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# Seva Care Home

## 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

This inspection took place on 12 November 2015 and was unannounced. At our previous inspection on 2 September 2014 we found that the service was meeting the regulations we looked at

Seva Care Home is a care home for eight Asian older people. The home is located in a residential area in Harrow North West London. During the day of our inspection seven people were living at Seva Care Home.

The home had a registered manager employed who was on annual leave during the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff of the service had access to the organisational policy and procedure for protection of people from abuse. Staff said that they had training about protecting people from abuse, which we verified on training records and these staff were able to give detailed responses about the action they would take if a concern arose. Staff understood how to keep people safe from harm and this knowledge helped to protect the people using the service.

We saw that risks assessments concerning falls, healthcare conditions and risks associated with daily living and activities were detailed, and were regularly reviewed. The instructions for staff were clear and described what action staff should take to reduce these risks and how to respond if new risks emerged.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately and making the necessary applications for assessments when these were required.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way. People using the service had complex needs and we found that the information and guidance provided to staff was clear.

It was clear that significant efforts were made to engage and stimulate people with activities whether these are day to day living activities or those for leisure time. One to one time was provided for people to maximise their opportunities to engage in normal life experiences.

Everyone we spoke with who used the service, and relatives, praised staff for their caring attitudes. The care plans we looked at showed that considerable emphasis was given to how staff could ascertain each person's wishes including people with limited verbal communication and to maximise opportunities for people to make as many choices that they were meaningfully able to make. We saw that staff were

approachable and friendly towards people and based their interactions on each person as an individual, taking the time needed to find out how people were feeling and what they could do to help.

Staff views about the way the service operated were respected as was evident from conversations that we had with staff and that we observed. We saw that staff were involved in decisions and kept updated of changes in the service and were able to feedback their views at handover meetings, staff team meetings and during supervision meetings.

The service complied with the provider's requirement to carry out regular audits of all aspects of the service. The provider carried out regular reviews of the service and regularly sought people's feedback on how well the service operated.

## 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. People told us they felt safe at the home and safe with the staff who supported them.

There were enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

### Is the service effective?

Good ●

The service was effective. Staff received regular training and supervision as well as appraisals.

There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support.

People were provided with a healthy and balanced diet which took account of their own preferences and allowed for choice.

Healthcare needs were responded to properly and quickly with changes to each person's health being identified and acted upon.

### Is the service caring?

Good ●

The service was caring. Staff treated people with respect and as individuals with different needs. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes, dislikes and cultural needs and preferences.

Staff maintained and respected people's privacy.

### Is the service responsive?

Good ●

The service was responsive. The feedback we received from a

relative and people who used the service showed that there was an overwhelming view that the staff team were caring and considerate.

Throughout our inspection, staff were observed interacting with people in a calm and friendly manner, treating them as unique individuals and demonstrating compassionate and concern for people's well- being.

People who used the service knew how to raise concerns and were confident the service would deal with them.

**Is the service well-led?**

**Good** ●

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

The service had a number of quality monitoring systems including surveys for people using the service and their relatives.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

# Seva Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We undertook this unannounced inspection of Seva Care Home on 12 November 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

This inspection was carried out by one inspector and one Gujarati speaking interpreter. The majority of people living at Seva Care Home speak Gujarati as the first language.

We spoke with five people who used the service and two relatives. We spoke with two care workers and the deputy manager.

We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at five people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff files, meeting minutes as well as health and safety documents and quality audits and surveys.

# Is the service safe?

## Our findings

All the people we spoke with told us that they felt safe in the home. One person said, "Oh yes, really I do." Another person said "I feel very safe and comfortable here." People living at the home and their relatives told us that they could talk to staff if they were worried about anything. Relatives thought that the service was run safely. One relative told us that their family member's bedroom was "spotless." Another relative told us "My mother is very safe here, the food is wonderful and care staff always talk to me about my mother when I visit her."

We observed staff interacting with people in a kind and supportive way. Staff had undertaken safeguarding adults training and we saw that this topic had been discussed during staff supervisions with the manager. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority. We saw information and guidance about how to raise a safeguarding alert was on display in the home.

Risk assessments in people's care records enabled identified risks to be managed effectively, and these were reviewed approximately monthly. There were no people with pressure areas at the time of our visit, however people at risk had prevention plans in place, which were followed appropriately. We discussed with staff how they supported people with behaviours that challenges the service. We found that this was appropriate and corresponded with their risk assessments for managing behaviours that challenged.

We saw that risk assessments, audits and checks regarding the safety and security of the premises were up to date and had been reviewed. This included the fire risk assessment for the home. The registered manager had made plans for foreseeable emergencies including fire evacuation plans for each person.

Safe recruitment procedures were in place to ensure that staff were suitable to work with people. Staff files including those for recently recruited staff members contained evidence of appropriate checks of people's fitness to work. They included copies of criminal records and barring checks, written references, identity checks, copies of employment histories and qualifications.

Staff were visible at all times in the main area of the home and were seen visiting people who had chosen to stay in their own rooms. People using the service, their relatives and staff we spoke with did not have concerns about staffing levels. One person commented, "They're by no means overstaffed." But they also told us, "I've only got to pull my cord and, within 5 seconds, they're in my room. I don't know how they do it."

Relatives commented that staff were busy but they did not have concerns about the safety of their relatives. One relative told us that the staff were, "Very attentive."

Whilst staff appeared to be very busy, there was also evidence of good interaction and when people asked for assistance they were assisted very promptly. All the staff told us that there were enough staff to safely care for people in the home.

No agency staff were used in the home, so that people were supported by staff they knew well. Most staff had been at the home for more than two years and said that they enjoyed working there. Staff said that sickness and absences were covered effectively.

We looked at the Medicines Administration Records (MAR) and stocks of medicines for seven people living at the home. People had their allergy status recorded to prevent inappropriate prescribing. No controlled drugs were prescribed in the home, and medicines were stored securely and at an appropriate temperature. We did not find any gaps in the administration records or inconsistencies between the stocks and records. Records included pictures of people and their tablets, and body charts to illustrate the site for topical lotions to be administered. Medicines were signed in and out of the home to ensure stock control, and checks on the medicines records were recorded on a weekly basis.

Staff told us that medicines were only administered by staff who had undertaken the appropriate training. We observed medicines being administered appropriately during our visit. The care workers on duty were clear about how to understand the administration instructions for people on warfarin, which changed regularly. They confirmed that they received clear information when there was a change in the dose, and felt that the system was safe.

## Is the service effective?

### Our findings

People living at the home spoke positively about the staff and felt that they met their needs well. One person said, "I've no complaints." When asked if they could see a doctor one person said, "Oh yes when I need to, the doctor comes here or staff take me to the surgery." Relatives said that staff kept them up to date with any concerns about their family member's health as agreed. One relative told us, "There is hardly any turnover of staff," which meant continuity of care for people living at the home.

Staff working at the home had relevant training to meet people's needs. Staff undertook induction training after recruitment, and their training records showed that most staff had completed all areas of mandatory training in line with the provider's policy, and those who had not had been identified and were due to complete this training. Staff also had training on nutrition, dementia, mental health, and managing challenging behaviour. Most of the care staff had attained a national vocational qualification in care. A training matrix chart was used to identify when staff needed training updated.

Staff told us that they had a lot of training, and reported attending recent training in safeguarding adults, which they had found helpful and very interesting. One of the staff said "Oh yes we have lots of training, it's good here." Another staff member said they had undertaken a pressure area care course at a hospital which was very good. All staff said that if they had training needs identified, they were addressed.

Staff said that they received regular supervision and felt well supported by management. Staff records we looked at showed that staff received supervision sessions approximately two-monthly and annual appraisals in line with the provider's policy. Some supervision sessions involved observation of care provided, and staff being asked to complete a question and answer sheet which was reviewed with the deputy manager.

People said they were able to make choices about their care. There were assessments available regarding their capacity to make decisions and consent to their care and treatment. Care records made it clear as to whether people had capacity to make specific decisions about their care and treatment, and ensured that care was delivered in people's best interests when they lacked capacity to consent. Staff were aware of the principles of seeking consent and had sufficient knowledge of the legislation relevant to their role. All staff were able to give examples of gaining consent before providing care to people. One care worker said, "If we went to give a wash to one of the residents in the morning and she refused this, we would get a cup of tea for her and explain and come back to her a little later and offer a wash again, we would keep offering, but would not distress her. Sometimes it is better to get another member of staff to offer as it maybe that she doesn't want me to help her today, some of our residents have dementia and we must offer things in different ways."

Three people had a Deprivation of Liberty Safeguard (DoLS) in place. The deputy manager was aware of the duty to ensure that further applications were made for DoLS in the light of the most recent Supreme Court Judgement.

People had mixed although mostly positive feelings about the food served at the home. One person praised the care staff, noting that they knew their religious dietary needs and, "goes to a lot of time and trouble for me." Others said, "The food's good most of the time," and "It's OK, it's not too bad." One person told us they didn't like some of the food served, but staff supported them to heat up soups and other items of their choice instead. We observed this being carried out during the visit. A relative told us that their family member "loves the food." The food provided is cultural appropriate and consisted of a vegetarian Hindu diet. This reflected the people living at the home. Meals were prepared fresh daily and we observed people enjoying the meal. One person who followed a Jain diet and did not eat onions and garlic told us "They always offer me separately cooked meals."

Care workers had a good knowledge of people's dietary requirements and had a clear chart available for quick reference with regards to people's dietary needs. Special diets provided included diabetic, soft, low fat, low sugar, vegetarian and fortified meals. The kitchen appeared clean and well organised. People's weights were monitored monthly, and there were no people living at the home assessed as requiring food and fluid monitoring.

People told us that they had the support they needed to access health care professionals such as their GP. Within the care plans there was a health professional communication log, and we were able to track how recent health issues had been managed, such as a person who had needed recent eye operation. These demonstrated that health professionals were contacted promptly, and documented clearly the outcomes of each appointment and care instructions. Health professionals consulted included community nurses, community psychiatric nurses, dieticians, dentists, opticians and chiropodists. Risk assessments were in place describing preventative measures to protect people from identified health risks such as developing pressure sores.

Staff said that there were no difficulties accessing health care professionals and a GP visited every week. A care worker said that they "would call the GP in hours, and out of hours they would call 111. If it was an emergency they would phone an ambulance."

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that they were treated with dignity and respect. People's comments about the staff and management included, "Staff here are very good and kind", "Staff are pleasant as a whole" and "Staff are very friendly and look after me."

A relative told us, "I've never met a staff member who wasn't nice." Another relative commented, "I love it, such a lovely, caring and friendly attitude from staff and management."

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. One staff member told us that the atmosphere at the home was, "Loving and caring." Another staff member, commented about the providers and registered manager, "They make their home homely."

Staff told us about regular sessions they had with people where they read through the care plan with them. Staff told us they looked at what the person wanted to do and how they followed the person's needs and wishes.

There were regular meetings between people using the service, staff and the registered manager. We saw that the last meeting had taken place in September 2015. We saw that people had discussed activities, the menu and if anyone had any concerns or issues with their care.

We saw that staff had discussed people's cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. A person told us, "Anything like that, they take you, I regularly go to the temple." We saw the home was nicely decorated for Diwali and people told us that they recently had a Diwali party.

We saw that people's cultural preferences in relation to food and diet had been recorded and menus we saw reflected the diversity of people living at the home. Relatives told us that the main reason why they chose this home is that staff spoke their relatives language and that this was helpful to them and the people living at the home.

We observed staff knocking on people's bedroom doors prior to entering to ensure people had privacy. Staff told us they had enough time to talk to people and recognise their needs. People were encouraged to feedback about their experience of care in the home at resident meetings held on a regular basis.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender, although they had not yet undertaken equality and diversity training. Care records showed that staff supported people to practice their religion, by supporting attendance of places of worship and having regular Bajan's in the home.

People told us that staff respected their privacy and staff gave us examples of how they maintained and

respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

## Is the service responsive?

### Our findings

People told us that the service was responsive to their needs and preferences. A relative we spoke with told us, "Staff take good care of [my relative] and they let me know if anything's happening." Another relative commented that the staff and management "Keep me updated about any issues. I'm informed about everything."

One person who used the service told us, "Yes, they know me well and we discuss my care plan regularly, however usual my daughter is dealing with this stuff"

We saw that the registered manager and staff responded appropriately to people's changing needs. For example, we saw that, where someone's general health had deteriorated over time, their increased care needs had been regularly updated in their care plan. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

The deputy manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We looked at five people's care plans. These plans covered all aspects of the person's personal, social and health care needs and reflected the care given.

We saw that people could take part in recreational activities in the home. We saw that during the morning of our inspection care workers and staff took part in chair based activities and during the afternoon people watched a religious programme on TV. People said that they had their hair done and their nails were manicured by the staff. People said that there were no arranged trips out and one person said she went out, but with relatives. People said they are supported in going into the community to attend religious services and events. A member of staff said that they go on individual trips out, but not group trips.

Some people commented that they would like more organised activities but there were also people who did not want to take part in activities. One person commented, "They want me to do more activities and exercise." A member of staff told us that sometimes people were nervous because they lacked confidence and thought they might not be able to undertake the a particular activity. This member of staff told us how she made sure people were supported during any activity so they felt more confident. We observed staff sitting and chatting with people, when they had the time and asking how they were.

People told us they had no complaints about the service but felt able to talk to staff or the management if they did. Staff told us that people were encouraged to raise any concerns with the registered manager and at regular meetings. We saw, from minutes of meetings with people using the service, staff and the registered manager, that everyone was reminded that they could make a complaint.

One person told us, "I have no complaint to make." Another person commented, "You can make a complaint."

Relatives also told us they did not have any complaints about the home but that they would complain if they needed to. A relative commented in a recent quality survey, "We are delighted with all aspects of care. No complaints." Relatives told us they had confidence that the registered manager would be open to and respond appropriately to any concern or complaint they might have.

## Is the service well-led?

### Our findings

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Staff were positive about the registered manager and the support and advice they received from them. They told us that there was an open culture at the home and they did not worry about raising any concerns. Most people said they knew the registered manager and were complimentary about her. People's comments included, "She's alright. She's very good. She's very understanding" and "She's lovely. Good person. We see her quite a lot." Another person told us, "She comes and brings the mail in"

We asked staff about the leadership and management of the home and were told, "the team work really well together, we are a solid team", "we communicate well and it's a pleasure coming to work".

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us they felt comfortable to approach the registered manager and other senior staff. Several of the staff we spoke with had worked at the home for a number of years.

We found that there was clear communication between the staff team and the registered manager of the service. Staff views about how the service operated were respected as was evident from conversations that we had with staff and that we observed. Staff told us that there were regular team meetings, which we confirmed by looking at the minutes of the most recent two months staff meetings, where staff had the opportunity to discuss care at the home and other topics.

The provider had a system for monitoring the quality of care. The home was required to submit regular monitoring reports to the provider about the day to day operation of the service. Written feedback survey questionnaires were in place and were recently sent to relatives, however the deputy manager told us that the responds was not very satisfying. The deputy manager told us that the registered manager had arranged care plan reviews for people over the next few weeks and would remind relatives to return the completed questionnaires. We saw that the provider had analysed the survey from last year and action had been taken to address issues raised. For example relatives said that they would like to have better access to parking and in response the provider offered parking permits to be purchased when visiting their relative. Another relative voiced concern about bad smell on the second floor and the provider responded by fitting new floorcoverings which were easier to clean and maintain. We found that the service addressed the matters raised and took action to implement changes and improvements.

The management had implemented systems to audit various health and safety and treatment monitoring within the home. For example, we saw that environmental risk assessments were reviewed as part of this audit and changed where required.