

# Shanti Healthcare Limited

## Kestrel House

### Inspection report

75 Harold Road  
London  
E11 4QX

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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 7 November 2018 and was announced. At our last inspection in August 2017 we found the provider in breach of regulations relating to safeguarding, safe care and treatment, staff training and governance. We took enforcement action and issued requirement notices for safeguarding and staffing and served a warning notice for safe care and treatment. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least Good. The provider sent us an action plan detailing how they were going to address these concerns. At this inspection we found the provider had made the necessary improvements.

Kestrel House is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kestrel House accommodates up to 19 people, with mental health needs, in one adapted building. At the time of our inspection there were 19 people living at the home. Each person has their own room with shared communal facilities, including bathroom, living and dining area and communal garden. There is an office on the ground floor and arrangements in place for staff to sleep in.

There was a registered manager in post. 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.

People were protected from the risk of abuse because systems were in place to protect them. Risks to people were assessed and people supported to stay safe and their freedom respected. There were sufficient numbers of staff on duty to meet people's needs. Since our last inspection in August 2017 the provider had increased staffing levels. Medicines were now managed and stored safely. People were protected from the risk of infection because the service followed infection control practices and staff were provided with the necessary personal protective equipment. Systems were in place to learn and make improvements to the service following an accident or incident.

People's needs were assessed and care and treatment delivered in line with people's plan of care.

Staff were supported to ensure they had the necessary skills, knowledge and experience to effectively provide care and support. People were encouraged to eat and drink enough to maintain a balanced diet. The service worked within the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff understood the need to ask people for their consent before providing care and treatment. People had access to other healthcare professionals to ensure their healthcare needs were met.

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 were treated with dignity and respect and their privacy maintained. People's independence was promoted.

The service had a complaints procedure in place and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant.

Staff told us the registered manager was approachable and listened to concerns. The service had improved the way they carried out quality assurance and monitoring of the service.

We made two recommendations relating to staff recruitment and staff training.

## 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.

Medicines were managed safely.

People were protected from the risk of abuse because systems were in place to keep them safe.

Risks to people and others were assessed and managed.

Recruitment procedures were in place, we made a recommendation regarding verification of references.

There was a process for acting on and learning from incidents.

### Is the service effective?

Good ●

The service was effective.

Staff were supported and received training and regular supervision.

The service worked within the requirements of the Mental Capacity Act 2005. Staff asked people for their consent before providing care and support. Where people's liberty was being restricted the service had authorised Deprivation of Liberty Safeguards.

People's needs were assessed before joining the service. Staff knew people well and understood their needs.

Staff received training relevant to their role, including specialist training. We made a recommendation regarding training competencies where staff on-line scores had been low.

People's health needs were assessed and the service worked closely with other healthcare professionals to ensure that people received the care and treatment they required.

### Is the service caring?

Good ●

The service was caring.

Relatives and people told us that staff were caring and kind.

People's privacy and dignity were respected and promoted.

Staff developed positive caring relationships with the people they supported and promoted their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Each person had a care plan, and preferences for care taken into account.

There was a complaints policy and procedure in place which enabled people and their relatives to raise complaints. Complaints were responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was Well-led.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

The registered manager was approachable and encouraged staff to take part in making decisions to improve the service.

The registered manager had made changes to improve the environment of the service for people using the service.

Systems were in place to monitor the quality of the service and the service worked closely with other partners to meet people's needs.

# Kestrel 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 November 2018 and was announced. The inspection team consisted of an inspector and a specialist advisor experienced in working with people with mental health needs.

Prior to the inspection we gathered information we held about the service. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was informed by the local borough contracts and commissioning team that had placed people with the service.

During our inspection we spoke with the registered manager, the deputy manager and two support workers. We also spoke to four people who used the service. After the inspection we spoke with five relatives. We looked at three care files which included care plans and risk assessments, three staff files which included supervision and recruitment records. We also reviewed medicine administration records for 19 people living at the home and records related to the running of the service. This included quality assurance records, training information and policies and procedures.

# Is the service safe?

## Our findings

At our last inspection in August 2017 we found the service was not always safe. Medicines were not managed safely, there were poor infection control practices and food was not stored safely. Specific risks related to people with diabetes were not identified and staff did not know what constituted a safeguarding concern or what to do when dealing with an incident of abuse. At this inspection we found the service had made improvements.

Medicines were stored safely and securely. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature. Each person had a medicine profile which detailed all medicine prescribed and any special requirements for administration, any allergies were also recorded. We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them.

Medicine administration records were now clear and fully completed. Records showed that people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

There were systems in place to support people who managed their own medicines. We saw a risk assessment had been completed for each person and there were systems in place to monitor their compliance. People who were prescribed medicine which required regular blood tests were managed appropriately and monthly monitoring took place as required.

People told us that they felt safe. One person said, "Yeah, [I feel] well looked after." Relatives told us that they felt their family members were safe at the home. One relative told us, "Yes, absolutely." Another relative told us, "Yes, [relative] is [safe] now, [relative] cannot get out now, [relative] doesn't have a fob." This person was subject to authorised restrictions to keep them safe.

Systems were in place to ensure that people were protected from the risk of abuse. Staff had received training and now knew what action to take should they suspect abuse. Staff told us of the different types of abuse and signs to look for, this included unexplained bruising or a change in a person's behaviour such as becoming withdrawn or feeling uncomfortable when in the presence of certain people. Where safeguarding concerns had been identified the provider had worked closely with the local safeguarding authority to address the issue. Records confirmed this. For example, staff had observed one person was being financially abused by an outside person and acted promptly to ensure the person's safety and well-being were protected and their finances appropriately managed. Staff knew and understood their responsibility for whistle blowing where they observed poor care. The registered manager told us that staff were aware of the whistle blowing policy and encouraged to report any concerns about care. Staff knew the external authorities they could report their concerns to, including the social services, police and the CQC.

Systems were in place to ensure the premises were safe. This included building checks such as, gas

servicing, portable appliance testing, emergency lighting and fire safety checks. There was a building risk assessment in place and a contingency plan in case of an emergency. Records confirmed this. Staff knew what to do in an emergency as the service operated an on-call system whereby a senior manager was always available.

Recruitment practices were followed before new staff were employed to work with people. All the necessary checks were carried out to ensure staff were of good character and suitable for their roles, including disclosure and barring service (DBS) criminal checks. However, we saw that not all documents which confirmed the applicants' identity were kept on staff files. Although interview notes confirmed staff understanding of the role they had applied for, we found incomplete application forms, for example for one staff member the application form did not contain details of the references, in another application there was no statement to support the staff members application for the role they had applied for. The deputy manager told us that they didn't keep all copies of the original identification documents seen due to confidentiality. This information would have been required as part of the DBS checks, therefore the original documents were seen by the deputy manager. The deputy manager also told us that they were responsible for recruitment and would ensure that copies of the documents were placed on staff files and application forms contained the necessary detail in the future.

We recommend that the staff provider seeks guidance from a reputable source in relation good practice in recruitment of staff.

Risk assessments identified areas of risk and actions required to mitigate these. For example, on one person's file we found a detailed overview of falls incidents and the risk to the person. We spoke with the person who confirmed that they had not had a fall since August 2018. This person also told us that they liked to be independent and were able to mobilise around their room alone using the aids provided. Other risks included, the risk of absconding, risk of financial abuse and epilepsy. For example, one person at risk of having a seizure had been provided with a new bed which the service changed from wooden to fabric material with soft padding. This minimised the risk of the person injuring themselves during a fit. Staff worked closely with people to help them to manage any risks posed to them or others.

There were enough staff on duty to meet people's needs. Since our last inspection in August 2017 the service had reviewed their staffing numbers and had employed two additional support staff members, one for each shift. During our inspection we observed that people were independent. We reviewed the rota for the service and saw that there were three staff on duty, this reflected what we saw on the day of our visit. The registered manager told us that staffing numbers were based on people's individual needs, where people need to attend appointments, extra staff would be allocated to cover the shifts. The registered manager said, "People shouldn't miss appointments because there are not enough staff to do it."

There were effective systems in place to reduce the risk and spread of infection. We observed that the environment was clean and tidy. Since our last inspection the registered manager had purchased new flooring and furniture in the communal lounge, new kitchen equipment and redecorated the communal areas of the building. Hand washing facilities and guidelines were available in parts of the building, including the kitchen area. There had been improvements to the way food was stored. The provider had purchased two new refrigerators and deep cleaning of the kitchen area had been carried out. Staff were provided with the necessary personal protective equipment to minimise the risk of cross infection, including colour coded mops used to clean different parts of the building. One staff member told us, "We use disposable kitchen gloves and aprons, white for personal care and blue for the kitchen."

Relatives told us that they felt the home was generally clean. One relative told us, "Yes, always upgrading



and painting and refresh of furniture." Whilst another relative felt the environment was clean they commented on the strong detergent smell at the home, which we also noted during our inspection. The registered manager told us that this was to do with the cleaning product used by staff.

Systems were in place to analyse and assess accidents and incidents at the service. Records showed that the registered manager carried out regular monthly reviews of incidents and accidents. There was an incident reporting procedure in place which provided staff with guidance on what to do should they need to respond to an incident. Records showed that the registered manager had analysed and assessed trends to check whether any action was required. There had been learning from incidents and changes to the way the service was run. Lessons learnt were discussed during staff meetings. For example, the service had introduced a body map for one person who had developed unexplained bruising, an investigation found that this had happened following a routine blood test. This meant that lessons were learnt by the service and improvements made when things go wrong.

# Is the service effective?

## Our findings

At our last inspection in August 2017 we found the service was not always effective. Staff had received some training, but not in all key areas. At this inspection we found the service had made improvements.

Staff completed mandatory on-line training in areas such as health and safety, equality and diversity, Mental Capacity Act and Deprivation of Liberty Safeguards, food safety level one, manual handling and infection control and prevention. Other specialist training included dementia and diabetes awareness. Staff told us that the training had been helpful to them. One staff member told us, "I'm new to this [area of work] training has help me." However, staff did not receive feedback when their scores were lower than expected. This meant staff were not able to know where there had been a gap in their knowledge. The deputy manager told us that this was an area that they needed to review.

We recommend the provider seeks guidance from a reputable source in relation to on-line training outcomes for staff.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of our inspection four people were subject to DoLS. Records contained the necessary paperwork which showed that DoLS applications had been authorised. Staff had received training in the MCA and DoLS and understood the importance of asking people for their consent before providing care. One staff member told us, "I would still ask whether they had capacity or not."

People's needs were assessed before joining the service. This assessment considered people's suitability for the service and whether the provider was able to meet their needs. The registered manager told us that they now carried out more robust assessments to ensure that the service was able to fully meet people's needs. He told us that before they accepted people for the service they considered the current needs and mix of the client group. They had recently turned down a prospective referral due to their level of need.

People's preferences for care were taken into account. For example, one person who preferred female staff to provide personal care had their needs met. Records and staff confirmed this. Another person who had a preference for a specific type of shirt designed with a pocket so they could keep their diary, pens and

reminders in their pocket was supported by staff to buy these shirts. We met the person on the day of our visit who proudly showed us their shirt with the pocket which contained pens and a diary of reminders. This was also recorded in the person's care plan.

Records showed that staff received regular supervision and a yearly review of their training and development needs. Staff we spoke with confirmed that they had received supervision every six weeks and said they found these helpful. One staff member said they discussed "What training [I] would like to do, how the residents [people using the service] are getting on. This was also a chance to say what you needed and get the help."

People were provided with the necessary foods to meet their nutritional needs. People were asked for their choice of food and took part in food shopping for the home. One person, who did the weekly shopping assisted by two other people living at the home, told us that they enjoyed doing this. On the day of our visit the person had gone shopping, they told us that people were asked their choices for food and drink and this was accommodated. People with special requirements relating to their health, such as one person with diabetes had been encouraged to eat a low sugar diet. People had access to snacks and drinks when they wanted.

Staff worked closely as a team to ensure that people's needs were met. Staff had daily handovers to ensure that any changes or information about people using the service was shared with other staff. Staff used a communication book to record health appointments. Staff knew people well and were able to tell us how they supported people with their preferences.

People were referred to healthcare professionals to ensure their health needs were met. For example, records showed that the optician visited every six months. There were also visits from the chiropodist. Records showed that all the people using the service were seen by the optician in October 2018.

People using the service were independent and mobile, where people required equipment to help them to meet their needs this was in place. Although there was a lift in place at the home, the registered manager told us that this had been out of service for some time. There were no plans in place to repair this as people using the stairs were mobile. The provider should keep this under review so as to take into account any changing needs of people living at the home. One person with restricted mobility was located on the ground floor.

## Is the service caring?

### Our findings

People told us that they were treated with dignity and respect. One person told us, "Yeah, I do," to the question as to whether they felt staff treated them with dignity and respect. Relatives told us that staff were caring and kind. One relative told us, "Yes, very much so." Another relative told us, "Yes [staff are] wonderful."

We observed that staff responded to people in a caring manner and people were comfortable in staff presence. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way. During our visit we observed that the registered manager knew people well and approached them in a caring manner, engaging in conversation about their well-being.

Staff on duty knew and understood each person's needs very well. They understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected. People told us that staff knocked before entering their room; however, one person told us that they would like staff to knock at all times.

People were supported by staff to undertake tasks aimed at encouraging and promoting their independence. For example, people were supported to participate in the cleaning of their home and doing their laundry. Staff only stepped in when people could not manage tasks safely and without their support. This promoted their independence. People had time built into their weekly tasks aimed at promoting their independence.

The registered manager told us they expected staff to "Speak how you would like to be spoken to and treat all as adults, never say no. Staff are very familiar with people using the service, they knock on the door before entering. Have a caring nature, staff should be there not take away their independence, always respect one's dignity." The registered manager told us that the new medicine arrangement encouraged staff to take people somewhere private and prompt with dignity, respect and independence when taking their medicines.

Staff respected confidentiality and understood the importance of keeping information about people safe. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected. Confidentiality was adhered to and personal information about people was kept in a locked cabinet. Records showed that all staff had been trained in the new General Data Protection Regulation (GDPR). This provides a set of standardised data protection laws relating to how personal information of individuals is stored and shared. We also observed that an easy read wall chart produced by the GDPR was displayed in the dining room for people using the service.

People's cultural and religious needs were respected and people were supported in their area of worship. For example, records showed that one person had their cultural and religious needs met in relation to food. The registered manager told us that although they did not have anyone from the lesbian, gay, bisexual and

transgender (LGBT) community living at the home, the service would ensure that if they did the person's needs would be met. He told us that it was important to allow "People to live how they want to live," and said that they would support people in terms of their sexuality. A staff member told us that it was important to, "Treat everyone equally as an individual and try to meet everyone's needs."

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

## Is the service responsive?

### Our findings

People received personalised support which was responsive to their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and contained information about people's likes and dislikes and their preferences for how care and support was provided. Care plans were reviewed every six months, or sooner if there had been changes to people's needs. Records confirmed this. One person told us, ""They [staff] give it to me so I can read it and I have a copy in my room."

Staff knew people well and what was important to them. This was evident by the knowledge and understanding staff displayed about people's needs and preferences. Staff were able to tell us how they assisted people with their physical care needs, emotional and nutritional needs.

People took part in various activities of their choice. We observed that people went out in to the community to the shops or to visit relatives. We saw that there was a weekly activity plan in place, which included playing board games or going out to a restaurant for dinner. The registered manager told us that they were trying to improve activities at the home and had arranged for an external trainer to visit the home weekly to provide exercise sessions with people living at the home. The first had taken place on the day of our visit. We spoke with one person who had participated in this activity who told us that they enjoyed taking part. Another person who enjoyed doing the shopping for the home told us, "It gets me out every day. It's good exercise."

People were encouraged to maintain relationships with family and friends who sometimes visited people at the home. Relatives gave us mixed views about their involvement in people's care. We asked relatives if they were involved in reviews. One relative told us, "There hasn't been one for a long time, some years back, would like to attend a review to keep the momentum going towards independent living should [relative] become ready." However, another relative told us, "Yes, every 3 to 6 months and annually."

People were able to give their views about their care through regular residents' meetings. We spoke with one of the people living at the home who confirmed that they were a member of the residents committee and told us that meetings were held once a month and they discussed topics such as, the menu and activities. Records confirmed this. One person told us that they felt staff could do more to meet their needs. The registered manager told us, and records showed, that the service had been responsive to this person's immediate needs in relation to their health. For example purchasing a specific chair to prevent pressure sores and to enable the person to socialise in the communal areas, but they wanted to do more about getting the person more involved in outside activities and were looking into a mobile scooter to accommodate this need.

Care plans were person centred and outcome focused. People's likes and dislikes were also recorded in their care plan. Staff carried out one to one keyworker sessions. This involved checking how people were getting on, including any changes to their needs and whether they required any support to take part in activities.

There was a system in place for dealing with complaints, including informal ones. We reviewed the complaints book which included the nature of the complaint, action taken and the outcome. Relatives and people told us that they were able to make a complaint and felt this would be addressed. One relative told us that they had received an apology after making a complaint about the way a staff member had communicated with them. Another relative told us that they had never had to make a complaint. One person using the service told us, "[Registered manager] is very approachable. I can call or text him."

The deputy manager told us that there was no one living at the home who was at end of life, however, they had approached an external organisation in regard to looking at funeral arrangements for people living at the home. The home had an end of life policy which provided staff with guidance on how to plan care for people should this be required.

## Is the service well-led?

### Our findings

At our last inspection we found the provider was in breach of regulations relating to the management of the service and quality assurance systems. We took enforcement action against the registered manager and provider. At this inspection we found the provider had made the necessary improvements.

We found the registered manager had implemented additional quality assurance systems. Systems were in place to audit the quality of the service. There were daily checks to ensure the administration of medicine was being recorded correctly, including running stock balances which we found were all correct. The provider carried out a series of audits either monthly, quarterly or whenever required to ensure that the service ran smoothly. The registered manager had a continuous improvement plan which clearly detailed what was needed to be done and when action had been taken. We noted that items on the improvement plan dated 30 October 2018 had been completed, such as improving activities to promote a healthy lifestyle. On the day of our inspection we noted that a personal trainer had visited the home and plans for weekly visits were put in place. Improvements were also noted to risk assessments and medicine management.

The provider had a medicines audit completed by the pharmacy which supplied the service in October 2018 and we saw the provider had responded to the recommendations made. For example, the service now had an up to date British National Formulary (BNF). This is a reference book that contains a wide spectrum of information and advice on prescribing medicines in the United Kingdom.

The registered manager understood their responsibilities around meeting their legal obligations, for example by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

People knew the registered manager well, during our inspection we observed that people frequently talked to the registered manager. We observed the registered manager directly assisting people with their needs and people interacted positively with him. This demonstrated that people felt confident and comfortable to approach the registered manager. During our inspection we observed that one person living at the home entered the office and was welcomed by the registered manager who spoke in a calm and caring manner.

The registered manager had an open-door policy and told us that they were a good listener for people who used the service and staff. This meant that staff could speak to them if they wished to do so and worked as part of the team. People had continuity of care from staff who had worked for the service for many years. One staff member told us, "He [registered manager] is a good manager. He listens and takes action, he is very approachable." This view was shared by relatives who told us that they felt the service was well managed and that the registered manager was approachable. One relative told us, "Yes, lovely chap [Registered manager]." Another relative said, "They [Staff] have worked hard to motivate [relative] and just more recently it is starting to work."

Staff attended monthly team meetings. We looked at minutes of staff meetings and noted that this provided staff with a forum where areas such as risk assessments, staff handover, activities and people's needs



updates amongst other areas were discussed. One staff member told us of the improvements since our last inspection, which included regular management meetings with the registered manager who was now present at the service on a daily basis.

People's views were sought about the quality of the service and people were able to express their views about the service through monthly residents' meetings.

The registered manager and staff worked in partnership with the local funding authorities to ensure that people received their care in a joined-up way. We were provided with feedback from the local contacts monitoring manager who told us that the service had made overall improvements since their last visit to the service.