

Mr Poorun Bhugooa & Mrs Malawutty Bhugooa

Navara Lodge

Inspection report

1009 Oxford Road
Tilehurst
Reading
Berkshire
RG31 6TL

Tel: 01189424692

Date of inspection visit:
26 February 2019
05 March 2019

Date of publication:
22 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Navara Lodge is a care home which is registered to provide care (without nursing) for up to eighteen older people. The home is a large detached building situated on the outskirts of Reading. There were seventeen people living in the home at the time of the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People's safety was upheld by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures.

There were enough staff on duty at all times to meet people's diverse, individual needs safely and effectively.

Staff were well-trained and able to meet people's health and well-being needs.

People were happy living at the service. People were observed smiling and positively interacting with the staff supporting them.

People were encouraged to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The committed, attentive and knowledgeable staff team provided care with kindness and respect. Relatives were particularly complementary about the standard of care provided. Individualised care planning ensured people's equality and diversity was fully respected.

The provider/registered manager was well regarded and respected. Staff felt the management was supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing. The quality of care the service provided continued to be reviewed and improved, as necessary.

Rating at last inspection: At the last inspection the service was rated Good (report published 10 September 2016).

Why we inspected: This was a planned inspection based on previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Navara Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Navara Lodge is a care home (without nursing). The service is registered for up to 18 people and there were seventeen people living in the home at the time of the inspection. People in the home receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There was a 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 2008 and associated Regulations about how the service is run.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law. We looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed care and support provided to people. We spoke with eight people using the service, two visiting relatives and seven staff including the registered manager and the deputy manager.

In addition, we spoke to two visiting community nurses.

We looked at a range of records including four people's care plans and records that were used by staff to monitor their care. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits. We also reviewed accidents and incidents and complaints.

Following the inspection visit we received requested information including training records and some health and safety documentation. We also received written feedback from three relatives and three health/social care professionals including the local safeguarding team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse:

- People were protected from the risks of all forms of abuse. Staff continued to receive training which covered safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns.
- The provider had a whistle blowing policy which staff told us they would not hesitate to use, should it be necessary.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.
- When asked about people's safety a visiting social care professional told us, "It is a pleasure to give my opinion on Navara Lodge – I have never doubted this care provision: Every client that I have placed in this care home have been safe and they all reported being treated with respect – all three clients have full mental capacity to their comments are listened to."

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their health and care provision. Staff assessed these risks and care plans included measures to reduce or prevent potential harm to individuals.
- People's risk assessments included areas such as support with diet and fluid intake, dementia and mobility. Staff were familiar with and followed people's risk management plans. People were supported to take positive risks in a safe way. One person told us that they had been supported to walk without a frame which had resulted in increased strength in their legs and an ability/confidence to walk independently.
- The provider had a system to record accidents and incidents. We viewed the accidents record and saw appropriate action had been taken where necessary.

Safety systems and processes:

- There were safe recruitment procedures in place. The required checks and information were mostly sought before new staff commenced working for the service to safeguard people as much as possible. We noted that the most recent work related reference was not in place for one of the latest staff members recruited. However, this was obtained prior to the completion of the inspection, was very positive and supported two previously obtained references.
- Health and safety and maintenance checks were completed at the required intervals.
- We noted that all radiators throughout the home had been upgraded and all valves used to regulate water temperatures had been replaced.
- The provider undertook to review all health and safety procedures to ensure full compliance with latest

guidance.

- The fire risk assessment had been reviewed in October 2018 by a competent person.
- General health and safety risk assessments and risk management plans such as for use of moving and handling equipment, use of lifts and cleaning tasks were in place.

Staffing levels:

- The service continued to provide sufficient staff to meet people's needs and keep them safe. There were sufficient staff during the day and night.
- Additional staff were provided to cover any special events or emergencies such as illness or special activities.

Using medicines safely:

- People continued to be given their medicines safely by staff who were appropriately trained.
- People's care records contained lists of people's current medicines. There were detailed guidelines and protocols to identify when people should be given their medicines including those prescribed to be taken when necessary.
- There had been no medicines errors in the last 12 months.
- People's medicines were stored safely and securely.

Preventing and controlling infection:

- People were protected from the risk of infection. The premises were clean and tidy.
- Staff had been trained in infection control and we saw they put their training into practise by wearing appropriate personal protective equipment (PPE) when working with people who used the service.

Learning lessons when things go wrong:

- Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager.
- The registered manager reviewed any accidents or incidents and took steps to prevent a recurrence if possible.
- Investigations and actions taken were recorded and lessons learnt were shared.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health and support needs were effectively assessed and were recorded and updated in detailed and accessible care plans.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- A local authority commissioner told us, "My clients have had a better and improved quality of life since moving into Navara Lodge – the care is delivered in a person centred manner and the families of my clients have commented on the homely atmosphere as well as the good cooking and meals and the "family feel" of the care home."

Staff support: induction, training, skills and experience

- A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. One staff member was overdue for one topic but we were told that this was due for completion.
- A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool.
- Staff supervision and appraisals were provided and there were opportunities for continued professional development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing menus as far as they were able.
- Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included food suitable for identified choking risks and weight management meal plans.
- Staff regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.
- People told us that the food was good and there was plenty of it.

Staff working with other agencies to provide consistent, effective, timely health and social care

- Staff engaged with people, their families where appropriate, and with other agencies to meet the health and social care needs of people.
- Records seen confirmed that this was an embedded practice.

- A social care professional told us, "They have a good relationship with the local surgery as well as community nurses." This was confirmed by visiting community nurses during the inspection.

Adapting service, design, decoration to meet people's needs and preferences

- People's health and support needs were met by appropriate adaptations to the premises and the provision of individually assessed equipment.
- People were involved and supported where needed, in making choices about the decoration of communal areas and their private bedrooms.

Ensuring consent to care and treatment in line with law and guidance

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were fully aware of the need to assess people's capacity to support them to make decisions. People's rights were protected because the staff acted in accordance with the MCA.

When asked about whether the service worked in people's best interest a visiting professional told us, "Always – I have never had to doubt this in any manner."

- The registered manager and staff encouraged people to make their own decisions ensuring they were supported to be involved as much as possible. The registered manager ensured, where someone lacked capacity to make a specific decision, best interest principles were followed and appropriate professional support was sought.

- The registered manager reviewed and assessed people with the relevant local authorities to determine whether people were deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by a dedicated and caring staff team who knew them well and treated them with respect.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.
- Community professionals said the service was successful in developing positive caring relationships with people.
- One relative told us, "I am very happy with my Mother's experience at Navara Lodge. When she first moved in, her health & well being improved immensely in a very short time and [name] (registered manager) & the staff are clearly passionate about offering the best possible care."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make as many decisions and choices as they could.
- People had communication included in their care plans to ensure staff understood them and they understood staff. The plans described how people made their feelings known and how they displayed choices, emotions and state of well-being.
- Staff interacted positively with people, communicating with them and involving them in all interactions and conversations.

Respecting and promoting people's privacy, dignity and independence

- People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their dignity and safety wherever possible.
- People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.
- The staff team understood the importance of confidentiality which was included in the provider's code of conduct.
- Staff were able to describe how they supported people with privacy and dignity in their daily work and routines.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care remained person centred and care plans reflected this. Care plans ensured that staff were given enough detailed information to enable them to meet specific and individualised needs.
- People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard (AIS). From August 2016 on-wards all organisations that provide adult social care are legally required to follow the AIS.
- We observed the staff team recognising and responding to people's requests or body language and behaviour when they needed assistance.
- The service continued to provide people with an activities programme which responded to their abilities, preferences, choices, moods and well-being.
- One relative commented, "They do an excellent job caring for my mother with her late stage dementia."

Improving care quality in response to complaints or concerns

- The service had a robust complaints procedure which was accessible to people, their friends and families and others with an interest in the service.
- It was clear that some people would need support to express a complaint or concern. Staff were adept at identifying when an individual was unhappy or distressed and would investigate the reason.
- We noted that there had been three complaints recorded in the last year together with several compliments about the quality of care provided.
- Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations and were used to make improvements to the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care where appropriate. Staff engaged with people and their families, where indicated, with developing care and treatment plans. Appropriate professionals were involved as appropriate.
- The service supported people's family, friends and other carers, as well as staff, before and/or after a person died. Families were involved and listened at appropriate times.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and senior staff created a culture of person-centred, high-quality care by engaging with everyone using the service and stakeholders. There was a clear vision for the service which demonstrated a good understanding of openness and transparency, and which prioritised safe, high-quality, compassionate care. The management team had the experience and capability to make the vision real in practice.
- There was an open, transparent and inclusive atmosphere with the registered manager operating an open-door policy. All required notifications were made to CQC in a timely manner.
- A relative commented, "I am blown away with how it is managed, it's an outstanding home. I am always kept up to date, and have regular chats with the staff and manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place, which gave clear lines of responsibility and authority for decision making about the management, and provided clear direction for the service.
- Staff were clear about their role and responsibilities. There were regular team meetings and individual sessions where expectations were discussed. We noted that team meetings were not routinely recorded and recommend that this is considered for training and reflection purposes.
- There were a variety of auditing and monitoring systems in place. These included health and safety checks, medicines audits and equipment and appliance servicing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear commitment from the registered manager and senior staff who inspired staff to maximise people's independence. There was a variety of individual and personalised activities which took place and demonstrated that staff had a positive impact on people's lives. Some people did comment that these could be more frequently held.
- The views of people, their families and friends and the staff team were listened to and taken into account by the management team. One relative told us, "Yes, whenever I have needed them, they are always there, I

can also phone when I like. The management staff have been so kind and so helpful. I don't know what I would of done without them."

- Another relative told us that they could not fault the care and felt they were actively encouraged to be involved with their family members care.

Continuous learning and improving care

- There was an ethos of continuing improvement where the needs and preferences of people was central to the purpose and focus of the home.
- The philosophy of the home was one of striving for excellence and this was clearly evident from those staff spoken with.
- When asked if the service was well managed a health care professional told us, "This service is managed by people who love what they are doing and they manage this well."

Working in partnership with others

- The concept of partnership working was well embedded and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments.
- One health care professional told us, "All incidents or concerns are reported immediately."