ask for something different. We do get a choice" and "I like the home cooking. Everything is fresh."

The premises were pleasant and had been arranged to meet people's needs. There were quiet areas for people to relax in and more social sitting areas where we saw people chatting with each other, staff and visitors. People's bedrooms were personalised with items including furniture, pictures and ornaments which helped the service to have a familiar homely feel for people who lived there. A relative told us, "It's been wonderful (relative's name) has been able to bring so much with them. It has helped them settle in much more quickly."

Is the service caring?

Our findings

People told us they were happy living at Saffron care home. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. One person said, "All I can say is that the staff are very patient and caring. You never have to wait long if you ring the bell for attention". Relatives told us, "(Persons name) is very happy here. It's been the best move for (the person)" "They (staff) are very good. Do a good job". On the day of our inspection visit there was a calm and relaxed atmosphere in the service.

People were cared for by attentive and respectful staff. We observed staff showing patience and providing encouragement when supporting people. People's choices were respected and staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them. For example, a person wanted to move to another lounge area. Staff advised them there was more going on with in the main lounge, but respected the person's choice. People moved freely around the service without restriction. Staff were available to support people when they needed it. For example, throughout the morning period a staff member was available to people in the lounge area where people requested support with their care needs from time to time. A staff member said, "We make sure there is always staff around the lounge areas in case we are needed. A relative told us, "We (family) are confident (person's name) is very well cared for here and we have no concerns when we leave. That gives us peace of mind."

Staff were respectful and protected people's privacy and dignity. For example, when people were being supported to move around the service staff spoke with people in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. Staff knocked on people's doors and waiting to be invited in before they entered. People's bedroom doors were closed when care was being delivered. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

We observed staff spent time with people who lived at the Saffrons Care Home. During the day staff were not rushed and we witnessed examples of staff demonstrating a caring approach to situations. For example, during our SOFI observation one person was unsettled and looked anxious. A staff member who entered the lounge immediately took control of the situation. They sat with the person for a while taking time to provide comfort and reassurance. They then suggested having a drink which the person responded to positively.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge areas or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "We are always made to feel welcome and feel comfortable to visit at any time, there are no restrictions" and "We are told of everything that's going on and have been to parties and events here". Visitors told us the manager or staff always took time to speak with them and update them before they left the service. One visitor told us, "It makes us feel confident (person's name) is well cared for when I leave here".

Is the service responsive?

Our findings

People told us they felt their needs were being well met at Saffrons Care Home. One person told us, "Love living here. I can get up and go to bed when I choose. The staff know my routine" and "Staff have helped me when I was ill. They got the doctor and reassured me everything was going to be alright. I couldn't ask for more than that". A relative told us, "They (staff) keep us up to date about any changes in (person name) health. We have a lot of confidence in the staff".

People who wished to move into Saffrons care home had their needs assessed prior to moving in. This helped ensure the service was able to meet people's needs and expectations. The registered manager and staff were knowledgeable about people's needs. The registered manager carried out all pre admission assessments whilst liaising with other health and social care professionals. Their decisions about any new admissions were made by balancing the needs of any new person with the needs of the people already living at Saffrons care home.

Care plans were detailed and informative. The files contained information on a range of aspects of people's support needs including mobility, daily routines, mental health and medicines. The information was well organised and easy for staff to find. People's needs were identified and there was clear guidance for staff on how to support the person well and in line with their needs and preferences. The care plans were regularly reviewed and updated to help ensure they were accurate and relevant. Staff told us they found the care plans useful and informative. Relatives told us they had been involved in the development of care plans and information specific to their family member's needs, was sought out and included.

Staff demonstrated an in-depth knowledge of people's individual needs and preferences and we observed people being supported in line with their care plan. There were systems in place to help ensure staff were up to date with any change in people's needs. There was a staff handover meeting at each shift change. We observed a handover and heard staff discuss each individual, their general health and mood. Daily records were also completed for each person.

Staff appeared competent and confident when observed speaking with people and responding to their needs. For example, some people required support from staff when moving around or changing position. We observed examples of people being moved sensitively and competently using the correct techniques supported by the appropriate mobility aids.

The service had a range of activities available to people including board games, jigsaws and quizzes. Staff were supporting a person who liked to complete daily crosswords from the newspaper. This engaged other people in the lounge who said they enjoyed participating in crosswords. It encouraged group engagement and was seen to be enjoyed by all those taking part. In addition the service had a number of external entertainers who visited the service. There were talks held including one due in November about local work in saving wildlife. A notice board in the hallway included a list of when and who were providing activities. People had the choice to participate. Some chose to stay in their rooms. People told us, "I like to get involved in what's going on but some people don't want to bother" and "I can take it or leave it but I always

get the choice".

There were no on-going or recent complaints in progress at the time of the inspection. People and their families were given information about how to make a complaint. Details of the complaints procedure were included in information given to people about the service provided. One person told us, "If I had any concerns I would talk to the manager."

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility within the service. The service had a registered manager in post who was also one of the two registered provider's. Both providers were actively involved in the day to day operation of Saffrons Care Home. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Comments received from staff members, relatives and people who lived at the home were positive about the registered manager's organisation and leadership. People told us they had no issues or worries about how the service was run. For example, a relative we spoke with said, "I think it's well managed because (registered providers names) are here and take an interest in what's going on". Staff said, "We feel really supported because (registered manager) is here all the time and supports us" and "We (staff) are made to feel involved in what goes on and that's why a lot of us have worked here for a long time".

There were systems in place for the registered manager to monitor the quality of the service provided to people. This included regular individual or group discussions with people living at the service. The most recent survey took place in May 2016. The results showed people were happy with the service they received. They made comments on all aspects of living there including, food, care, premises, daily living and management. Comments included, "All good it's excellent. No complaints at all" and "Goes the extra mile to help". Families told us they felt their relatives needs and wishes were listened to and acted on and they were well supported. The registered manager told us they had an 'open door' policy and they were available to speak whenever people wanted or needed to.

The registered manager worked alongside staff to monitor the quality of the care provided by staff members. The registered manager told us that if they had any concerns about individual staff practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted with people.

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "This is a home from home and that's what people like about it". This was supported by people we spoke with throughout the inspection visit. Another staff member told us, "Everything is done around the residents and we make sure their needs are being met".

There were systems in place to support staff. This was a small staff team and regular meetings and updates were being delivered for staff so they were up to date with information about operational changes. Staff told us day to day communication was good and any issues were addressed as necessary. They felt confident the provider respected and acted on their views. Comments included, "We work as a team and information gets shared between each shift" and "If there are changes or things we need to know it's shared at handover and written in the daily communication record. Nothing gets missed".

The registered manager and registered provider took operational responsibility for the service. This included reviewing and updating policies and procedures. Regular audits of medicines, accidents and incidents and

maintenance of the home were also the provider's responsibility. Further audits were carried out in line with policies and procedures. Fire tests and emergency lighting was tested regularly and recorded.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.