

Santa Bapoo

Santa Care

Inspection report

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Date of inspection visit:
10 October 2018

Date of publication:
05 November 2018

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

The inspection of Santa Care took place on 10 October 2018 and was unannounced.

Santa Care is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Santa Care provides care and support for up to five women who have learning disabilities, some of whom live with mental health conditions. At the time of our inspection five people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support (RRS) and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The care 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 for this location. On the day of the inspection there were five people using the service. Public transport and a range of shops and other amenities are located close to the home.

At our previous comprehensive inspection on the 1 and 4 March 2016 we rated the service 'requires improvement' area of Safe. This was because we identified one breach of legal requirement because there were insufficient numbers of staff deployed to meet people's needs and keep them safe. During a follow-up focused unannounced inspection on the 1 December 2016 we found that the provider had taken action to ensure that there were always sufficient staff on duty and therefore had addressed our concerns. Whilst improvements had been made, we did not revise the rating for the key question Safe, because to improve the rating to Good we required a longer-term track record of consistent good practice.

During this inspection we found there were no breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014, and we rated the service overall as Good.

All the people using the service told us that they felt safe, were happy living in the home and satisfied with the care and support that they received from staff.

Staff were knowledgeable about people's needs and engaged with them in a respectful, sensitive and encouraging manner. Staff had a caring approach to their work and understood the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights.

People's care plans were up to date and personalised. They included details about people's individual needs and preferences, and guidance for staff to follow so people received the care and support that they needed and wanted.

People had the opportunity to choose, plan and take part in a range of activities that met their interests and needs.

Appropriate staff recruitment procedures were in place so that only suitable staff were employed. Staffing levels and skill mix provided people with the assistance and care that they needed.

Staff received the training and support that they required to carry out their roles and responsibilities in meeting people's individual needs and supporting their independence.

People's medicines were managed safely. People were supported to access the healthcare services they needed. Staff liaised closely with healthcare and social care professionals to ensure that people's health, medical and care needs were met.

People told us that they enjoyed the meals provided by the service. Their dietary needs and preferences were accommodated by the service.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People knew how to raise a complaint. They told us that they were listened to and their concerns addressed appropriately by the provider.

Since the last inspection the provider had improved and developed the arrangements for monitoring and improving the quality of the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

Risks to people were identified and measures were in place to reduce them, whilst minimising restrictions on people's freedom.

Arrangements to manage and administer people's medicines safely were in place.

Is the service effective?

Good ●

The service was effective.

People's dietary needs and preferences were understood and accommodated by the service.

People received support from staff who were competent in carrying out their roles and responsibilities.

People were supported to access healthcare services. Staff recognised changes in people's health, sought professional advice and followed it.

Staff sought people's consent before providing care and support.

The premises were accessible to each person using the service.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness from staff who knew them well and understood their cultural needs.

Staff protected people's privacy and supported them sensitively with their personal care needs.

People were supported to express their views and to be actively involved in decisions about their care and the service.

Relationships with those important to people were supported by the service.

Is the service responsive?

The service was responsive

People's needs were assessed and understood. People received individualised care and support that met their needs.

People were fully involved in the development and review of their care plans.

Arrangements were in place to ensure the service was responsive to changes in people's needs.

People had the opportunity to take part in a range of activities of their choice that met their preferences and minimised any risk of social isolation.

People knew how to raise concerns and complaints. People were listened to and complaints were taken seriously and addressed appropriately.

Good ●

Is the service well-led?

The service was well-led.

The atmosphere at the service was open and inclusive. Staff were provided with the support and direction that they needed to meet the needs of people using the service.

Staff worked well together as a team and care was organised flexibly around people's individual needs.

There were processes in place to assess and monitor the quality of the service, and to drive improvement. These had been developed and improved since the last inspection.

Good ●

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.

This comprehensive inspection took place on 10 October 2018 and was unannounced.'

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return (PIR) which the provider had 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. We discussed the PIR with the provider during the inspection.

During the inspection we observed interactions between staff and people using the service. We spoke to the five people who used the service, the provider, a senior care worker and a care worker. Following the inspection, we spoke with a relative of a person using the service and a person's care coordinator. We also received feedback about the service from a social care professional.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of all the people using the service, four staff records, audits and some policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe living in the home. One person's relative told us "I feel [person] is safe."

The service had a safeguarding policy to protect people and keep them safe. Staff had a good understanding of different types of abuse. They knew they needed to report any concerns to the provider. Staff told us that they would contact the host local authority safeguarding team and the CQC if no action was taken by management. The contact details of the host local authority were accessible to people, staff and visitors as they were displayed in the home.

The service had a whistleblowing policy. Staff knew that they needed to report any poor practice from staff or any other concerns to do with the service to the provider.

Accidents and incidents were recorded and managed appropriately. Action had been taken to minimise the risks of similar incidents reoccurring.

Risks to people's safety were assessed and managed. Risk assessments included risk of falls, getting lost, incontinence, travelling by bus, and use of the stairs. Staff were knowledgeable about risks and how to keep people safe.

Staff's records showed appropriate recruitment checks and criminal record checks had been carried out so only suitable care staff were employed by the service.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people received the care and support that they needed and were safe. Staffing was flexible. It was organised to meet the needs of people using the service. People were supported to attend activities and appointments and they received the care that they needed in a calm and unhurried way. A person using the service had recently moved into the home. During the inspection a member of staff provided the person with one to one support. The member of staff told us that her role was, "To get to know the person, work with them and build their trust."

Arrangements were in place to manage, store and administer medicines safely. People's medicine administration records (MAR) showed that people had received their medicines as prescribed. Staff told us they had received medicines training and records showed that their competency to administer people's medicines had been assessed by the provider. People's prescribed medicines were regularly reviewed by a doctor.

Regular safety checks were carried out to ensure people, staff and visitors were safe. These included checks and servicing of electrical and gas and fire safety appliances, and checks of the safety of the environment.

The service had an up to date fire risk assessment. Routine fire safety checks and fire drills were carried out. Each person had a personal emergency evacuation plan (PEEP). These were detailed and included

information about the support people would need if the building had to be evacuated in an emergency. A continuity contingency plan was in place to respond to emergency situations.

People were cared for in a clean environment. The cleanliness of the service was monitored by the provider. Staff carried out a range of cleaning tasks. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection. Information in picture format about good hand hygiene was accessible to people and staff. A person using the service spoke about the importance of frequently washing their hands. A member of staff spoke about the action that had been taken to meet the recommendations from a recent check of food safety carried out by the Food Standards Agency, which included making sure food stored in the fridge was always dated.

Is the service effective?

Our findings

People using the service told us they were satisfied with the care and support that they received. A person using the service spoke about the significant number of years that they had lived in the home and told us, "It's my home." They spoke about the choices that they made about their life. A person's relative told us that they felt that understood how to provide a person using the service with the care and support that they needed.

People told us and their care records showed that people were fully involved in the decisions about their care and the life that they chose to lead. During the inspection staff consulted people about a range of day to day matters to do with their care, meals and social activities, and respected the decisions that people made.

Staff received an induction when they started work. They told us that their induction had been useful in preparing for their role and for carrying out their responsibilities and had included learning about their role, the organisation, health and safety issues and people's needs. The provider incorporated the Care Certificate induction standards into their staff induction programme. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors.

Staff were knowledgeable about the care and support each person needed. They told us about the importance of speaking with each person and people's relatives to gain a good understanding of their people's needs. During the inspection we observed that there was positive communication and a good rapport between staff and people using the service.

Staff told us that they received the training and learning that they needed to carry out their role in meeting people's needs effectively. Staff training included fire safety, health and safety, medicines, safeguarding adults, food safety, pressure area care, autism, falls, challenging behaviour and diabetes. Staff told us that during staff and supervision meetings, and 'handovers' they shared information with other staff about people's needs and discussed best practice in a range of areas to do with the service. A member of staff told us that they were in the process of completing a qualification in health and social care.

Staff told us that they felt well supported by the provider. They told us that the provider was always available to provide advice and support. Staff spoke of receiving ongoing day to day supervision and support from the provider, which helped them carry out their roles and responsibilities in meeting people's needs. Staff also received formal one-to-one supervision, where they discussed people's needs and other aspects of the service with the provider. Records showed that appraisals of staff performance and development had been completed.

People's care records included information about their healthcare needs. Each person had a health care plan in picture and written formation that included details about their healthcare needs and the support they needed from staff to stay well. Records showed that staff were responsive and effective in supporting

people to access healthcare services quickly when they showed symptoms of being unwell. Guidance about managing people's specific health conditions were included in their care plans. People's care records included details of their appointments with healthcare professionals that included GPs, dentists, dietitians, chiroprodists and opticians.

MCA provides a legal framework for making 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us and people's care records showed that people living in the home had the capacity to make most decisions about their lives and care and treatment. Where they needed support in certain areas of their care such as with the management of their finances this was included in their care plan. Staff were aware that a person's capacity to make a particular decision might change and could need to be made in the person's best interests in liaison with relevant professionals, relatives and others involved in the person's care. At the time of this inspection no people had DoLS authorisations in place and there was no indication that their freedom was being restricted. A person told us that they regularly went to the local shops independently.

People's dietary preferences and cultural dietary needs were recorded, understood and accommodated by the service. People told us that they enjoyed the meals, chose what to eat and were involved in planning and preparing them. During the inspection we heard staff ask people what they wanted to eat and their choices were respected and accommodated. A person using the service told us, "I chose cereal for breakfast." People were supported by staff to eat healthy food options.

People told us that they were happy with their bedrooms, which they had personalised with items of their choice.

People could access all communal areas of the premises including the garden. During the inspection some people spent time sitting in the garden. Maintenance issues were addressed.

Is the service caring?

Our findings

People using the service told us that staff were kind to them. During our visit we saw positive engagement between staff and people. The provider and care staff spoke with people in a warm, friendly and respectful way. A person using the service told us that their experience of living in the home was, "All good." A person's relative spoke highly of the staff and the way that they cared for a person using the service.

Staff had a good understanding of people's background, family relationships and individual needs and preferences. People using the service appeared very comfortable in the company of staff. They approached staff without hesitation and engaged with them in a relaxed manner.

In line with Registering the Right Support principles staff encouraged people's independence and supported them to be fully involved in making decisions about their care and other aspects of their lives. Staff understood each person's communication needs. Detailed information about people's individual communication needs were documented in their care records. Everyone living in the home could understand English but their ability to speak it, varied. The provider told us and a person using the service confirmed, that some staff spoke several languages and could speak with people in the language that they spoke best. Staff also spoke of people's individual gestures, behaviour and body language that people used when communicating their wishes and needs including emotional needs.

Staff promoted people's independence and the development of skills by involving them in a range of day to day activities such as shopping, cooking and cleaning. People were also supported by the service to access to community facilities and amenities, and to achieve personal goals, such as having a holiday or doing more for themselves. A person using the service told us, "I do what I want, I don't like being told what I do." A person told us that they could go to bed and get up, and go out when they wanted to.

Staff supported people to maintain the relationships they wanted to have with friends, family and others important to them. Some people received visits from family members and others regularly kept in touch with family members by phone. A person's friend visited them during the inspection. A person's relative spoke about their visits to the service and a person visiting them at their home. The provider spoke of the importance and benefit to people's well-being and continuity of care in having good communication with people's relatives and others important to them.

People's right to privacy was respected by staff. We saw that staff respected people's choice when they decided to spend time alone in their room. We noted that a lock in one bathroom needed repair. A member of staff told us that the lock had only very recently become faulty and they would ensure that the issue was addressed. Staff knew how to respect people's confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's care records were stored securely. Records showed that people had been consulted about the use of CCTV in two communal rooms and had agreed to it.

We discussed the Accessible Information Standard (AIS) with staff. The Standard was introduced by the

government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. People's care plans were in written and picture format so they were more accessible to people who had difficulty reading. Information about the service was written in the language that met each person's needs. The provider told us that they would make sure that information was always as accessible as possible to people using the service.

Staff had a good understanding of treating people equally and fairly without discrimination regardless of ethnicity, language, culture, gender, age faith, and sexual orientation. Details of people's religious and cultural needs were included in each person's care records. Staff told us about the importance of respecting people's individual beliefs, needs and differences and provided us with examples of how they supported a person's cultural, religious dietary and activity needs. A person's care plan included guidance about the support they needed with dressing in a way that respected their cultural needs and preference. A person told us that staff supported them with their religious needs. During the inspection two people using the service worked with the provider preparing for a period of religious observance and celebration. Another person told us that they attended a place of worship with family members.

Is the service responsive?

Our findings

People told us that their preferences were respected by staff and that staff provided them with the care that they needed. A person using the service told us, "I talk to [staff] about what I want to do and they listen." They told us that they made choices about their lives and were supported to do what they wanted.

A person's relative confirmed that they were kept well informed about changes in a person's needs and that staff provided the person with the care and support that they needed.

People's needs were assessed with their participation and when applicable family involvement, prior to them moving into the home. Assessment information about the person was also provided by the person's placing local authority. A person recently admitted to the home had their needs assessed by the service. A member of staff told us that assessment of the person was ongoing whilst they settled into living in the home. Records showed that the person had visited the home before moving in and had made the decision to move in.

Care plans were developed from assessment information. They were personalised, written in the first person and in picture and written format. They identified where people needed support and included detailed guidance for staff to follow about how to support people meet their individual needs and preferences. People's needs were reviewed regularly with the person using the service and those involved in their care. A person using the service spoke to us about their care plan and discussed it with the inspector. They told us that they had been offered a copy of their care plan, and were happy with it. They commented, "I talk about what I want to do with them [staff] and they listen."

There were systems in place to ensure that staff received up to date information about people's needs and welfare. Care records completed during each shift included details about people's needs and progress. A staff 'handover' took place during each shift where people's progress, mood, healthcare appointments and activities were some of the matters discussed and shared with staff. Staff told us that communication within the staff team and with the provider was good, and confirmed that they would ensure that they informed the provider of all changes in people's needs. The provider had been responsive in providing a ground floor bedroom for a person whose mobility needs had changed.

People were supported to take part in a variety of preferred activities within the home and in the community to minimise the risk of social isolation. People's activity preferences and interests were recorded in their care plan and records showed that people were supported to take part in activities of their choice. A person using the service told us about the pleasure they had from doing voluntary work at local charity shops. They showed us where they worked and spoke of tasks they carried out during shifts at the shops. During the inspection people went out shopping and for walks. They also took part in indoor activities that included, playing cards, doing puzzles and knitting. When people decided not to take part in an activity their choice was respected by staff. People spoke of their enjoyment of a recent seaside holiday.

The service had a complaints policy and procedure for responding to and managing complaints. There were

opportunities for people to raise concerns and/or complaints during meetings and during day to day interaction with staff. There had been one complaint within the last twelve months. The complaint raised by a person using the service had been taken seriously by the service and addressed appropriately. Staff knew they needed to take all complaints seriously and report them to the provider.

The service was not providing end of life care. The provider told us about the support a person had received by the service when the person became frailer at the end of their life. The provider spoke of the emotional support provided to people using the service, staff and a person's family following a bereavement in 2017. A person using the service confirmed that they had been provided with the support that they needed following the bereavement. The provider told us that they would ensure that people's care needs and wishes were supported by the service with assistance from community healthcare professionals when they neared the end of their life.

Is the service well-led?

Our findings

People using the service spoke highly of the provider and told us that they felt that the home was well run. A person spoke of being very happy living in the home of their involvement in many aspects of the service, which included, cooking meals, shopping, doing household tasks and providing feedback about the service. A person's relative and a care coordinator told us that they felt the service was well run. A person's relative told us that they would recommend the service.

The service is managed and run by the provider, with support from a senior support worker. The provider ensured that there was good communication between staff about the service including people's needs. Staff told us that the provider spent time a significant amount of time in the home and they could at any time contact the provider about any issues to do with the service. Staff also told us that they enjoyed their job and worked well together to make sure that people received the care and support that they needed.

The provider told us about how they ensured that they kept up to date with current best practice and changes and developments in relevant legislation. They informed us that they had recently completed a sign language training course so that they could develop their skills and be able to better communicate with a person using another of the provider's services. The provider was also 'hands on' and supported people with activities, appointments and other aspects of the service. They spoke about being proud of the way that the service supported and encouraged people to live their lives as independently as possible.

Staff told us that they were kept well informed about any changes to do with the service and felt comfortable raising any issues to do with the service. They confirmed that they were always listened to by the provider and their views respected. The provider was aware of their responsibilities in ensuring the CQC and other agencies including local authorities were made aware of incidents, which affected the safety and welfare of people who used the service.

The service had systems in place to assess, monitor and improve the quality of care in the home. A range of audits and checks were in place to monitor the safety of the premises, medicines, cleanliness, fire safety and hot water checks. When these measures identified shortfalls, action had been taken to address them and to make improvements when needed. A social care professional told us that they had carried out a check of the service in 2017 and the provider had been responsive in taking action to make improvements when needed.

The provider had recently completed a development plan where they had reviewed all areas of the service and had included details of future goals, improvements and plans for the progression and development of the service.

A range of records including people's records, visitor's book, and feedback forms showed that the organisation had a culture of openness and communicated well with people and those involved in their care.

Records showed that people were provided with the opportunity to feedback their thoughts on the quality of the service that they received. Minutes of resident's meetings indicated that people had talked about their food preferences, holidays, appointments and complaints. A person's relative told us that they had recently completed a feedback survey form. Surveys completed by people using the service and their relatives included positive feedback about the service. Written feedback from a person's relative included the comment, "The care is excellent. We are very pleased with the care." The provider had completed an action plan to address issues raised from people's feedback and showed that they had been addressed.

The service had good links with the local community. They supported people to access community facilities and amenities.

Policies and procedures were in place, which were accessible to staff. We looked at a random sample of them which indicated that they had been regularly reviewed.