Mrs Tara Pankhania

Satya Nivas Residential Home

Inspection report

71 – 73 Checketts Road
Leicester
LE4 5ES
Tel: 0116 2241802
Website: N/A

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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

Overall summary

This was an unannounced inspection that took place on 13 October 2015.

Satya Nivas provides accommodation, care and support for up to 10 people diagnosed with a learning disability and/or mental health needs. The people using the service are from the Asian communities. Asian languages are spoken in the home and Asian lifestyles catered for.

The home had a registered manager. This 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 said they felt safe in the home and were happy and relaxed in the company of the staff. Staff advocated

Summary of findings

for people and spoke up for them. There were enough staff on duty to support people in the home and also accompany those who wanted to go out into the community.

People told us they were satisfied with the food provided. Staff knew people's likes and dislikes, for example whether they preferred mild or spicy food. Lunch was a social event in the home and brought people together for food and company. During the meal staff were in attendance, serving food and offering extra helpings. Records showed that the home offered a varied menu with plenty of choice.

People told us they felt like part of a family at Satya Nivas and trusted the staff who supported them. The staff had the skills they needed to provide effective care and knew what to do if a person became distressed or anxious. The provider and manager supported the staff and encouraged them to develop their competence though ongoing training and discussion.

Staff took action to help ensure people received effective healthcare. They referred people to healthcare professionals where necessary and accompanied them to appointments. They promoted healthy living in the home and helped to educate people about this.

The home had a caring and inclusive atmosphere. Many of the people using the service and the staff had been at the home for a long time and had built up close and trusting relationships. All the people we spoke with said they liked the staff and got on well with them. They also cared about and looked after each other.

Staff supported people with their religious beliefs and encouraged them to take part in cultural events. Staff were multilingual and communicated with people in their preferred language where possible. The encouraged people to take part in activities, go on trips out, and visit to local restaurants and clubs.

People received personalised care that met their needs. Their care plans included information about their preferences, for example what time they liked to get up, the nature of the support they needed, and whether they preferred a shower, bath or bucket bath. If people's needs changed staff adjusted their care plans accordingly.

This home was suitable for people sharing the same or a similar cultural and religious background as the current people using the service and staff. The home was decorated with religious pictures telling stories from people's faith backgrounds. The people using the service and staff were celebrating a religious festival on the day we visited.

People told us they were involved in how the home was run. They attended residents meetings where they discussed forthcoming religious festivals, and arrangements and food choices for forthcoming birthdays.

Staff told us they enjoyed working at the home and attended staff meetings where they were encouraged to share their views and make suggestions for improving the service. They told us they felt well supported by the manager and provider.

The provider carried out an annual survey to find out if the people using the service and their relatives were satisfied with the service provided. The results of this year's survey were positive with respondents rating the service as 'excellent'. The quality assurance system needed to be more formal with appropriate records kept.

There had been improvements to the home since we last inspected including the ongoing refurbishment and re-decoration of the premises. Some work regarding possible tripping hazards in the home was outstanding and the provider agreed to action this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People using the service felt safe at the home and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered in the way people wanted them.

Good

Is the service effective?
The service was effective.

Staff were appropriately trained to enable them to support people effectively.

Meals were varied with plenty of choice and staff catered for people's individual like and dislikes.

People were assisted to access health care services and maintain good health.

Good

Is the service caring?
The service was caring.

Staff were caring and kind towards the people using the service.

Staff supported people with their religious beliefs.

People were encouraged to make choices and involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their needs.

Staff provided group and one to one activities for the people using the service.

People knew who to go to is they had any concerns about the service provided.

Good

Is the service well-led?
The service was well led.

The home had an open and friendly culture and the provider and manager were approachable and helpful.

People using the service and staff were encouraged to comment on the service and make suggestions for improvements. The quality assurance system needed to be more formal.

Improvements had been made to the premises although some work remained outstanding.

Good

Satya Nivas Residential 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 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.

This inspection took place on 13 October 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of people with learning disabilities.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

During the inspection we spoke with two people using the service on a one-to-one basis and seven people in a group. We also spoke with the manager, the provider, and four support workers.

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.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. On person said, "I am not scared. I have not seen any staff being angry or speaking rudely to me." Another person seconded this. People appeared happy in the home and relaxed in the presence of the staff who supported them.

The staff advocated for the people using the service. The provider told us one of the people using the service reported to her that a staff member at a local restaurant had made negative comments about the person's mental health needs. The provider said she was concerned by this and drove to the restaurant to speak with the staff member in question. As a result the staff member apologised for their behaviour. This was an example of staff protecting and speaking out for the people using the service.

Staff knew how to report any safeguarding concern to the provider or manager. Records showed that safeguarding was discussed with staff in meetings and one-to-one supervision sessions. This helped to ensure staff understood their responsibilities in this area. The provider's safeguarding procedure needed simplifying to clarify it and make it clear that staff needed to refer any safeguarding concerns to the local authority.

Risks to people using the service had been assessed as part of their care plan. These included risks associated with behaviours that might challenge, mobility, smoking, and swallowing. Staff understood the measures they needed to be taken to reduce these risks. For example, staff ensured that a person who was at risk when eating and drinking was supported in a safe way to reduce this risk through a correct seating position and support in line SALT (speech and language therapy) guidance.

Risk assessments contained clear instructions to staff on how to respond if people engaged in risky behaviour. The guidance focused on explaining to people what the consequences of risky behaviour might be for themselves and others using the service. This helped to ensure people made informed choices about their lifestyles and actions. We saw that where appropriate risk assessments had been signed by the people using the service and their relatives to show they were in agreement with the measure in place.

Care plans detailed how behaviours that might challenge could occur and how staff could intervene to enable the person to manage their behaviours. Incidents of behaviours that might challenge were recorded in detail in daily logs. The service did not use any other recording systems to manage behaviours. This meant it was time consuming to identify any patterns or changes in people's behaviours from the daily logs. We discussed this with the provider who said she would consider introducing a more effective monitoring system.

The home was well staffed and there were enough staff on duty to support people in the home and also accompany those who wanted to go out into the community. We saw there was always at least one staff member on duty in communal areas, while others staff members cooked and cleaned, provided personal care, and took people out on a one-to-one basis. The provider worked in the home and was usually supernumerary which meant that she was not on the rota to provide care but could do so if an extra member of staff was needed. The provider ensured that both male and female staff were on duty as necessary to ensure people needing personal care received it from staff of their preferred gender.

Staff recruitment practices were robust. Records showed that before new members of staff were allowed to start work at the home checks were made with regard to their previous employment history and with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and ensure that staff employed are of good character. We looked at staff files and saw they had the required documentation in place to support this.

People told us they received their medicines on time. Procedures were in place to support people to manage their medicines safely. Medicines were stored securely in a dedicated room. In line with the home's policy, all staff were trained to support people to have their medicines and administer medicines safely.

The service used a monitored dosage system to store and dispense medicines. Photographs of the people using the service were kept on each record to ensure staff could correctly identify the person receiving the medicine. Recordings on medication administration charts were appropriate and regularly audited by the manager and the provider. The provider told us that they only keep one month's supply of medicines in at any time and this was confirmed by the audits and stock checks we saw.

Medicines were dated when they were opened so that staff knew when the medicines were to be used by or disposed

Good

Is the service safe?

of. The manager ensured that people had their medicines in a form that suited them, for example people had liquid medicines if they had trouble swallowing tablets. We saw that one person had a heavy reliance on their PRN (as required) medicines and this was supported by entries in their care plan. These showed that staff had liaised with medical professionals and were monitoring this situation to help ensure the person was safe with regard to their medicines.

Good

Is the service effective?

Our findings

People told us they were satisfied with the knowledge and skills of the staff. One person said, "The staff know how to look after me." During our inspection we observed that staff knew the people they supported well and worked confidently with them.

Staff supporting people had the necessary skills. They understood the specific needs of people living with learning disabilities and/or mental health needs and how to respond if a person was distressed, agitated or confused. We observed this in practice on a couple of occasions during our inspection and saw that each time staff were skilful in diffusing a potentially challenging situation.

All staff working at the home had completed an induction and undertook on-going training through e-learning, distance learning, and face to face learning. This included training in safeguarding, medicines administration, epilepsy, nutrition, food hygiene and first aid. Staff were also encouraged to undertake vocational training at NVQ (national vocation qualification) levels 2 and 3.

Records showed that some staff training had expired and refresher courses had not yet been booked. In addition staff were not offered training courses specific to the needs of the people who used the service, for example mental health awareness or understanding learning disabilities. We discussed this with the provider who said she would address these shortfalls.

Staff received regular supervision and the sessions include an evaluation of each staff member's learning after training and after reading key policies and procedures. Staff told us the provider and manager supported them in their training and helped them if any translation was needed of training information, as in some cases English was not their first language.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DOLS) which apply to care homes. The manager and provider understood what was meant by a deprivation of a person's liberty and staff had completed training in this alongside mental capacity training. Records showed a DoLS application had been made for one person who used the service to ensure that they were not deprived of their liberty unnecessarily. This was appropriate and in relation to a person who required 24 hours supervision.

People said they were happy with the food provided. One person said, "The food is nice, I like it. I get enough to eat and drink." Another person commented, "The food is good here." Some people told us they were able to make their own hot drinks provided staff had assessed them as safe to do that.

The staff we spoke with knew people's likes and dislikes with regard to their diet. One staff member told us, "[Person's name] prefers very mild food. We take out their portions before adding chillies to the food". Another staff member added, "[Person's name] is the opposite. They like very hot and spicy foods. Yesterday they wanted to eat noodles so I made them and put in plenty of green chillies."

Lunch consisted of chapattis, potato and aubergine curry, daal, poppadums, fresh salad, natural yogurt or fruit yogurt, and fresh fruit. Seven people using the service came to eat lunch and another two asked for their food to be saved so they could eat later. They showed us that staff respected people's choice as to when they wanted to eat.

During the meal three staff were in attendance, offering extra helpings at the table, replenishing food, and re-heating dishes if required. We observed that the mealtime was an event in the home and brought people together for food and company.

Records showed that the home offered a varied menu with plenty of choice. The main meal of the day, served at lunchtime, was a traditional Indian meal. For the breakfast and evening meals both Indian and English items were available so people had a choice. Snacks were offered throughout the day and we saw these being passed round between meals.

People told us staff supported them to be healthy and see health care professionals if they needed to. One person said, "Staff accompany me to my medical appointments and sometimes I go on my own." The provider told us, "We fight for people (to get the right healthcare) as if they were our own family members."

Records showed that people's health needs were assessed and care plans and health action plans put in place to advise staff how to meet their needs. Health appointments and health outcomes were clearly logged in health action plans. These included routine appointments such as chiropody and specialist appointments such as occupational therapy and neurology.

Good

Is the service effective?

We found a number of examples of staff ensuring people's health care needs were met.

One person at risk of losing weight had a plan for weight monitoring and support with meals and drinks in addition to regular health checks by professionals. Records showed that the manager and the provider had been proactive in enabling the person to access health care, and had made sure appropriate referrals were made and investigations carried out to determine the cause of their weight loss.

Another person had the goal of stopping smoking and staff had included this in their health action plan together with a strategy to support the person to begin to quit smoking. Two people needed support with their mobility due to health issues and staff were aware of this and effective in supporting them to mobilise with assistance.

A further person had been referred to the SALT (speech and language therapy) team, a consultant, and a physiotherapist to help ensure their health needs were addressed.

These examples showed that staff took action where necessary to help ensure that people received effective healthcare. They also promoted healthy living, for example by arranging for a specialist in diabetes to come to the home and talk to people about how to prevent and manage this condition.

Good

Is the service caring?

Our findings

All the people we spoke with said they liked the staff and got on well with them. One person told us, “The staff are good to me.” Another person commented, “The staff are very nice here.”

The home had a caring and inclusive atmosphere. Many of the people using the service and the staff had been at the home for a long time, in some cases over 10 years, and had built up close and trusting relationships. People appeared at ease with the staff and relaxed in their company.

The provider told us the people using the service also cared about each other. She said, “If someone has gone to visit their family and we have something special to eat the other residents want us to save some for them so they don’t miss out.” The provider also told us the people using the service were particularly caring towards anyone who was ill.

We observed staff being caring towards the people using the service. One care worker told us, “We don’t work here for the money, it’s a vocation for us. The nature of the staff is good.” Staff told us that when one person using the service was in hospital staff visited them every day and took them food from the home because they preferred this to the hospital food. One staff member said, “It’s what we’d do for our own family members, it’s no different.”

Staff supported people with their religious beliefs and encouraged them to take part in cultural events. The day of the inspection coincided with the first day of a Hindu religious festival and preparations for this were taking place. The people using the service and staff were talking about the festival and its significance. In the afternoon some people sang religious songs in the lounge with staff. People using the service told us they were going out that evening to a local club to take part in a traditional Indian dance as part of the celebrations.

People were involved in planning their own care. One person told us, “My care plan is agreed with myself and my [family member].”

Records showed that people were asked for their consent to care and treatment. We saw consent forms for medicines, care and treatment supported by personal profiles in care plans which had been developed with peoples’ involvement.

People were asked whether they preferred male or female staff to provide their personal care. Each person had a detailed person profile which summarised their life history, key life events, likes and dislikes, and favourite possessions and activities. Profiles detailed who the person best responded to in terms of staff and how to support them if they were feeling low. This meant that care plans were personalised.

Care plans detailed outcomes for each person, who was responsible to support the person to achieve the outcomes, and short and long term goals. Each outcome and goal had been recently reviewed and if necessary support needed to achieve the goal amended to support the person more effectively. The people we spoke with confirmed that they and their family had been involved in the development of their care plans and on-going reviewing of plans and assessments.

People told us their privacy and dignity was respected at the home. One person said, “Staff knock on my [bedroom] door before entering.”

Some staff recordings within daily logs, for example those referring to continence needs, were not always worded respectfully. We discussed with the manager and provider who agreed to ensure consistent and appropriate language was used in records to help maintain people’s dignity.

Good

Is the service responsive?

Our findings

Records showed people had an assessment of their needs and were involved in completing their personal profiles and health action plans, assisted by their families if they wished. The information from the assessment was then used to develop their care plans. For example, it was important for one person to retain links with their family and visit them independently during the week. This was included in their care plan so staff could support them to do this.

Care plans had been updated to reflect changes in needs, for example one person was experiencing health issues and this was clearly recorded within their care plan and in supporting information. Staff were aware of the care people required, for example some people chose not to eat with others when they were feeling anxious and were supported to eat at a quieter time of their choosing. Staff communicated with people in their preferred language where possible. This helped to ensure that people received care that was personalised and met their needs.

Peoples care plans included information about their preferences, for example what time they liked to get up, the nature of the support they needed and whether they preferred a shower, bath or bucket bath. Records showed that their wishes had been taken into account in the care provided.

If people's needs changed staff responded appropriately to this this. For example, one person who needed support with their mobility was moved to a downstairs room that was easier to access. (The original occupier of that room was happy to move upstairs as it meant he got a larger room.) Another person who might have had to stop going to college due to changes in their needs was accompanied by staff to ensure they were still able to attend.

We observed that the needs of the people using the service differed and this was catered for. During our inspection some people were in the lounge being supported by staff. Others were in their bedrooms and two were out in the community on their own. Although staff knew where everyone was they only provided support where it was needed and otherwise let people be as independent as possible.

We talked with the people using the service and staff about the activities provided. They had the use of a seven-seater vehicle and had gone on recent trips to a theme park and an out of county shopping centre. They also regularly went to a favourite neighbourhood restaurant and to a nearby club.

People told us they would speak to staff, the manager, or the provider if they had any complaints about the service. They were given written and verbal information about how to make a complaint if they needed to when they came to live at the home. They were also reminded about how to raise concerns when they attended meetings and reviews.

The home's complaints procedure was in both a written and a pictorial form to make it more accessible to the people using the service. When we inspected it was in need of updating to better explain the role of the local authority, the Ombudsman, and CQC in dealing with complaints. The provider said she would do this.

Good

Is the service well-led?

Our findings

When we arrived at the home the people using the service and staff were celebrating a religious festival. People were talking about the festival and planning what they would do in the evening to mark the occasion. During the morning lunch was prepared and there was a pleasant aroma coming from the kitchen. One person said, "I can smell the spices." Another person came back from an outing and immediately went to the kitchen to see what was being prepared. We could see that in doing this they felt at home and free to go where they wanted.

People appeared relaxed and content in the home. One person told us, "This is my first home and I have been here 15 years. I don't have any reason to complain. I am happy here." Communal rooms were comfortably furnished and homely and people's bedroom personalised and unique to them as individuals.

This home was suitable for people sharing the same or a similar cultural and religious background as the current people using the service and staff. The home was decorated with religious pictures telling stories from people's faith backgrounds. Some people had these pictures in their bedrooms and one person pointed theirs out to us and said they liked it.

People were encouraged to be part of the local community. They used local places of worship, restaurants, and clubs. One person liked 'bargaining' and the staff told us they went round the local shops finding the best offers on fruit and vegetables for the staff to buy.

People told us they were involved in how the home was run. One person said, "We have meetings where we discuss menus and trips." Residents meetings were held every one to two months. The minutes of the most recent one, chaired by one of the people using the service, showed that the majority of those living at the home took part. People discussed forthcoming religious festivals, and arrangements and food choices for forthcoming birthdays.

Staff attended regular meetings with the manager and the provider. Minutes showed there were open discussions about the service and the opinion of all the staff was sought and valued. The manager and provider were keen to develop staff, recognise their individual skills and interests, and delegates tasks of responsibility to them.

Staff also had individual supervision sessions and were encouraged to improve their skills. For example, one staff member was being supported with their literacy skills which was having a positive impact on the quality of their care plans and general record keeping.

Staff told us they enjoyed working at the home. One staff member told us, "I really like working here and I enjoy supporting the residents. I would happily put a relative in here." Another staff member said, "The owner and manager look after the staff and are good at making sure the staff are OK."

The provider and the manager regularly worked care shifts alongside care staff and were aware of current issues in the home and able to respond quickly to any concerns. This also made them accessible to staff and the people using the service on a daily basis.

The provider carried out an annual survey to find out if the people using the service and their relatives were satisfied with the service provided. We looked at the results of this year's survey which were positive. People using the service rated it as 'excellent' and commented on its homeliness. Two people said that living at the home made them feel 'part of a big family'.

Relatives also rated the service as 'excellent'. One respondent wrote, 'I have observed excellent progress to my [family member's] hygiene and general attitude which is now more upbeat.' Another wrote, 'The positive approach of staff has been excellent.'

We looked at how the provider and manager ensured the service provided high quality care. The home had a quality assurance policy dated 15 June 2015. This stated that quarterly audits were to be carried out on catering, housekeeping, care, and administration. However there were no records of this being done. The provider told us both she and the manager checked care plans and medicines daily, and made a point of speaking with the people using the service to make sure they were happy and had everything they needed. But this was not recorded. We discussed this with the provider who agreed that a formal system of quality assurance was needed to evidence that checks had been carried out and she agreed to put one in place.

We noted there had been improvements to the home since we last inspected. Menus had been changed and the interior of the home had been refurbished and

Good

Is the service well-led?

re-decorated in parts. However we saw that the floor covering in one of the upstairs bathrooms was uneven and could be a tripping hazard, as were some slightly raised thresholds in other areas of the home. We advised the provider about this and she said she would take prompt action to address this so as to reduce risk to the people using the service and staff.