

# Seva Care (Respite And Residential Services) Limited

## Sudbury House

### Inspection report

30 Sudbury Avenue  
Wembley  
Middlesex  
HA0 3AR

Date of inspection visit: 4 January 2016  
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#### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



#### Overall summary

This inspection took place on 4 January 2016 and was unannounced. Sudbury House is registered to provide care and accommodation for up to five people with learning disabilities. At the time of our inspection, there were five people using the service.

At our last inspection on 11 September 2014 the service met the regulations inspected.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People in the home had complex needs and were therefore unable to provide us with verbal feedback. On the day of our inspection four people were out at day centres during the day. We did meet one person who used the service. We spoke with four relatives, two care professionals and care staff to obtain their feedback

# Summary of findings

about the service. Relatives of people who used the service spoke positively about the home and they were confident that people were safe in the home and around staff.

There were systems and processes to help protect people from the risk of harm and staff demonstrated that they were aware of these. However, the safeguarding policy did not include details of the Care Quality Commission. The registered manager confirmed that the policy would be updated to reflect this. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Risk assessments had been carried out for people and staff were aware of potential risks to people and how to protect people from harm. Staff were knowledgeable regarding care issues and the needs of people with learning disabilities. They knew the triggers and warning signs which indicated that people were upset and how to support people appropriately.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. On the day of the inspection we noted that there were some maintenance issues that needed to be addressed and raised this with the registered manager. The fire authorities (London Fire & Emergency Planning Authority) had visited the home and their report dated 4 September 2015 identified four areas of concern. These included issues with the fire doors as well as the fire risk assessment was not sufficiently comprehensive. The registered manager explained to us that these issues had been addressed and provided documented evidence to confirm.

On the day of the inspection we observed that there were sufficient numbers of staff to meet people's individual care needs. Staff did not appear to be rushed and were able to complete their tasks. Staff we spoke with confirmed that there were sufficient numbers of staff to safely care for people. We noted that there were times when there was one member of staff on duty. However at the time of the inspection the home did not have an up to date lone working policy setting out the procedures for staff to follow in the event of an emergency. After the inspection, the home provided us with a copy of their policy. However it was evident that at the time of this

inspection this policy was not available to staff in the home for them to refer to in an emergency. We told the home to ensure that this policy was clearly available in the home for staff to refer to.

Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy. The service had an Infection control policy and measures were in place for infection control.

Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Staff spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine administration, health and safety, first aid and moving and handling. Staff were confident that they had the knowledge and skills they needed to perform their roles.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people. Relatives told us that people received care, support and treatment when they required it. Care plans were updated when people's needs changed.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made the necessary applications for DoLS and we saw evidence that authorisations had been granted.

Relatives spoke positively about the cook and food provided in the home. People in the home were

# Summary of findings

vegetarian and the food menu offered a choice of two vegetarian meals daily. Food was freshly prepared. Details of special diets people required either as a result of a clinical need or a cultural preference were clearly documented and staff were aware of such preferences.

Relatives told us that there were sufficient activities available. Activities available included attending the local day centre and park. During the inspection we saw some people go out to the day centre.

The home had carried out a satisfaction survey in 2015 and the feedback was positive. Relatives spoke positively about the registered manager and staff. They said that the registered manager was approachable and willing to listen and said that they did not hesitate to raise concerns or queries directly with management. .

There was a management structure in place with a team of care staff, domestic staff and the registered manager.

Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us that the registered manager was approachable and the service had an open and transparent culture.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. We found that there were some aspects of the house were not maintained at the time of the inspection. At the time of the inspection, there was not a lone working policy available. A copy of the policy was provided after the inspection.

Relatives we spoke with said that they were confident the home was safe and people were safe around care staff.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

Requires improvement



### Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were encouraged to make their own choices and decisions where possible. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People were provided with choices of food and drink. People's nutrition was monitored.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Good



### Is the service caring?

The service was caring. Wherever possible, people were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



### Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

Good



# Summary of findings

There were activities available to people and each person had their own activities timetable which was devised according to their interests.

A satisfaction survey had been carried out in 2015 and feedback was positive.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. Any complaints received had been appropriately responded to.

## Is the service well-led?

The service was well led. Relatives told us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care staff, domestic staff and the registered manager.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with her.

The quality of the service was monitored. There were systems in place to make necessary improvements.

**Good**



# Sudbury House

## 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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 4 January 2016. The inspection was carried out by two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

People who used the service could not let us know what they thought about the home because they could not always communicate with us verbally. On the day of the inspection, four people were out during the day at the day centre. There was one person in the home at the time of the inspection and we observed interaction between this person and staff. We also spoke with four relatives of people who used the service.

We reviewed four care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. We also spoke with the registered manager and three care staff. We spoke with two care professionals who had contact with the home.

# Is the service safe?

## Our findings

Relatives we spoke with told us they thought people were safe in the home and around care staff. One relative said, “Yes I feel [My relative] is safe in the home.” Another relative told us, “[My relative] is safe around care staff. All staff are very good.”

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. The fire plan was on display in the home indicating fire exits and escape routes. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, emergency lighting and electrical installations. However, on the day of the inspection we noted that the staff toilet was not working and found that a metal strip on the floor between the toilet and hallway was not attached to the floor securely and could potentially be a trip hazard. We spoke with the registered manager and she arranged for maintenance to repair the toilet on the day of the inspection and removed the metal strip so that it was not a hazard. The fire alarm was tested weekly to ensure it was in working condition. The fire authorities (London Fire & Emergency Planning Authority) had visited the home and their report dated 4 September 2015 identified four areas of concern. These included issues with the fire doors as well as the fire risk assessment was not sufficiently comprehensive. The registered manager explained to us that these issues had been addressed and provided us with documented evidence to confirm this.

A safeguarding policy and procedure was in place to help protect people and minimise the risks of abuse to people. However, we noted that the safeguarding policy did not refer to the Care Quality Commission and the need to inform us of safeguarding incidents. We spoke with the registered manager about this and she confirmed that she was fully aware that the CQC needed to be informed of safeguarding incidents and advised that the policy would be amended to include details of the CQC. We also noted that the policy referred to the local authority but did not state which local authority to contact in relation to safeguarding incidents. The registered manager advised that this too would be updated in the policy.

Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the (CQC). The service had a whistleblowing policy and staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as epilepsy, behaviour that challenges and diabetes. These included details of the hazard and controls measures that needed to be taken to minimise risks as well as instructions for staff on how to support people safely. Risk assessments were reviewed and were updated when there was a change in a person's condition. We saw evidence that risk assessments had recently been reviewed.

There were appropriate arrangements in place for managing people's finances and these were detailed in people's care plans. People's finances were monitored by the registered manager. We saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions. People's finances were also reviewed by senior management as part of an audit.

During the inspection there was one person in the home and we noted that there were adequate numbers of staff on the day of the inspection. Through discussions with staff and management, we found there were enough staff to meet the needs of the people living in the home. The registered manager told us there was consistency in terms of staff so that people who used the service were familiar with staff. We looked at the staff rota and noted that at night there was one member of staff on duty. We asked the registered manager for a copy of their lone working policy. A lone working policy should clearly detail the procedure in place in the event an emergency occurs when there is one member of staff in the home. At the time of the inspection the home did not have one available. Following the inspection the registered manager sent us a policy. It was

## Is the service safe?

evident that this policy was not available to staff in the home for them to refer to in an emergency at the time of the inspection. We told the home to ensure that this policy was clearly available in the home.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for three members of staff. We found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff. The registered manager explained that they tried to obtain professional references where available but where this was not possible, they requested character references.

Systems were in place to make sure people received their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicine storage facility in place. The facility was kept locked and was secure and safe.

There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for people who used the service. These had been completed and signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

The registered manager confirmed that medicine audits were carried out weekly by the registered manager and this was documented. The aim of this was to ensure medicines were being correctly administered and signed for and to ensure medicines procedures were being followed.

The premises were clean. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored to ensure that the home was kept clean.



# Is the service effective?

## Our findings

Relatives told us that they were satisfied with the care and support provided in the home. One relative said, “I am very happy with the home. I have no complaints about the home.” Another relative told us, “I am very happy with the home. My [relative] is happy there.”

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken an induction when they started working at the service and we saw evidence of this. Staff received training to ensure that they had the skills and knowledge to effectively meet people’s needs. Training records showed that staff had completed training in areas that helped them to meet people’s needs. Topics included safeguarding, medicines, first aid, fire training, infection control and food safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. One member of staff told us, “The training has equipped me to do my role well. If in doubt, I always ask.”

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Staff told us that they felt supported by their colleagues and management. All staff we spoke with were positive about working at the home. One member of staff told us, “I like working here. It is really good. Management really do listen and they are understanding.” Another member of staff said, “I am well supported. There is good team work.”

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Information about people’s capacity to make specific decisions was recorded in their care plans. Care plans contained information about people’s mental state and

cognition. The registered manager demonstrated a good understanding of the MCA and issues relating to consent. Staff had knowledge of the MCA and there was evidence to confirm that they had received training in this area. They were aware that when a person lacked the capacity to make a specific decision, people’s families, staff and others including health and social care professionals would be involved in making a decision in the person’s best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) and the necessary documentation was available. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person’s best interests. Where applications had been made, we saw evidence that approval had been given.

All people in the home were vegetarian by choice and therefore the home provided vegetarian food. We noted that there was a choice of two vegetarian dishes daily and the home employed a cook to prepare all meals. The menu included a variety of foods which were freshly prepared. All relatives we spoke with told us that they were satisfied with the food provided and had no complaints. One relative said, “There is a cook. She asks people what they would like. They always offer people choice.” Another told us, “The food is appetising. There is a good cook.”

During the inspection we were unable to observe people having their lunch as they were out during the day. One person who was in the home ate their lunch in the bedroom.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People’s weights were recorded monthly so that the service was able to monitor people’s nutrition. This alerted staff to any significant changes that could indicate a health

## Is the service effective?

concern related to nutrition. At the time of the inspection there were no concerns regarding people's weight. The registered manager explained that if they had any concerns about people's weight they referred them to the GP.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

# Is the service caring?

## Our findings

Relatives of people who used the service told us that they were confident that people were well cared for. One relative said, "Care staff are nice. They are caring and respectful." Another relative told us, "There are very friendly staff and they take good care of [my relative]." Another relative said, "We are happy with the home. They are very welcoming. I have nothing negative to say." One care professional we spoke with told us that the staff and registered manager were "friendly".

On the day of the inspection, there was one person in the home. We observed that care staff were constantly present to ensure that this person was alright and their needs attended to. Care staff were attentive and talked in a gentle and pleasant manner when communicating with this person.

Staff had a good understanding of treating people with respect and dignity and the importance of choice. One member of staff said, "I always ask people what they want. Give them options and allow them to make choices." Staff also understood what privacy and dignity meant in relation to supporting people with personal care. One member of staff told us, "When doing personal care, I always respect their privacy and encourage them to do things themselves. I always explain things beforehand."

People had free movement around the home and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted either in communal areas or their own bedroom.

The registered manager explained that all people were treated with respect and dignity regardless of their background and personal circumstances. Information regarding people's past history and social life were documented in their records. Care plans included details

about people's likes and dislikes as well as people's interests and their background. This enabled staff to better understand people. One member of staff explained that they took people to the temple in accordance with their wishes. This member of staff explained that one person observed specific religious practices which meant that he could not eat particular foods and told us how they ensure that they respected this.

People and their relatives were supported to express their views and be actively involved in making decisions about care, treatment and support. Care plans had been signed by people's representatives to show that they had agreed to the care provided. Care plans were up to date and had been evaluated by staff and reviewed with people, their relatives and professionals involved. This provided staff with current guidance on meeting the needs of people. Staff explained to us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. The registered manager explained that staff held regular one to one sessions where people could make suggestions regarding their care and activities they liked. However, we noted that these sessions were not documented and therefore there was no evidence that these took place. The registered manager advised that in future these meetings would be documented.

One relative told us, "There is a homely atmosphere. I like it." Bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Some bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. We noted that some bedrooms had not been personalised and raised this with the registered manager. She confirmed that this was the way in which the person and family had wanted the room. We discussed this with relatives and they confirmed that people's bedrooms were the way in which they wanted them to be.

# Is the service responsive?

## Our findings

Relatives told us that people received care, support and treatment when they required it. One relative said, “Staff are very good. They know [my relative’s] needs and they know how to handle him.” Another relative said, “They understand [my relative] and listen to suggestions.”

Records showed initial assessments of people’s needs were carried out with involvement from the person and their relatives. People’s assessments included information about a range of each person’s needs including; health, social, care, mobility and communication needs. These needs were then incorporated in the person’s care plan. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. We noted that care plans included information about people’s religious and cultural practice to enable people to participate in such religious practices. One care plan we looked at included detailed information about their preferences which included attending a temple and eating culturally appropriate food.

Each person had their own activities timetable which was devised based on their interests. Activities included attending the local day centre, leisure centre and park. On the day of the inspection we observed that four people were out at day centres. We noted that there was one person in the home who did not take part in activities on the day. We spoke with the registered manager about this and she confirmed that this person had not been well and

wanted to stay in their room and watch television. Relatives we spoke with told us that they thought there were sufficient activities for people and had no concerns regarding this.

People in the home were unable to communicate verbally. However there was a system in place to obtain their views about the care provided at the home through satisfaction questionnaires. We noted that these questionnaires were in easy read format and were completed by care staff with the involvement of people who used the service using signs and Makaton (Makaton is a language programme using signs and symbols to help people communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.) This enabled people to provide feedback. People were able to provide feedback through gestures, facial expressions and using pictures. Further, people’s relatives were involved and provided feedback through satisfaction surveys. All relatives we spoke with confirmed this. One relative told us, “The manager always listens to feedback. They send me questionnaires.” Relatives told us that they would not hesitate to speak with the registered manager if they had any concerns or feedback.

There was a complaints policy and procedure for receiving, handling and responding to comments and complaints. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy.

# Is the service well-led?

## Our findings

Relatives spoke positively about the registered manager and staff at the home. They told us they found management at the home approachable and felt comfortable raising queries with them. One relative said, “The manager is very good. I have a good rapport with her and she is helpful.” Another relative told us, “The manager is good. My relative gets on well with her. The manager really does listen and she looks after my relative.” One care professional told us that the home listened to suggestions and were willing to listen.

There was a management structure in place with a team of care staff, domestic staff and the registered manager. Staff spoke positively about working at the home. All staff told us that the morale within the home was good and that staff worked well with one another. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate to bring queries and concerns to the registered manager. One member of staff told us, “I like it here. I have no complaints.”

Staff were informed of changes occurring within the home through staff meetings and we saw evidence that these

meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried out by the registered manager and senior management in various areas such as care documentation, health and safety, people’s finances, medicines, complaints/compliments and staff training.

The service had a range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

Accidents and incidents were recorded and analysed to prevent them reoccurring and to encourage staff and management to learn from these.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.