

Bestcare Ltd

# Vishram Ghar

## Inspection report

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11 August 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Vishram Ghar provides personal care and accommodation for up to 40 people. On the day of the inspection the manager informed us that 40 people were living at the home.

This inspection took place on 10 and 11 August 2017. The inspection was unannounced.

At our last inspection in December 2016 the service was not meeting regulations with regard to providing safe care and having systems in place to ensure quality services. We followed up these issues and found improvements had been made, though further improvements were needed to ensure people were always supplied with a safe quality service.

A manager was in place at the time of this inspection visit and had applied to CQC to become the registered manager. 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 and associated Regulations about how the service is run.

People using the service and their relatives said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and generally understood their responsibilities in this area.

People's risk assessments have not always been comprehensively followed to ensure people received safe personal care.

Staffing levels were sufficient to ensure people were kept safe.

Medicines had not been supplied to fully protect people from the risk of cross infection.

Systems to ensure that the premises were safe for people to live in were, in the main, in place.

Staff had been subject to comprehensive checks to ensure they were appropriate to provide care to people who lived in the home.

People, their relatives and staff were, in the main, satisfied with how the home was run by the manager.

People and their relatives told us that staff were, in the main, friendly and caring. We saw examples of staff working with people in a kind and respectful way.

Management had carried out audits and checks to try to ensure the home was meeting people's needs, though this system had not been comprehensively robust to ensure that people using the service had been fully supported.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Staff recruitment checks were in place to protect people from unsuitable staff. There were enough staff to meet people's needs. People and relatives told us that people were safe living in the service. Staff knew how to report any suspected abuse. People had not always received safe care, as set out in their risk assessments, to protect their safety. Medicine had not been safely supplied to people to protect them from infection risks.

**Requires Improvement** ●

### Is the service well-led?

The service was not comprehensively well led.

Systems had been audited but not always followed up with required action in order to ensure a safe quality service was provided to people. There was a manager in post at the service who had applied to CQC to be the registered manager. People and their relatives, in the main, had been satisfied with the quality of service provided. Staff told us the manager provided good support to them, though this had not always been the case with the management team. The manager and staff had a clear vision of how friendly individual care needed to be provided to meet people's needs.

**Requires Improvement** ●

# Vishram Ghar

## **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 team consisted of one inspector and an interpreter who assisted to speak with people in their first language.

We also reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We observed how people were supported during individual tasks and activities. We also spoke with 10 people living in the service, three relatives, the manager, the deputy manager, the office administrator, three care staff and one domestic staff.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

# Is the service safe?

## Our findings

At the last inspection we found that people safety was not being protected, which meant there was a breach of Regulation 12, Safe Care. We received an action plan from the provider stating that these issues would be rectified by 31 May 2017.

At this inspection, we saw that improvements had been made with regard to staffing levels, staff recruitment checks, infection control, and fire precautions.

We saw that staff had been aware of how to keep people safe. For example, we saw people using walking aids such as frames, and staff providing support to some people walking to make sure they were safe. Staff appeared to understand the help that was needed to maintain safety and wellbeing and this was provided when needed.

At the last inspection we were concerned that there were not enough staff on duty to ensure people were always safe. Most people told us that they received prompt assistance if they needed any personal care. Three people told us that at times they had to wait 20 to 30 minutes after using the call bell for staff to come and provide support to them. We spoke to staff about this. Staff stated that people did not have to wait this length of time. They said if no staff member had answered the call bell within five minutes, management staff would request that staff responded. The manager also stated that this system was in place and there had been no issue with staff not responding within five minutes to call bells.

People living in the home and staff told us there were enough staff on duty to be able to keep them safe and their needs. A staff member said that if the number of people living in the home increased, which was currently being planned by the provider, then staffing levels will also need to be increased to ensure that people's needs would be met and people were not rushed. The manager said this had been recognised and increased staffing levels would be put into place if the number of people living in the home increased.

We found, in the main lounges, there was a system that staff checked lounges every 15 minutes to see if people were ok and whether they needed any assistance. We also observed staff checking the lounges regularly. Between the 15 minute intervals, when staff came into lounges, they recorded these visits. This acted as an additional check and support to see whether people needed assistance and that their needs were safely protected.

We looked at accident records. We found a low number of accidents. When people had an accident, such as a fall, staff had appropriately referred them to health services to obtain treatment if they needed this.

At the last inspection, we were concerned that staff recruitment practices were not fully in place. On this inspection visit, staff records showed that before new members of staff were allowed to start, checks had always been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

We had been concerned on the last inspection about fire drills being organised to test staff responses to keep people safe. On this inspection visit, we found a fire drill had taken place two months previously. One staff member told us they had worked at the home for over a year and had not been involved in a fire drill practice. The manager said this issue would be followed up to ensure that people took part in practice drills so they were aware of how to carry out evacuations properly. It was her intention to ensure that fire drills were carried out more frequently in the future to ensure that staff knew what to do in the event of fire.

A relative pointed out to us, and we observed this, that a coat hanger had been used to keep a bedroom door open. When we later brought this to the attention of the manager, this door was again checked. The coat hanger had been removed and the door was seen to be safely kept open with an approved fire safety device. The manager said she would speak to the relative about this issue and agreed no fire doors should be kept open in this way.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that water temperatures had been checked, there was servicing of equipment such as hoists and fire records showed that there was a regular testing of equipment and fire alarms. A relative said that they had reported that her family member's bedroom door had not been closing properly and it had taken approximately four weeks for this to be repaired. The manager said this was not the case and the door had been quickly repaired, though this had not been recorded in the maintenance book which made it difficult to evidence this had been attended to swiftly. The manager said she would ensure that these issues were recorded properly to evidence that proper action had been taken.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home, or to relevant external agencies if needed.

At the last inspection visit, we had concerns about infection control. On this inspection visit, when we toured the home with the manager, we found facilities to be generally clean apart from some small staining to a small number of toilets. The manager explained that she had spent time with housekeeping staff to show them how comprehensive cleaning should be carried out and which relevant products to use to ensure facilities were kept clean. She said that there had been a marked improvement in cleaning standards and that she was monitoring this closely. A refurbishment of the staff toilet was planned to upgrade this facility to the same quality standard as other recently refurbished toilets in the home.

On our last inspection visit we found some stained bedsheets. We checked bedsheets on this visit and found them to be clean. People told us that their sheets were changed nearly every day or more if needed. One relative told us that when they visited, toilets were often 'smelly.' The manager said that toilets were cleaned every day and more frequently if necessary. She would encourage visitors to report any incident so that toilets could be cleaned. She said it was the intention to appoint a specific member of staff to closely monitor cleanliness standards and take action as needed.

People's care and support had not always been delivered in a way that ensured their safety and welfare.

For example, a person was identified as having a risk of losing weight. This had been highlighted through a

concern received in May 2017. We looked at the person's weight charts and saw that they had lost 5.25 kg between May 2017 and July 2017. There was no evidence in the person's care file that staff had followed the care plan to alert the management of the service and the GP when the person lost a significant amount of weight. This meant that the person was at risk of not receiving appropriate support to maintain their weight and safely protect their health. Currently, the impact on the person had been reduced as current weight charts showed that the person had maintained their weight. Weekly weight checks had been introduced to closely monitor this issue. We looked at food records. This showed that the amount the person ate had been monitored and they had been eating all their meals on most occasions. The manager sent us information after the inspection which indicated that the GP had introduced a food supplement to maintain and increase the person's weight.

A person was assessed as needing to have assistance to maintain their continence. The risk assessment did not specify how often staff needed to check the person. It did record when assistance was given to change continence wear, but not whether the person was checked to see if they needed any more support between these times. This meant there was a potential risk to their safety from developing skin damage if they had not received this assistance. After the inspection, the manager sent us information stating that information would be recorded to check that staff had frequently provided assistance to help the person maintain their continence.

We looked at another care plan of a person with diabetes. This indicated that should their blood sugar level fall below four, staff needed to supply them with specific food or drink to help raise this level. We saw evidence that staff had acted to ensure the person's health was protected.

People we spoke with told us they felt safe living in the home. One person said "I feel safe here and I have not noticed any risks to people. I have nothing but praise for this place." Another person told us that, in the past, staff had rushed them when personal care was provided. They said that they had a word with the staff and now this does not happen. They said they had not informed the manager of this because it had been sorted out with staff. A relative told us, "Yes, I think my mother is safe here."

When we observed a staff member supplying medicines to people at lunchtime, we found they had not been wearing gloves when they handled medicine. This did not observe proper infection control and keep people safe from risks of infection. The manager agreed that this personal protective equipment should have been worn by the staff member and said that this issue would be followed up. She later sent us information which indicated that this issue had been taken up.

## Is the service well-led?

### Our findings

At last inspection, there was a breach of Regulation 17, Good Governance. The provider submitted an action plan which covered relevant issues and stated that a registered manager would be recruited and systems would be put in place to ensure the quality of the service. The provider stated that these issues would be rectified by 31 May 2017.

At this inspection we found improvements had been made. The manager had been recruited and had applied for registration as the registered manager, and that the checking of systems had improved.

There was evidence that a number of quality assurance systems were in place. These included audits looking at health and safety, maintenance checks, the premises and medicine. For example, the infection control audit identified that not all staff were aware of the importance of hand hygiene procedures. Action was taken to arrange training with the infection control nurse.

People living in the service and the relatives we spoke with said that the manager had made a positive difference to the quality of life. One person said, "Issues have been sorted out with the new manager. Food is good and I'm happy. Staff are friendly and helpful." Another person told us, "It is wonderful here. The staff have helped me to walk again. I have nothing but praise for this place. People from any community or religion are catered for here." A relative told us, "My wife has been here for a few years and she is happy here as the staff are good and helpful and if there is a problem they ring me and tell me about it. The only problem I have is that I'm not now able to visit during meal times." We spoke to the manager about this issue. She said that this rule had been introduced because people living in the home had been interrupted by having many visitors present when they ate their meals. She said that if relatives wanted a meal with their family member this was still an option. The relative could go to their family member's bedroom or have a meal with them in the dining room outside the time of main meals.

A staff member told us, "The new manager has done good things like having new activities and having ice cream and English food on the menu which residents like." Another staff member said, "The manager is really nice. She will listen and then do something about it. One time she saw I needed a rest because I had been very busy so she came to help. She has introduced new things. People can have fruit and croissants in the morning and also have ice cream and chocolates, which people like."

The relatives we spoke with told us that they felt confident about approaching the manager about any issues they had. One relative stated that they had brought an issue to the attention of the provider in terms of her family member's bedroom door not shutting properly. They said the provider had apologised for this situation, but they were unhappy with the tone adopted. The manager said she would bring this to the attention of the provider, so that this issue is reviewed.

We saw that people had been asked their opinions of the home's food, by way of completing a satisfaction survey. The results of the survey showed that people were generally satisfied with the food. Some suggestions had been made for more variety of food. The manager supplied us with information which



showed that these suggestions had been followed up. A number of people had made positive comments about new food items on the menu such as croissants, ice cream, mushrooms and baked beans.

Staff told us they could approach the manager about any concerns they had. One staff member said, "The manager is very good. If I ever have a query then she will always listen and take action." However, one staff member said that they had recently seen a member of the management team shouting at a member of staff in the corridor. The manager said she would follow up this issue as this was not an acceptable management practice.

Staff members we spoke with told us that the manager expected people to be treated with friendliness, courtesy and respect. This indicated an important aspect of a well led service.

Staff we spoke with told us there had been team meetings where they had discussed any changes in the service or any particular issues and concerns with people and their relatives. We saw evidence of these meetings. The manager had raised relevant issues with staff such as how to protect people from abuse, making sure people were supported by staff carrying out lounge checks, and treating people with kindness and respect. Staff told us that they could raise issues and suggestions at these meetings. We saw evidence of a presentation of a monthly award for the best member of staff. This showed that the manager was trying to ensure a quality service was provided by a motivated staff team.

The manager stated that it was her intention to have a more comprehensive auditing process of the services supplied to people. After the inspection visit, she sent us more quality audits with regards to staffing levels, staff recruitment and staff training, though an audit of staffing levels was not in place, to ensure staffing levels always met people's needs. We requested this to be supplied, to provide assurance that all factors had been taken into account when setting staffing levels. We also found that the auditing system had not identified relevant issues with regard to protecting people from infection when supplying medicine, and always referring people to health professionals as outlined in the care plan for a person with nutritional needs who had lost weight.