Parcs Healthcare Limited

Gokul Nivas

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 9 June 2016 and was unannounced.

Gokul Nivas is a care home that provides residential care for up to 10 people and specialises in caring for Gujarati Asian Elders whose first language is Gujarati. The accommodation is over two floors, accessible by using the lift and stairs. At the time of our inspection there were six people in residence.

A registered manager was 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.
The provider had appointed a care manager. They were supported by the deputy manager to manage the service on a day to day basis in the absence of the registered manager who was managing services outside of this area. The care manager was supported by registered manager from the service next door, which is a service for the same provider.

People told us they felt safe at the service. People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Staff understood their responsibility in protecting people from the risk of harm.

Staff were recruited in accordance with the provider's recruitment procedures. There were sufficient numbers of staff to meet people's needs and to promote their safety and wellbeing. Staff were supported through training, supervisions and had regular meetings which helped to ensure staff had the knowledge and skills to support people and an opportunity for personal development.

People's care needs were assessed including risks to their health and safety. Care plans were updated and centred on people's needs, which included the measures to help promote their safety and independence. Care plans provided staff with clear guidance about people's needs which were monitored and reviewed regularly.

People lived in an environment that was homely and comfortable. We found equipment such as the profile bed and the shower room were not well maintained. Action was taken by the care manager when we brought it to their attention to ensure the equipment and premises were safe and fit for use. However, the provider should take steps to routinely monitor the service and equipment used in the delivery of care remain safe and in good condition. There were ongoing improvements and refurbishment being made to the service and the care home next door which is within the same provider group. There was a secure garden which people could use safely.

People received their medicines at the right time. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health. People were

provided with a choice of meals that met their health and cultural dietary needs.

People's consent had been appropriately obtained and recorded. The management team and staff team understood the principles of the Mental Capacity Act and how they might apply to the people who used the service. When staff had concerns about people's capacity then they sought advice and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty.

People were involved and made decisions about their care and support needs. Information was provided in a form that the person could understand and enabled them to make choices about how they wish to spend their day. People were supported to observe their faith and take part in activities, which met their cultural needs and interests and also new activities being introduced to people who previously may not have had the opportunity.

We saw staff showed care and kindness towards people using the service. People told us staff were caring that they had confidence in them to provide the support they needed. There was a warm and relaxed atmosphere where people were comfortable. We saw staff interact with people positively; and treated them with dignity and respect.

People told us if they had any concerns or complaints they would tell the care manager or the deputy manager in the absence of the registered manager.

The provider had systems in place to assess and monitor the quality of the service. The views and opinions of people who used the service and staff were sought, which included meetings, completion of a range of surveys and internal audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Further action was needed to ensure the premises and equipment used in the delivery of care were safe and medicines were stored securely.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely to promote their independence. People received their medicines at the right time and were managed safely.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Staff were appropriately recruited and there sufficient numbers of staff available to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training and support that enabled them to provide the care and support people required.

People's consent to care and treatment was sought and their care plans showed the principles of the Mental Capacity Act were used. People were encouraged and supported to make decisions which affected their day to day lives.

People's nutritional needs were met. People were referred to the relevant health care professionals to promote their health and wellbeing.

Is the service caring?

Good

The service was caring.

People told us they were supported by staff that were kind and caring in their approach. People were treated with dignity and respect.

People were encouraged and involved in decisions made about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Their on-going care needs were reviewed regularly to ensure the care provided was appropriate and met their needs and preferences. Care provided were person centred and people's cultural needs, lifestyle choices, hobbies and observing their faith was promoted.

People were encouraged to make comments about the quality of service provided and were confident that their concerns were listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The service had a registered manager. However, the day to day management of the service was provided by the care manager and the deputy manager. Staff were supported to ensure care provided focused on promoting and maintaining people's quality of life.

The provider had a system in place to assess and monitor the quality of care provided. People and staff were encouraged to give their views about the service which enable the provider to assure themselves people were safe and received quality care.

Gokul Nivas

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 was 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 9 June 2016 and was unannounced. The inspection was carried out by two inspectors. One inspector spoke with people in their first language, which was not English.

Before the inspection we looked at the information we held about the service, which included the provider's action plan outlining their how they would make the required improvements following our inspection of 12 October 2015. We are considering what action we need to take.

We reviewed the provider's statement of purpose, information received about the service and the notifications we had been sent. Notifications are changes, events of incidents that affect the health and safety of people who used the service that provider's must tell us about. A statement of purpose is a document which includes a set of information about the service and the support people can expect to receive.

We contacted commissioners for health and social care responsible for funding people that use the service and asked them for their views.

We spoke with three people who used the service and three visiting relatives. We also used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge during the morning and at the lunch time meal service.

We spoke with the care manager, deputy manager, a senior care staff and two care staff involved in the care provided to people. We also spoke with the cook and the handy person. We spoke with the registered manager from the service next door, which is part of the same provider group that supported the service when the registered manager was absent. We also spoke with two visiting health care professionals, the

food safety officer and two external building contractors involved in the refurbishment of the service.

We looked at the records of three people, which included their risk assessments, care plans and medicine records. We also looked at the recruitment files of four members of staff, training records and a range of policies and procedures, maintenance records for the equipment and the building, audits, complaints and the minutes of meetings.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection of 12 October 2015 we found people's medicines were not managed and administered safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining a full review and audit of medicines would be carried out and they would introduce regular audits on the management of medicines. During this inspection we found the provider had taken action and had made the required improvements. However, we found other issues of concern with regards to medicines management.

We saw the medicines were kept securely. However, the temperature was not regularly checked and the storage for medicines which have to be tightly controlled otherwise known as controlled drugs (CD) was not suitable. When we raised this with the registered manager from the service next door, a thermometer and a temperature record was put in place and they assured us suitable storage would be provided. Following our inspection the provider confirmed suitable storage for the CD medicines was ordered.

People told us they were supported with their medicines. A relative said, "She [family member using the service] always gets her medicines on time, which is a good thing."

The provider's medicines policy and procedure had been updated and included the policy on the use of homely remedies where people use over the counter medicines.

The deputy manager was trained to administer medicines. We observed them administering medicines at lunchtime. They spent time talking with the person both before and after they were given their medicines and signed the medication records to confirm medicines were taken.

We looked at a sample of people's medicines and their medicines records, which showed people received their medicines at the right times. Records showed that staff had followed the correct procedure for medicines administered when required, otherwise known as 'PRN'. Each time PRN medicine was administered staff recorded the quantity. The staff member told us that they would seek medical advice if PRN medicines were required regularly. This helped staff to ensure people's health and wellbeing was monitored.

We saw that preparations to refurbish the service had started. The registered manager from the service next door told us that people were consulted about the refurbishment plans and the arrangements to ensure their needs would be met safely. People felt they were adequately informed about the plans including one person who chose to move to another room to avoid being disturbed by the noise.

All the bedrooms had ensuite shower, toilet and wash hand basin. However, people used one of two bathrooms which had a walk in shower facility. We found a number of issues which showed appropriate steps were not always taken to maintain people's health and wellbeing. For example, bathrooms had personal toiletries belonging to people, which could increase the risk of cross infection if used by other people. A bathroom was cluttered and numerous items were stored such as a dining style chair, shower

chairs, commode and continence products. The grab rail in the shower room was not secured to the wall. When raised with the care manager items were removed and the grab rail was also secured to the wall by the maintenance person.

We saw the profile bed's handset cable was not safe. The registered manager from the service next door told us that they were not aware of this even though someone employed by the service had taped over the exposed cable. They assured us action would be taken. We saw that all the bedrooms and bathrooms had window restrictors fitted. This helped to protect people from unwanted intruders. However, additional bars were placed across the windows in people's bedrooms. The registered manager from the service next door assured us that they would contact the registered manager and the contracted fire safety officer. Following our inspection visit the fire safety officer wrote to us to confirm that the fire precautions in place were adequate.

People told us they had a call bell in their room which they used to call for assistance. One person who chose to remain in their room was unable to use the call bell as it was attached to the bed lever. We asked the deputy manager to support the person and they also ensured the call bell was placed within reach should they need to call for assistance.

Staff knew how to report faults and records showed action was taken when reported. Records showed that regular checks were carried out on the premises and equipment such as hoists and slings to ensure these were serviced. However, these checks had not identified the issue of the profile bed and the shower room. Further action to monitor would help to ensure checks carried were accurate and therefore issues identified could be addressed more promptly. This would help protect and promote people's safety and wellbeing.

At our previous inspection of 12 October 2015 we found there were not sufficient numbers of staff available to ensure people's safety and care needs were met. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan outlining that they had reviewed the staffing levels and recruited a care manager to support and monitor the delivery of care on a day to day basis. During this inspection we found the provider had taken action and had made the required improvements.

People told us that staff were available and supported them when they needed help. One person told us that staff supported them safely with their daily personal care needs. Another person said that the night staff promptly assisted them to use the toilet at night which promoted their dignity.

Staff told us that they were able to meet people's needs and if necessary the care manager and deputy manager would help. Staff knew people's preferred daily routines, which helped them to provide support accordingly. A staff member who also worked the night shifts told us that when required a second staff member from the care service next door would assist them to support people who needed the help of two staff. These showed arrangements were in place to ensure people's needs were met safely.

The staff rota reflected the staff for both Gokul Nivas and the care service next door. Staff working at the service were clearly identified and consistent with the staff on duty. The rota also identified the night staff responsible for supporting people at Gokul Nivas. One person told us they were informed of the staff that were on duty each night. The night records showed that people needs were met in a timely manner, which supported what people using the service and staff had told us. The care manager monitored people's needs and the support they required to ensure staffing levels were appropriate at all times. This meant people could be assured their needs would be met.

People told us they felt safe with the staff that supported them. One person said, "I'm very safe and okay." A relative said, "She's [family member using the service] safe here and I know she would tell staff if she didn't feel they were helping her properly."

The provider's safeguarding policy and procedure was easily accessible to staff. This was reviewed and updated by the provider. Staff spoken with had received training in how to protect people from harm and abuse and described the actions they would take which was consistent with the guidance in the safeguarding procedure. Staff told us they would refer concerns about people's safety to the care manager and if no action was taken they would report the concerns to the social worker or the Care Quality Commission. This showed staff understood the process to protect people.

Records were kept of all incidents and accidents concerning people's safety and wellbeing. These were reported to the relevant authorities and detailed the action taken by staff to help maintain people's health and safety. This meant people's safety was protected and appropriate action was taken to help maintain their wellbeing.

People told us that staff supported them safely. One person told us that the staff 'always helped them and that they were happy with the support they received'. A relative commented that staff had attended training and the way they supported their family member was noticeably better.

We saw staff supported people safely. For instance, a member of staff walked with someone using a walking frame, offered assurance and directed them safely to be seated. This was done safely and staff left the person only when they were seated comfortably.

People had an individual personal evacuation plan in place in the event of an emergency or fire. Staff knew the level of support people needed which helped to ensure appropriate support would be provided in the event of an emergency to help them keep safe.

People's safety was protected by the provider's recruitment procedures. Staff recruitment records showed that the relevant checks including a check from Disclosure and Barring Services (DBS) had been completed for all staff. DBS helps the employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service.

At our previous inspection of 12 October 2015 we found risks to people's health and wellbeing had not been assessed and measures to manage people's safety did not always promote their independence. Care plans lacked sufficient guidance for staff to follow to ensure support provided was safe and appropriate. The provider sent us an action plan outlining that they would review all the risk assessments and introduce new care plans to ensure risks identified were managed and staff had clear information to follow to meet people's needs safely. During this inspection we found the provider had taken action and had made the required improvements.

We looked people's care records and found risks assessments associated to their needs and potential risks in relation to falls and moving and handling has been assessed. Records showed people, and where appropriate their relatives, were involved in the process to ensure options considered also helped to maintain their independence as far as practicable. For example, one person us that they were at risk of falling. Therefore, a sensor mat was placed next to their bed, which would alert staff when the person was awake and needed support. Another person told us the use of the beds rails had been discussed with them for their safety and they confirmed staff put up the bed rails at night which helped to keep them safe. This meant people's safety could be assured.

Care plans provided staff with clear information as to how to support people safely, included equipment to be used such as a hoist, bedrails and bumpers, and their preferences with regards to how their personal care was to be provided and their daily routines. We saw advice was sought from health care professionals such as the dietician to support someone with a health condition and food tolerance. Staff we spoke with described how they supported people, which was consistent with the information in their care plans. This meant that risks to people's health, safety and wellbeing were managed effectively.

Good

Is the service effective?

Our findings

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.

At our inspection of 4 July 2014 we found suitable arrangements were not in place to obtain people's consent and protect them from undue restrictions. The provider had sent us an action plan outlining staff would be trained and action would be taken to meet the MCA requirements.

At our previous inspection of 12 October 2015 we found the provider had not followed the requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS) where people were unable to give their consent. The provider sent us details of the staff training to be provided and the arrangements in place to ensure procedures were followed to ensure people's best interest decisions and needs were met appropriately. During this inspection we found the provider had taken action and had made the required improvements.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called DoLS. The care manager, deputy manager and staff we spoke with demonstrated an awareness and understanding of the MCA, and when this should be applied. Although staff had received some training the provider had scheduled MCA training for staff in June 2016, which showed staff's knowledge was being kept up to date.

We saw staff always sought consent before people were helped, and respected their wish if they declined the support offered. We checked whether the service was working within the principles of the MCA and found conditions on the authorisation to deprive a person of their liberty were being met. People's care records showed that people's mental capacity to consent to their care had been assessed and where appropriate their representatives such as a relative and health care professional had made best interest decisions on their behalf. This showed that the principles of the MCA were being followed.

The care manager told us that all the staff had received training through an external training provider. Staff spoke positively about the training they had received which was provided. A staff member told us that the training had equipped them with the knowledge and better understanding of health conditions such as diabetes. The examples given showed that staff knew the importance of providing suitable meals for people with diabetes and the signs to look for that would indicate someone's health was of concern. Another staff member found the training was beneficial as they were able to ask questions and relate the training to people's needs for instance, supporting a person living with dementia. This helped staff to get to know people and their individual needs.

Staff training records showed that staff had completed essential training which covered health and safety, person centred care and awareness training in dementia care. This helped to ensure that they had the skills

to meet people's needs and meet the provider's expectations of providing quality person centred support.

Staff were supported and supervised by the care manager and deputy manager. A member of staff told us they were able to discuss their work, training needs and personal development. Another staff member told us that the care manager worked alongside the staff team, which also helped to ensure they put into practice the training in the delivery of care. For example, a staff member was reminded to communicate more clearly with the person whilst they were transferred using a hoist. This meant people could be assured that staff supported them correctly.

Staff meeting records showed that staff had the opportunity to raise any issues or concerns about the people using the service so that their needs could be effectively managed. Meeting minutes were available to all staff in English and in Gujarati, which helped to ensure information was available to staff who were unable to attend the meetings. We found that there was no update or review of actions from the meetings. This would help the registered manager to monitor improvements. When we raised this with the care manager they assured us future meetings would include actions and reviews.

We asked people for their view about the quality and choice of meals. All the people we spoke with praised the cook for the quality and variety of meals prepared. One person said they were 'very happy having the Guajarati meals' and another told us that there was always a choice which meant their dietary needs were met.

Relatives were complimentary about the choice of meals provided. One relative said, "Food is excellent; it's all prepared here, served hot (heat) and always looks good when served." Another relative said meals portions were smaller which suited their family member's appetite.

We saw people were offered regular drinks and snacks. All the meals were traditional Guajarati vegetarian meals and freshly prepared by the kitchen staff for both care services. Meals looked balanced and were served individually in a thali (plate with compartments). Lunch was the main meal of the day which consisted of choice of curries (vegetables and lentil); served with puri (unleavened deep-fried bread), rice and a selection of condiments, such as pickle, poppadum and a sweet dish. We saw a staff member encouraging people to eat. They did this successfully as the person ate more of their meal.

Staff told us they monitored people's appetite and would inform the deputy manager if they had any concerns about people's health. Information about people's dietary requirements including food tolerances and health conditions such as diabetes were recorded. This information was also provided to the kitchen staff, which helped to ensure that the meals prepared were suitable for everyone. This meant people could be confident the meals prepared were suitable.

Records showed that an assessment of people's dietary needs had been undertaken. People's weights were measured and where concerns about people's food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT) and the dietician. Staff did monitor how much a person with a poor appetite ate and drank.

People told us they were able to see their GP as and when required. One person told us that the district nurse visited daily to meet their health needs. A relative told us that staff called them when the GP had been called to visit their family member who was unwell. People's care records showed that they had access to a range of health care support to meet their health needs. This meant people's health and wellbeing was maintained.

Health care professional visiting the service told us that the senior staff were well informed about people's health needs and would help with interpretation when required. They said staff had sought advice when they had concerns about people's health. This meant people could be assured that staff would seek medical advice if people's health was of concern.

Good

Is the service caring?

Our findings

One person told us staff treated them with care and respect. Another person told us staff treated them as if they were their own family member. A relative told us staff were very patient and caring towards their family member. They told us that the staff showed concern and were attentive when their family member was unwell. This meant that relatives could be assured that their family members were supported by caring and kind staff.

We saw people looked clean and dressed in clothing of their choosing. We saw staff always spoke with people in their first language which was not English and asked them if they wanted to be helped and supported them accordingly. We saw people had developed positive relationships with staff who always addressed people by using a form of address that was culturally respectful of elders.

We saw a staff member supported a person who used non-verbal communication. For example, at lunch time staff placed plated meals in front of the person who nodded with a few verbal sounds to indicate they were happy to be supported to eat. The staff member assisted the person with their meal in a sensitive manner, offering encouragement and providing a drink when indicated.

People told us that staff treated them with respect and maintained their privacy and dignity.
People's bedrooms were respected as their own space and we saw that staff always knocked and did not enter until asked to do so.

All the bedrooms had an ensuite shower and toilet facility, which for some people promoted their privacy. The bedrooms we saw were personalised to reflect individual taste and interests. One person said they preferred to leave their bedroom door open whilst another preferred the door to be closed and told us that the staff respected their wishes. Another person told us they preferred to go to bed late as they preferred spending time with another person with a similar preference as they enjoyed each other's company. They informed us that staff would support them when they were ready to retire to their rooms. This showed people's wishes were respected by staff.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. Staff were able to describe in detail how they ensured people's privacy and dignity was preserved which supported our observations and comments received from people using the service. For instance, a privacy screen was used when a health care professional was treating someone in the lounge. This was a further example that demonstrated people's privacy and dignity had been maintained in a communal area.

One person told us that staff had asked them a number of questions about the support they needed when they moved to the service and would check to see if they could do anything more to make their life comfortable. They told us they preferred daily routines with regards to their personal care and their life history including the work they did before retiring. This person's care records accurately reflected what they had told us. This showed that the person was involved in developing their care plans.

Staff were aware of people's life history and were able to describe what was important to people, which was consistent with the information in people's care records. This showed that staff had read people's care records which enabled them to prompt conversation of interest to people.

A relative told us that they supported their family member in the assessment and care planning process. Another told us that when their family member's needs had changed they were asked to ensure the new care plan accurately reflected the agreed support to be provided to meet their family member's new care needs. This meant people could be confident that their needs would be met and daily lifestyle and wishes would be respected.

Good

Is the service responsive?

Our findings

At our previous inspection of 12 October 2015 we found that people's care and care plans were not personalised nor reviewed regularly with the involvement of the person, staff and/or their relatives or health care professionals. The provider sent us an action plan outlining that they would review, update and personalise people's care plans and include information about their life history, preferences and interests. During this inspection we found the provider had taken action and had made the required improvements.

We found new care plan formats were in place. These were kept electronically, which meant care plans could be updated promptly as people's care needs changed. A printed copy of the care plan was kept in people's care files so that staff had access to information readily available to refer to. Care plans included information about people's personal life history, their needs, interests, family members and abilities to make decisions about their day to day lives. Care plans set out the support people needed and provided staff with information as to how the person wished to be supported.

Staff told us the new care plans were comprehensive and provided them with clear guidance as to how to support people. One member of staff told us that the handover meeting provided them with updates on each person's wellbeing and planned health appointments or monitoring someone's health who may be unwell. Handover records we viewed showed that staff received an update on people's wellbeing, which helped staff to provide continuity of care that was tailored to people's needs.

Records showed that the person, and where appropriate their relative, and staff were involved in a meaningful way in the development and review of their care plans. People's views and decisions made about their care were also recorded. This helped to ensure people received support that was individual and tailored to their choice of lifestyle.

We saw staff were responsive to people's needs and requests. Calls bells were answered promptly by staff in a co-ordinated manner. One person told us that when they were unwell the staff called the GP for advice and treatment. This person's records showed that their health was monitored and staff acted quickly and sought medical advice when their health deteriorated. This meant that staff were responsive and ensure people's health and wellbeing was maintained.

We saw photographs of people doing activities such as arts and crafts and wearing royal attire such as a crown. The registered manager from the service next door said that the service were part of the memory box scheme whereby the local authority provided a themed activity box such as a royal day, childhood day and the movies, to name a few. Information, books and props were provided to enable staff to encourage people to take part in an activity that would be interesting and mentally stimulating.

People were encouraged to express their views about the service and any new activities that were of interest to them. One person told us they enjoyed knitting and the cultural activities such as bhajans (spiritual songs) along with the new activities and pointed to the photographs. Another person told us their relatives visited regularly and were involved in the preparation for a family celebration.

The daily records completed by staff included information about the care and support provided to the person. Staff had recorded how the person had spent their day and activities they took part in such as the yoga, hand massage and spending time with their visitors and also some information about their general health and appetite. This meant that people's wellbeing was promoted through engaging in meaningful activities and staff were responsive and ensured information was shared with staff to ensure people's wellbeing was maintained.

Minutes of the meeting showed that people's views about the service were sought. Records showed that people using the service and their relatives were consulted about the plans to refurbish the service and the arrangements to ensure people's needs and safety would be maintained. For instance, one person chose to move to another bedroom so that the building works would not impact on their daily life. This showed that the service listened and acted on people's views.

We contacted commissioners who were responsible for funding the people who used the service and asked them for their views. They told us that the staff and management team were responsive when they enquired about the safety and wellbeing of people who they supported.

People we spoke with had no concerns about the service and told us if they had any issues they would speak with the registered manager for the service next door when they next saw them. A relative told us that staff acted promptly when their family member raised concerns. Another relative said they would not hesitate in speaking up if their family member was unhappy with any aspect of care. This meant staff were responsive and acted on concerns raised.

The provider's complaint procedure was available to people using the service and their relatives. This was produced in English and Gujarati and included how all concerns; verbal or written would be addressed. The contact details for the local advocacy service and the local authority were included should someone need support to make a complaint.

Records showed the service had received one complaint. The registered manager from the service next door confirmed the improvements were being addressed as part of the refurbishment programme. This showed the complaint procedure was followed to bring about improvements to people's quality of life.

The service had also received a number of compliments and cards and letters of thanks from relatives of people using the service and those who no longer used the service. We looked at a sample of compliments received and the comments were of thanks and compliments about the staff and the care provided at Gokul Nivas.

Good

Is the service well-led?

Our findings

At our inspection of 4 July 2014 we found the provider did not have effective systems in place to assess and monitor the quality of the service; involve people in the review of their care and gather their views about the quality of service provided. The provider had sent us an action plan outlining their plans to put in place effective quality assurance systems to the service was monitored and people's views about the service were sought.

At our previous inspection of 12 October 2015 we found the provider had sought people's views about the service and were involved in the review of their care. The provider's quality assurance system put in place to assess and monitor the quality of service was fragmented and not used effectively. The provider sent us information about improvements planned which included training for staff in the delivery of care, introduction of new assessment, care planning and system to review people's needs and steps taken to ensure the quality assurance system was fully implemented to promote people's health, wellbeing and quality of life. During this inspection we found the provider had taken action and had made the required improvements.

The service had a registered manager in post. They visited the service every week and were contactable by telephone when required. The provider had appointed a care manager who was supported by the deputy manager on a daily basis. Additional support was provided by the registered manager from the service next door. That meant people using the service could be confident that the service was adequately managed to ensure their safety was protected.

We saw the provider's registration certificates were displayed. However, the latest CQC inspection report was not available and the service provider's overall performance rating from the last inspection visit was not displayed. The provider has a legal duty to ensure the rating of its performance by CQC is shown at the service and maintained on the provider's website. When we raised this with the registered manager for the service next door, a copy of the inspection report was placed with other information about the service and the overall performance rating was displayed.

People told us that they were involved in the review of their care needs and their views sought about the service. Meeting minutes showed that people using the service and their relatives were consulted about the refurbishment of the service. We saw the provider used CCTV to monitor the external grounds to the service and proposed the use of CCTV in the communal areas. The meeting minutes confirmed this and the registered manager from the service next door explained the purpose and management of the CCTV. A policy was in place for this which had been shared with people using the service, where appropriate and their relatives. This also showed people were involved in the development of the service.

Surveys were used to gather people's views about all aspects of the service and the views from people's relatives and health care professionals. The sample we looked at were all positive and showed people using the service, relatives and health care professionals were satisfied with the quality of care provided.

People were complimentary about the staff and also commented that the care manager was approachable and understood them even when they spoke in their first language which was not English.

Staff told us they felt supported by the care manager and deputy manager and had clarity about their roles and responsibilities which focussed providing a quality service. Staff training was being planned and monitored by the provider, which helped to ensure that staff's knowledge and practice was up to date in relation to promotion of personalised care and staff development.

We looked at the provider's quality assurance and monitoring systems. Records showed routine safety checks on the premises, equipment, maintenance and fire. The care manager carried out regular audits on people's care plans and medicines and issues identified had been addressed in a timely manner. This helped to ensure people's health and wellbeing was protected. Clear and accurate records were kept to enable the provider to monitor the delivery of care. This meant key risks to the delivery of service at Gokul Nivas were monitored and managed.

Prior to the inspection we spoke with the local authority who had funding responsibility for some people who were using the service and a contract with the provider. They told us the service had improved the quality of information in people's care plans; staff recruitment and training, and they identified that further enhancement of the provider's policies and procedures would help staff understand their roles and responsibilities. They confirmed that the service reported incidents in a timely manner and would benefit from sustaining the improvements made.

We looked at a sample of the provider's policies and procedures during our inspection visit and those which were sent to us following our visit. We found these were updated and provided staff with clear guidance as to their responsibilities in relation to safeguarding procedures, consent and MCA and the medicines management.

During our inspection visit the food safety inspector assessed the food safety and hygiene. They told us they were satisfied that the food hygiene standards were maintained and records were accurately completed.

Following our inspection visit the external contracted fire safety officer sent us confirmation that they were satisfied that the provider's fire and safety risk management plans in place were appropriate. This showed the provider had systems and management support in place that was used effectively to assess, monitor and ensure the provider's expectations of providing a quality service was maintained whilst promoting people's quality of life.