Bestcare Ltd

Vishram Ghar

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected Vishram Ghar on 28, 30 September and 1 October 2015. The inspection was unannounced. Vishram Ghar provides accommodation for people who require personal care and treatment of disease, disorder or injury.

On this inspection we found a breach of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 with regard to protecting people from infections, fire risks, and not having staff in communal areas to meet people's needs. You can see what action we have told the provider to take at the back of the full version of this report.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The home provides a service to older people from the Asian community. At the time of the inspection there were 36 people living in the home. According to the manager, approximately two thirds of people were living with dementia. People had a range of other disabilities and approximately half the people living there were wheelchair users.

Summary of findings

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

Fire safety measures had not been fully put into place to keep people safe.

The home was not kept fully clean which posed infection risks for people living there.

Relatives told us that on occasions they thought there were not enough staff on duty to meet people's needs promptly. We found a lack of staff cover in communal lounges to prevent people from falling and ensure they were safe in each other's company.

People using the service and relatives told us they thought medicines were given safely and on time. Some improvements were needed to the way medicines were handled to ensure medicines were not an infection risk.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

People told us they thought staff had skills to be able to provide care to them. Records showed staff had an induction but needed more training when they commenced employment to ensure they had the skills and knowledge to be able to fully meet people's needs.

Staff were being trained to understand their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and told us they liked the food served.

People's health care needs had been fully met by referral to health care professionals when necessary.

Most of the people we spoke with told us they liked the staff and got on well with them, and we saw many examples of staff working with people in a friendly and caring way. However we saw instances of staff not always engaging people in a friendly way[CK8] when they supplied care to people and one person told us staff had dealt with them in an abrupt way.

People and their relatives were involved in making decisions about care, treatment and support.

Care plans were not fully individual to the people using the service and did not fully cover their social care needs.

People were satisfied with the activities provided and there was an activities programme to ensure regular activities were provided, although activities were not supplied every day and outings were limited.

People and their relatives told us they would tell staff if they had any concerns. Records showed that complaints had been followed up.

People and staff said they were generally happy with how the home was run. People had the opportunity to share their views about the service at meetings.

Management carried out audits and checks to ensure the home was running smoothly. However, audits did not include all issues needed to provide a quality service, and did not always show that prompt action was taken if improvements were needed to the service.

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 not consistently safe.

There were not enough staff on duty to always keep people safe. Moving and handling of people followed safe methods. Some improvements were needed to the way medicines were managed in the home. Improved fire safety was needed to ensure people were protected from fire risks. The home was not kept clean which posed infection risks to people.

People felt safe in the home and staff knew what to do if they were concerned about people's welfare. Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Requires improvement

Is the service effective?
The service was not consistently effective.

Staff were not fully trained and supported to enable them to care for people to an appropriate standard.

People's consent to care and treatment was sought in line with legislation and guidance.

People had plenty to eat and drink and told us they liked the food served.

People were referred to health care professionals when necessary.

Requires improvement

Is the service caring?
The service was not always caring.

People said the staff were caring and kind. We saw many instances of staff providing people with dignified care. However we saw and heard of instances where people had been ignored when staff had not communicated with people while they provided personal care to them.

People and their relatives were involved in making decisions about care.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People did not always receive personalised care that met their needs.

Activities were not consistently provided to people using the service.

Concerns expressed by complainants had been responded to.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

People had opportunities to share their views about the service at meetings and yearly questionnaires about the running of the home.

Management carried out audits and checks to ensure the home was running smoothly though not all issues had been checked or actioned.

Vishram Ghar

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 Regulated Activities Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28, 30 September and 1 October 2015 and was unannounced. The inspection team consisted of an inspector 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.

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

We used a variety of methods to inspect the service. We spoke with 12 people using the service, six relatives, the manager, the nominated individual of the company who is legally responsible for the running of the home), a director of the company, a healthcare professional, five care workers, and the home's activities organiser.

We observed people being supported in the lounge and dining area. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at five people's care records.

Requires improvement

Is the service safe?

Our findings

We looked at fire records. We found a letter from the fire officer dated September 2015 which stated that there were a number of non-compliance issues with fire regulations. The nominated individual told us that these issues either had been addressed were in the process of being acted on. We were provided with an action plan from the nominated individual which outlined the issues that had been attended to. The fire officer was due to make a follow-up visit in October 2015 to ascertain if proper fire precautions were in place. We saw evidence of testing of fire systems and carrying out fire drills to protect people from fire risks. We saw one door to the linen store on the first floor which had a sign stating 'fire door keep shut' was open due to the door lock not working. This was a risk to fire safety and posed a potential tripping hazard due to equipment being present in the cupboard.

We had concerns about cleanliness and proper infection control. There were stains on the floor and faecal matter in toilets and underneath toilet seats. We checked one dirty toilet and then rechecked it after an hour. We found the toilet was still dirty after this time. We found bins in toilets and bathrooms which either did not have a lid or the lid was not closed, which was an infection control risk to people. We found some easy chairs had stains on them which meant they were not clean. We discussed the above with the manager who agreed to take action to address all the areas in need of improvement we highlighted and to assess whether more domestic hours were needed to be employed to keep the home clean.

On the second day of the inspection we found toilets and bathrooms had been cleaned. The nominated individual told us after the inspection that new cleaning rotas were being introduced to clearly identify that cleaning tasks had been completed. A spot check from the manager had also been completed to check on cleanliness. There was now a system in place to record cleaning times in toilets so that anyone entering the toilet could see when it was last cleaned and by which staff member. He stated he had contacted a contractor to replace floors in all bathrooms and redecorate all bathrooms. New foot pedal bins have been introduced to ensure that bin lids were automatically closed to prevent risks of infection.

We observed a staff member giving people their medications and, whilst doing this, had sneezed into her hands, and then carried on to administer medicine. She was not wearing protective clothing clothes and did not wash her hands immediately. This was an infection control risk and did not safely protect people's health needs.

This was in breach of regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. Care and treatment was not always been provided in a safe way. You can see what we have told the provider to do at the end of this report.

A person told us, "I am quite safe here." A visiting relative said, "Here she is safe." Another person said, "I have been here for several years now and it shows how safe I am here.''

The provider's safeguarding (protecting people from abuse) and whistleblowing policies told staff what to do if they had concerns about the welfare of any of the people using the service. All the staff we spoke with had been trained in safeguarding and understood their responsibilities in this area. One staff member told us, "If I was worried about this (abuse) I would report it to the manager."

People's care records included risk assessments and the advice and guidance in these was being followed. For example, we observed that when people needed one to one assistance at certain times of the day, or particular equipment to keep them safe, this was being provided.

We asked staff about their understanding of people's care plans. They told us they had not read all of people's care plans or risk assessments. This meant that they might not have all the information they needed to meet people's needs safely and protect them from harm. The manager said she would ensure that staff read care plans. Staff said they received most of their information about people's needs from having handovers and a folder detailing people's needs, which we saw. When we asked them about people's needs, they had a good understanding of what needed to be in place to keep people safe.

We saw that a person who was a risk of choking on food had a risk assessment in place stating that the person needed to have their food cut up into small pieces. We saw a person eating their lunch and food had been cut up. This meant the person's safety had been ensured because food had been reduced to bite sizes by staff up served appropriately to prevent the risk of choking.

Requires improvement

Is the service safe?

A person with challenging behaviour had a risk assessment and care plan in place. It identified the type of behaviour the person displayed and advised staff to look for triggers and to help keep this person calm. However, it did not provide information about things the person liked to talk about in order to divert their attention to ensure their safety and other people's safety. The manager said this would be followed up and discussed with staff.

We found that parts of the home looked worn. Paintwork on walls, skirting boards and doors was damaged and there was a hole in the plaster in one lounge. The nominated individual stated after the inspection that lounges were to be refurbished and have new decor, furniture and soft furnishings.

People, their relatives and staff of the home thought there were enough staff on duty to ensure people's safety. One relative said, "Staff seem to be around to be able to help people." However, another relative had stated in the satisfaction questionnaire that there needed to be staff situated in the two main lounges to ensure people were protected from the risk of falls and to ensure they were safe in each other's company. The home had a system to check lounges every 15 minutes. However, we saw many occasions when staff were not in the lounge so people safety could not be protected. We saw in the accident book that people had fallen in lounges when staff were not present. We spoke with the manager about this. She said she would analyse whether additional staff were needed so that there would be a permanent presence in lounges when people were sitting there, to meet people's needs and keep people safe.

We saw staff transferring people from their wheelchairs to easy chairs in a safe and proper way, reassuring the person as they did this.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and swift action by referring to the local authority, CQC, or police. This meant that other professionals were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

We checked three staff recruitment files. Records showed that staff worked in the home with the required background checks being carried out to ensure they were safe to work with the people who used the service. This meant that people received care from staff that were safe to provide care to them.

People told us they received their medicines. Medicines were stored in line with requirements and the temperature of the refrigerator and room where medicines were stored were checked and documented daily. We saw that a medicine audit had been completed to see whether stocks of medicines were correct and that people received their medicines. The staff member responsible for giving out the medicines was friendly in her approach to people and did not rush them. She encouraged people to take their medications.

Medicines administration records (MARs) contained a front sheet providing important information about the person including allergies and a photo of the person for ease of identification. We saw MARs had been completed to indicate people's medicines had been administered safely and on time.

Requires improvement

Is the service effective?

Our findings

A person told us, ‘’Staff seem to know what they are doing. ‘Another person said, ‘’If I am sick they get the doctor to see me.’’ A relative told us, “My [family member] quite happy and the home meets his needs,” Another relative told us, “Her health needs are met here.”

Staff told us that they had received training on relevant issues such as moving and handling and dementia. A staff member said, “I have received the training necessary to meet the needs of the residents. It is in our culture to be caring, practical and polite to our elders.”

Staff had some understanding of how best to meet people's needs. They told us they were satisfied with the training they had. One care worker said, “I had some training when I started and other staff showed me what to do. There is a lot of training you have to do.”

Records showed staff had induction and on-going training. They undertook a range of courses in general care and health and safety, and those specific to the service, for example some staff had received training in dementia care. These were recorded on the home’s training matrix. However, a number of staff had not yet received training in relevant issues such as infection control, dementia, dealing with challenging behaviours, continence and catheter care, stoma care, pressure ulcer prevention, end of life care, visual awareness, diabetes, and stroke conditions. This meant there was a risk that effective care would not be provided to people to meet their needs. The manager and nominated individual informed us that more training was being planned on these issues to improve staff skills. After the inspection were sent information addressing these issues.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

On the second day of the inspection we saw that staff had training so that they were able to understand their responsibilities under the Mental Capacity Act 2005. The manager told us that training had gone well and staff were now aware of how to assess people's capacity to make day-to-day decisions about aspects of their care and treatment.

We saw that DoLS applications had been made and a best interest meeting had been held with a person's relatives with GP involvement so that medication could be supplied to the person who did not have capacity to understand the implications of not taking medicines. This meant that the person had been supplied with medicines to protect their health and best interests as they had not capacity to consent to this. We saw on other mental capacity assessments that people had been assessed to ensure they were able to make decisions for themselves, unless they did not have capacity to do this following the proper legal process.

People told us they were satisfied with the meals served. One person said, “The food is very good here.” Another person commented, “The food is the same as usual, nutritious and healthy.” A relative told us, “My [family member] likes the food. When I have seen it it looks good.” People told us that they had a choice of meals and if they did not like what was being offered they could be provided with an alternative. This was confirmed by the cook.

We saw people being given assistance to eat when this was needed and staff encouraged people to eat. People’s care plans gave information about the person’s support needs in relation to eating and drinking.

We saw that the cook had written information on people dietary needs, for example if people needed food of a certain consistency, or were on particular diets for their health. This meant people received effective support to meet their nutritional needs. The food supplied reflected people's cultural backgrounds.

People with nutritional needs were weighed regularly. There was evidence of contact with other professionals such as the diabetes nurse specialist, the community nurse, and the GP if people's nutritional needs were assessed as a risk.

Relatives told us that staff provided information about the health and welfare of their family members. People told us that if they needed to see a GP or other health care

Requires improvement

Is the service effective?

professionals then staff organised this for them. Asked if staff contacted their GP when they were unwell, one person said: "There is no problem about seeing the doctor if I need to."

A relative told us their family member had health appointments in the past and staff had arranged these for her. Records showed that people had access to a range of health care professionals including the GP, district nurses and opticians. We saw from records that if staff had been concerned about a person's health they referred them to the appropriate health care services, and accompanied them to appointments if necessary. A health care professional we spoke with told us that staff had provided effective care to a person who needed help with maintaining his health.

Requires improvement

Is the service caring?

Our findings

People and their relatives were generally satisfied with the care and support that they received. One person said, ''The staff are good. They are nice to everyone.'' Another person said, "The food is good and the staff are Gujarati [a region in India where most people living in the home originally came from], and more helpful as I am not able to communicate in English. " Another person told us, "I get my choice of food. I am allowed to go outside to smoke as well.''

A relative said; "My [family member] is quite happy and the home meets his needs, [there are] regular religious sermons, a choice of books from a visiting library and celebrating Diwali [the Hindu festival of light] and other festivals." Another relative told us, ''Staff are attentive to [my family member's needs], and look after her. I am informed all about her and about religious events." Another person said, "There is no problem with any staff members, they listen to us and care for us, [there is] nothing more you can ask for."

We observed staff speaking to people in a polite manner. We witnessed staff addressing people using terms of endearment reflecting people's cultural background. This was appreciated by people living in the home as it is a recognised caring and respectful way of addressing older people from this community.

People told us staff respected their privacy and would always knock on their bedroom doors before entering. We saw examples of staff working with people in a kind and sensitive way. For example, we observed staff listening to people, speaking with them, and providing them with reassurance. These were examples of a caring attitude.

We observed that most staff talked with people when they supported them and put them at ease. However, we saw one situation where staff provided care without telling people what was going to happen and seeking their consent and the person looked surprised by this. We also witnessed a small number of occasions where a staff member appeared bored when helping a person to eat food. The staff member did not speak to the person and her manner was uninterested. These issues did not reflect a caring attitude. This was in real comparison with another staff member on a different table who spoke and smiled with a person and reassured them when assisting them to eat.

A person told us that most staff were generally kind and caring but he said there were times when some staff left him on the toilet in the middle of receiving personal care and did not come back quickly, and some staff were unfriendly and disrespectful. The manager queried that these situations had occurred as she said she only had positive feedback about staff from people and their relatives. However, she said she would take this up with staff generally and monitor this issue.

We saw that either the person or their relative had signed to indicate their agreement with their care plans. This indicated they had participated in planning care. The relatives we spoke with were aware of their family member's care plan and contributed to it. This indicated people had been involved in making decisions about their care, treatment and support.

The staff we spoke with understood the importance of ensuring people could make choices about their day to day lives. One staff member told us, "People can make choices about how they want to live, like what kind of clothes they want to wear and what food they want to eat." Another staff member commented, "People can choose to take part in activities or not. It is up to them." These were examples of a caring attitude towards people.

We found that the baths in two bathrooms were not in use. This meant people did not have a choice as they could only have a shower, as there was no bath available. The manager said this would be followed up with the director of the company to ensure people had choice in this matter. The nominated individual later contacted us to state that baths would be repaired in the near future. This will mean that people will have the choice of how they would like to bathe.

We saw in the minutes of staff meetings that the manager had instructed staff to ensure that people's privacy and dignity was respected at all times. This told us the manager was trying to ensure that people were always treated in a caring way.

Requires improvement

Is the service caring?

Staff we spoke with could describe how they would preserve people's dignity during personal care such as covering them with towels when washing to protect their privacy. This was an example of a caring attitude.

Requires improvement

Is the service responsive?

Our findings

People told us that staff understood their individual care needs. A person told us, ‘’The girls here look after me and attend when I want them. ‘’ A relative told us, ‘’My [family member] is being looked after well and all the staff meet her needs. She is well-dressed and clean.’’

Each person’s care plan had some information about the person’s life history and their preferences. In some cases these had been completed by the person or their relative but contained little information. Therefore there was only limited information available to staff to respond to needs relating to a person’s background and preferences. The manager acknowledged this and said that care plans were being reviewed to ensure that all relevant personal information was included to fully enable responsive individual care to be given to people.

People’s cultural background had been included in care plans. This indicated that staff were able to respond effectively to people's cultural and religious preferences as they had this information.

Records showed that plans of care were reviewed on a regular basis. Staff had some knowledge about some of the needs of the people who used the service and were able to tell us who needed extra support in order to respond to the person's needs and minimise risk.

We saw a care plan for a person who was a risk of developing pressure sores. We saw that the person had a pressure relieving mattress in place and used a pressure cushion to protect their skin. Staff told us that creams were applied regularly to protect the skin. This indicated staff were responding to this person’s needs.

However care plans did not always supply the detailed information staff might need to meet people's needs. For example, in a care plan for a person with continence and mobility needs, it was recorded that staff needed to check this person every three to four hours. However records showed the frequency of checks had been over five hours on some occasions. This meant there was a risk that staff had not responded to this person’s needs.

We spoke with a mental health support nurse who told us that staff knew how to manage the behaviours of a person who was challenging to the service. However, the behaviour management information for staff on how to deescalate behaviour was not detailed. The manager said this would be followed up so that staff were consistent in responding to the person's needs.

There were no names or pictures on bedroom doors to indicate who they belonged to, or any signs to indicate a facility such as a toilet. The manager stated that she had been in touch with a director to request signs to make facilities clearer for people living with dementia and others. This will help to provide effective care for those people with dementia.

People told us they were happy with the activities provided. The home employed an activities person who told us about the activities available. These included participation in board games, talking with people on a one to one basis, and visits from relatives. On the day of the inspection we saw people outside on the garden patio enjoying the sunshine and playing a game, which people appeared to enjoy.

We observed religious songs, reflecting the cultural background of people, being played with people joining in with the singing. People also had their own activities such as we saw one person knitting.

Some staff told us that people enjoyed activities five days a week but when the activities organiser was not working, there were few activities. Also, that there had not been an outing so far this year although one was planned to go to a temple in the near future. The manager said more activities and outings would be supplied. The nominated individual contacted us after the inspection to state that more activities would be provided when the activities organiser was not working and more outings were to be organised. This would respond to people's needs for stimulation.

People told us and relatives told us if they had an issue then staff would sort it out for them. One person said, “No problems raising any issues if there are any.”

A relative who had made a request described how it had been dealt with. He said; “If I ever have an issue I just speak to the staff or the manager. It gets quickly sorted out. I have never needed to make a complaint although I think if I did it would be properly followed up.” Another relative said, “I just go to the staff [if I’ve got an issue] and they do something about it. I've never had a problem with this.”

Requires improvement

Is the service responsive?

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This had included information on how to contact the local authority should a complaint not be resolved to the person's satisfaction. There also was information on how people could access advocacy services if they needed support to make a complaint, though no contact details of these services. This would make it easier for people to contact the local authority and support organisations if they needed to.

We looked at the complaints file. We found details of complaints made. These had been investigated and properly responded to by the manager.

People and their relatives and staff told us that if they were not well then there was a GP surgery in the home every week so that they could get treatment as needed. Staff told us that if the issue was more serious the GP or the 111 service would be contacted for medical advice and treatment to immediately respond to people's health needs.

We looked at accident records. We found where people had falls and been injured, staff had contacted medical services to obtain assistance. This meant staff had responded to people's health needs.

Requires improvement

Is the service well-led?

Our findings

People told us they were happy with how the home was run. One person said, “The registered manager is very good and things are improving.” A relative commented, “I think the home is well run. The staff tell you if anything is wrong. I have never had any concerns.’’ Another relative told us, ‘’The home seems well run. I have spoken to the manager about a few things but nothing major. They get sorted out.’’

Staff spoke positively about the manager and the values of the home, stating that they felt supported and were given guidance on meeting people's needs. They felt able to raise concerns or ideas with the manager. They said that she was always available to speak with if there was a problem and that she would try to follow this up and resolve it. This indicated a service that was responsive to staff concerns.

All the staff we spoke with said they were satisfied with how the home was managed. One staff member told us, “If I need something sorting out, I go to the manager.” Another staff member commented, “The manager is always telling us that we must respect people and treat them with dignity.” We saw evidence from a staff meeting that the manager had talked with staff about the importance of respecting people’s privacy by ensuring that toilet doors were kept shut.

Staff told us that they had received regular supervision and we saw evidence that regular staff meetings had been held which had discussed relevant issues such as people's care and staff training.

We saw that ‘residents and relatives’ meetings were held. Records showed changes had been made as a result of listening to people’s views at meetings. For example, people now got more food choices. Some people chose not to attend meetings and this was respected.

We looked at records for quality checks. Health and safety audits checks showed that water temperatures had been checked, and fire records showed that fire alarms and drills had taken place to keep people safe from fire hazards. However, we saw no evidence to indicate that all staff had been involved in a fire drill in the past year. The manager said this would be followed up.

We saw evidence that medicine tablet numbers had been audited to make sure people were properly supplied with their medication. However, no other aspects of medicines had been audited. The manager and nominated individual told us that a more comprehensive audit would be set up.

We saw evidence of the auditing of some care plans and risk assessments for people living in the service, though the manager acknowledged that this needed to be completed as not all care plans had been audited.

There were also audits for essential issues such as health and safety. However, no audits were in place for issues such as infection control and staffing levels. This demonstrated that management had not always ensured that the service was well led and providing comprehensive care to the people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were at risk from the lack of staff presence in lounges, unclean premises, and fire risks.