

# Seva Care (Respite And Residential Services) Limited

## Northwick House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Northwick House is a care home registered to accommodate up to 5 people who have learning disabilities and require support with personal care. The home provides respite care to people. There were 20 people assessed for respite care at the home. At the time of our inspection, there were 4 people who were staying at the home.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

Staff understood their responsibilities about safeguarding and keeping people safe from harm. Medicines were managed safely. Risks of harm to people were assessed and reduced as much as possible. Staff were recruited safely. People were cared for in a safe, clean and well equipped, environment. There were effective systems to prevent and control infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated well and supported with their equality and diversity respected. People received person-centred care which met their needs and preferences. People's communication needs were assessed and met.

### Right Care:

People received kind and compassionate care. Staff respected people's privacy and dignity. People's needs were assessed and delivered in line with their choices and they were supported by staff who were trained to meet their needs. Staff worked with other health and social organisations.

People were supported by a staff team who knew them well. Care plans reflected people's needs, likes and preferences.

People were supported to develop and maintain relationships and take part in activities of interest to them.

### Right Culture:

People received good quality care and support. Staff understood people's needs and were responsive,

supporting them to live a quality life of their choosing. People were supported by staff who shared a positive culture which provided them with good outcomes.

Processes were in place to record any accidents and incidents. People's privacy and dignity was respected, and their independence promoted.

Staff evaluated the quality of support and made adjustments to reflect people's needs and wishes.

Staff were clear about their roles and responsibilities. The registered manager understood their obligation under the duty of candour. Systems were in place to monitor the service which included audits and obtaining feedback from people and family members.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 2 February 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Northwick House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Northwick House is a care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met 3 people who were in the home. Only 1 person was able to speak with us due to people's needs. We therefore observed interactions between people and staff. Following the site visit, we spoke 4 family members. We also met and spoke with 2 care workers, the team leader and the registered manager. We looked at a range of management records including medicines, quality audits and health and safety checks. We reviewed 3 people's care records and 4 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had. We also received feedback from 1 care professional.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm. Systems and processes to safeguard people from the risk of abuse.

### Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. There were no gaps in the Medicine Administration Records (MARs) we reviewed which provided assurance medicines were being given as prescribed.
- Medicines were stored safely and correctly. Medicines were stored in an appropriate locked medicines cabinet.
- People had a medicine support plan in place which detailed how staff were to support them.
- People's records contained information about their prescribed medicines and how they should be supported with taking their prescribed medicines. There were protocols for staff about giving people 'when required' medicines. These included information about why, when and how a person should be given 'when required' medicines. However, we found these protocols were not included in the medicines file and raised this with the registered manager. The registered manager advised that this was an oversight and following the site visit confirmed that they had put these in the medicines file so that they were easily accessible.
- Regular medicine audits were carried out. These included checks every other day, monthly checks by the registered manager and quarterly checks by senior management. These helped to ensure procedures were consistently followed and errors identified.
- The competency of staff to safely administer and manage people's prescribed medicines was checked.

### Assessing risk, safety monitoring and management

- Risk assessments were in place. These were person specific and included details of potential risks and a detailed management plan which provided information about how to support people to minimise risks. These were tailored to reflect people's individual needs.
- Feedback we obtained indicated that people were safe in the home. A family member told us, "I have 110% faith in staff. I am confident that [my family member] is safe – 100%." Another family member said, "[My family member] is absolutely safe there."
- Staff were kept up to date with changes in risks to people through daily handovers and communication within the team.
- Systems were in place to deal with a foreseeable emergency. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how the person should be supported in the event of an evacuation.
- Regular fire drills and checks were carried and documented appropriately. Fire drills, emergency lighting and regular fire alarm tests had been carried out and were recorded.
- Health and safety checks and maintenance of the building and equipment were undertaken by the

registered manager. A health and safety risk assessment of the premises had been completed to help ensure the home was maintained and potential risks to people's health and safety were identified and addressed.

- Checks on gas and electrical installations were documented and up-to-date. Window restrictors were in place throughout the home.
- Water temperature was controlled in the home to ensure it did not exceed the recommended safe water temperatures. Hot water temperatures were checked and documented.

#### Staffing and recruitment

- Staff were recruited safely. The provider carried out recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Checks were made on their suitability through Disclosure and Barring Service (DBS) checks and renewed every 3 years. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. There was flexibility in relation to the number of staff on duty at any one time. This was because the service provided respite care and therefore the number of people in the home varied daily and staffing numbers needed to reflect the changes to ensure they met people's individual needs. Staff told us there were sufficient staff and they were not rushed.
- People were supported by a staff team which included regular consistent staff which helped ensure people received continuity of care. The service did not use agency staff. They had their own list of bank staff they could rely upon.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider's approach to visiting was in line with government guidance, there were no restrictions to visitors at the time of inspection.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learned.
- We looked at a sample of incident/accident records. These included information about the nature of the incident/accident and action taken following this.
- The registered manager was aware of their responsibility to notify the CQC appropriately of incidents that had occurred.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed. The registered manager completed pre-admission assessments for people before they joined the service to ensure their needs could be effectively met. People's care plans outlined their individual health and social needs, as well as their preferences.
- People had care and support plans that were personalised and reflected their needs and aspirations, and included physical and mental health needs. These were reviewed to ensure that they accurately reflected people's needs.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. Family members told us they were confident staff were knowledgeable about people's needs and knew how to support them.
- As part of the induction process, staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also completed refresher training to help ensure they kept up to date with changes and were able to support people safely and effectively.
- Staff attended quarterly 1-to-1 supervision sessions with the registered manager. This provided them with opportunities to discuss their performance and professional development.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's care plans outlined their preferences in relation to food and fluids.
- There was not a fixed menu in the home. Instead, staff asked people daily what they would like to eat and prepared meals based on people's preferences. The registered manager explained that people liked to eat different foods and they encouraged people to make choices based on how they felt daily.
- The kitchen was clean. Food prepared in the home was mostly freshly prepared from scratch by care staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met. Records included details of healthcare professionals involved in people's care.
- People had health actions plans which were used by health and social care professionals to support them in the way they needed.

- People's oral care needs were documented in people's care plans.

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

- The service was adapted and designed to meet people's needs. People's bedrooms were person-centred.
- People's care was provided in a safe, clean and maintained environment which met people's sensory and physical needs.

Ensuring consent to care and treatment in line with law and guidance

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care and their communication needs.
- DoLS authorisations had been identified and applied for by the registered manager.
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means, and this was documented.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind, caring and attentive staff. There was a relaxed and comfortable atmosphere in the home. We observed positive interactions between people and care staff. Staff showed warmth and respect when interacting with people.
- Feedback we obtained was positive about the caring nature of staff. A family member said, "Staff are very kind, caring and patient. [My family member] is always pleased to see the care staff. [They] have a good relationship with staff." Another family member told us, "The staff are kind, patient and attentive."
- People's cultural and religious needs were recorded in care plans. Staff supported people to meet their spiritual and cultural needs.

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

- People were encouraged to make choices for themselves where possible. We observed staff patiently interact and support people to do this.
- Care records included guidance for staff to follow when supporting people. They included details of how people expressed their choices and staff facilitated this daily through their interactions.
- Staff supported and encouraged people to express their views. The majority of people in the home were unable to communicate verbally and staff used people's individual preferred communication styles to develop a rapport with them and to help make decisions.
- Staff monitored people and recorded their progress on daily notes. This included areas such as nutrition, hydration, activities, health concerns and appointments. This helped ensure people's changing needs were continuously monitored and assisted staff to respond to people's changing needs promptly.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity, and independence. Staff had built a relationship with people based on trust. Family members spoke of the positive relationship people had formed with staff. A family member told us, "On days [my family member] is going to Northwick house, they get up at 5.30am to get ready because they are always excited to go. They always come back home happy." Another family member said, "[My family member] is always excited when they go to Northwick House. Staff are so nice to [my family member] and courteous and they speak to [my family member] respectfully. [My family member] always comes home happy."
- People's support plans had personal information written about them in a respectful way. Staff understood their responsibilities in relation to handling people's confidential information.
- People were matched with a designated key care worker to ensure continuity of care. This enabled them

to build a relationship based on trust.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and reflected their preferences. This was confirmed by family members we spoke with. A family member told us, "They provide person centred care which is around [my family member's] needs. I do not have any concerns. I am so happy with the service and have recommended them to friends."
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted.
- Care plans described people's needs and included information and guidance to help support staff to recognise and respond appropriately to people's social and emotional needs.
- People received varying levels of support from staff depending on their needs. Some people had the skills to undertake some aspects of daily living but needed emotional support from staff to reassure them they were doing it correctly.
- Where appropriate, people had a positive behaviour management plan to give guidance to staff about how to support people to manage their anxiety or distress.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests. On the day of the inspection, we observed two people were supported to attend a day centre.
- Family members spoke positively about the activities people took part in. A family member said, "[My family member] does go to McDonald's. They support [family member] to go out to the park and go for a drive in the car. They support [family member] to take part in activities that they like to do."
- Each person had a document detailing their preferred activities and interests. This enabled staff to support people accordingly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff knew how people communicated and were observed responding to people's facial expressions and body language.
- Care records contained information on how to best communicate with people to promote their wellbeing.

- There was a noticeboard in the home which displayed important procedures. These were in an easy read format so that they were accessible to all people.

#### Improving care quality in response to complaints or concerns

- There was a system to record complaints and concerns. The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff told us they knew how, and to who, to raise any concerns they had and wouldn't hesitate to do so.

#### End of life care and support

- The service provided respite care and support and at the time of this inspection did not offer end of life care to people.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care planning and delivery was person-centred. People received care from staff that knew them well and were committed to ensuring independence and choice.
- There was a positive culture in the home. The registered manager was visible in the home, approachable and took a genuine interest in people. We observed the registered manager interacting with people in a polite and respectful manner.
- Family members spoke positively about the management of the service and told us the registered manager was approachable. One family member told us, "I can contact [the registered manager]. We have good communication. [The registered manager] always replies to my messages and is genuinely interested in [my family member]. I can talk to [them] without hesitation." Another family member said, "[The registered manager] reassures people and spends time with them."
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff felt able to raise concerns with the registered manager and spoke positively about working at the home. One member of staff told us, "Good support here. I feel supported here and can ask questions." Another member of staff said, "We have very good team work here. It is one of the best working environments for me."
- The provider sought feedback from people and those important to them and used the feedback to develop and improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- The registered manager and staff knew people well and consistently delivered good quality support.
- Staff reviewed people's care and support on an ongoing basis as people's needs and wishes changed over time. Care records were updated and reflected people's current needs.
- Staff were clear about their roles and were comfortable with raising concerns with the registered manager when needed. Staff told us they were kept updated about changes within the service and with people's needs through regular communication which included handovers, meetings and daily logs.
- A contingency plan was in place to ensure the service could operate effectively in the event of staff shortages, adverse weather, and infection outbreak.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems were in place to seek feedback from people, family members, staff and professionals on the service.
- There were regular meetings with staff. Meetings provided staff with an opportunity to discuss the service and people's support needs. Staff told us they felt the management team were approachable and supportive.
- The registered manager had a good understanding of regulatory requirements and notified CQC of significant events appropriately.
- Systems and processes helped ensure managerial oversight of the service. The provider had a variety of audits in place to check on the quality of the service. The audit system showed if the standard was met or needed improvement. Areas audited included health and safety, care records and medicines.

Working in partnership with others

- The registered manager worked in partnership with professionals such as the GP and local specialist support services to provide people with timely access to appropriate care to meet their health and wellbeing needs.