Sweet Homes Limited (A Joshi)

Sweet Homes Limited t/a Carshalton Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 April 2018 and was unannounced.

At our last inspection in March 2017 we found that the provider was in breach of Regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all staff had references taken up prior to employment, not all equipment was safe to use and governance systems had not identified the issues we found during the inspection. As a consequence the service was rated 'Requires Improvement'. At this inspection we found that robust recruitment practices were in place, the environment and equipment were safe and quality audits had improved. As a result we have improved the service's rating to 'Good'.

Sweet Homes Limited t/a Carshalton Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation, nursing and personal care for up to 33 people. At the time of our inspection there were 14 people using the service.

The service had a registered manager 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.

Sweet Homes Limited t/a Carshalton Nursing Home provides care to people over three floors of an adapted building on a residential road. The service is wheelchair accessible throughout. People had single occupancy bedrooms which did not have en suite facilities such as toilets or showers. There was a large bright dayroom on the ground floor which offered access to a large garden and was overseen by the nurses' station.

People received safe care and support. Staff assessed people's risks and implemented plans to reduce them. Staff were trained to identify and report any suspicions of abuse and improper treatment. People's medicines were stored and administered safely. There were enough staff available to meet people's needs safely. The home environment was clean and staff maintained a state of readiness to respond to an emergency.

People's needs were assessed and met by trained and supervised staff. People were treated in line with the Mental Capacity Act 2005. Staff supported people to eat and drink well and ensured people had timely access to health and social care services.

Staff were kind and caring towards people. People and staff shared warm relationships that had been built up over time. Staff supported people to maintain contact with loved ones and made visitors to the care

home feel welcome. People were treated with dignity and respect and were supported around their spiritual needs.

The service provided personalised care for people. People and their relatives participated in the development of care plans which detailed their preferences for care and support. Staff provided activities for people and supported people to maintain their independence. People and their relatives understood the provider's complaints procedure. People approaching the end of their lives were treated compassionately.

The care home was well managed. Effective quality assurance processes were in place which resulted in shortfalls being identified and resolved quickly. The service worked with other agencies to benefit people and promoted links within the local community. The registered manager promoted an open culture and staff felt supported in their roles.

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. People were supported by care staff who had been recruited through robust procedures to ensure their suitability.

The care home environment and equipment within it were regularly checked and tested to ensure people's safety.

People's risks were assessed and plans were in place to mitigate them.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post.

Quality assurance processes were robust and drove improvements at the service.

Staff felt supported in their roles by the management at the service.

The service worked collaboratively with other health and social care agencies.

Sweet Homes Limited t/a Carshalton Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 April 2018 and was unannounced. The inspection was carried out by one inspector and one 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. Their expertise was in care for older people and people living with dementia.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we spoke with three people, two relatives, one healthcare professional, four staff, and the registered manager. We read seven people's care records and five staff files. We read the minutes of team meetings, health and safety information and records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

At our last inspection in March 2017 the service received a rating of 'Requires Improvement' in this key question. This was because staff were not always recruited safely and equipment was not always safe to use. At this inspection we found that the provider had made improvements resulting in people being safe and a rating of 'Good' being awarded.

People received care and support from staff who the provider had assessed to be safe. The provider followed robust recruiting practices. Staff working at the service had successfully passed through a number of procedures to determine their suitability to work with vulnerable adults. The provider's recruitment procedures included reviewing applications, interviewing prospective staff, taking up two references and checking criminal records. The provider checked the eligibility of prospective staff to work in the UK and confirmed their identities and addresses. New staff were required to complete a probation period at the end of which the registered manager confirmed their suitability to work in the service. The registered manager maintained records of the professional status of nursing staff. The details of nurses' qualifications and including the start and renewal dates of the registration with the nursing and midwifery council were recorded and monitored.

Regular checks and maintenance meant that people were safe within the care home and when using equipment. Where specialist checks of the environment and safety systems were required the registered manager ensured these were undertaken and the relevant certificates filed. For example, records showed checks had been undertaken of fire alarm systems, the service's lift system, water systems for legionella, moving and transferring equipment and electrical appliances. The registered manager undertook routine health and safety audits and regularly reviewed the care home environment. Where issues were identified these were recorded and resolved.

People were protected from the risk of avoidable harm because of the risk assessments carried out by staff and healthcare professionals to reduce them. Risk assessments were undertaken regarding general matters, issues specific to individual people and following changes in people's needs. For example, where people had experienced falls or near misses these were investigated. Staff worked to identify contributing factors such as possible urinary tract infections, postural hypotension, dehydration or reaction to medicines to reduce the risk of further falls. Where people had experienced pressure ulcers referrals were made to the GP and tissue viability nurses (TVNs). Staff followed the direction laid out by the TVN to ensure that people's wounds healed. This included supporting people to use pressure relieving mattresses and cushions. Similarly, where people experienced weight loss the service made referrals to dietetic services and increased weight monitoring. Staff fortified meals for those at risk of weight loss whilst referrals were made to speech and language therapy where people had difficulty swallowing.

Nursing staff administered people's medicines safely. People's medicines were stored safely and securely. Medicines which needed to be kept cold were stored in a lockable fridge. The temperature of the fridge was monitored to ensure medicines remained safe for administration. We checked people's Medicines Administration Records (MAR) charts and found they were completed appropriately without gaps or

omissions. This meant people received their medicines in line with the prescriber's instructions.

The provider undertook checks and made preparations to protect people in the event of a fire. Firefighting equipment such as extinguishers and fire blankets were located throughout the service. Fire evacuation plans were displayed at strategic points throughout the service. Emergency evacuation chairs were available to support people to exit the building using the stairs as the lift would not be operational in a fire. Fireguard doorstops allowed doors to be left open with people's permission to air their bedrooms. However, these doors closed automatically when the fire alarm activated to keep people safe. The registered manager ensured that people had personal emergency evacuation plans (PEEPS) in place. PEEPs detailed the individual support people required to safely leave the building in an emergency.

The risk that people might experience avoidable infections were reduced by the provider's hygiene practices. One person told us, "They keep the place very clean. Cleanliness is their watchword." The service had a named member of staff tasked with being the infection prevention and control champion. Their role was to promote good infection prevention and control practice among the team. The provider supported staff to participate in a programme of immunisation. Staff received vaccinations against a range of viruses including mumps, chicken, measles and hepatitis. This meant people experienced an increased level of protection against the spread of infection.

The service stored, prepared and served foods appropriately. The service received a food hygiene rating of five out of five when reviewed by the food standards agency three months before our inspection. We observed kitchen staff wearing the appropriate personal protective equipment and handling foods in line with good practice. This meant people were protected from the risks associated from unsanitary kitchens and poor food management.

Good

Is the service effective?

Our findings

People received effective care delivered by staff in line with their assessed needs. People had pre-admission assessments before resettling at the service. This included assessments of people's health needs, risks and their mental capacity. This information was used to determine if the service was able to meet people's needs. Following admission people were supported with further assessments to ensure all of their needs were identified. People, their relatives and, where required health and social care professionals, participated in people's assessments so that they reflected people's preferences. People were supported with reassessments when their needs changed.

People received care and support from staff who had been inducted into the service. Inductions for new staff included meeting with people, colleagues and the registered manager. New staff received training in the provider's mandatory areas during their induction period and familiarised themselves with the service's procedures as well as the care home layout. New staff shadowed experienced team members when they started so that they could role model good practice and see how people's preferences for care and support were met.

The registered manager made sure that the staff supporting people were themselves supported. Staff attended bi-monthly supervision meetings with the registered manager to review people's changing needs and staff performance in meeting them. In addition, the registered manager undertook observations as staff delivered care and support to people. This included observing staff appearance, attitude, friendliness and respect for people's privacy and dignity. The registered manager reviewed staff performance in annual reviews and together they set objectives for the following year.

People's care was delivered by trained staff. Staff received training in the areas they required to meet people's needs effectively. For example, staff received ongoing training in areas including infection control, behaviours that challenge, safeguarding and basic first aid. A member of staff told us, "We have helpful training. Moving and handling training is good because equipment evolves and changes." Refresher training was provided to keep staff knowledge and skills up to date.

Staff prepared, served and supported people to eat a healthy balanced diet. One person told us, "The food is very good." Care records noted people's preferences for how they wanted staff to support them when eating. For example, one person's care records stated, "I eat at my own pace, kindly allow me to take my time to enjoy and finish my meals." Care records also noted people's favourite foods. For example, within another person's care records they specified that the dishes they found most enjoyable were, "Puddings." Where people required support to eat staff supported this. Where people required their food to be prepared to a specific consistency this was documented in care records and known by kitchen staff. This meant people were supported to eat and drink in line with their assessments.

People were supported to maintain good health. Where people were at risk of rapidly deteriorating health, staff had signs in care records to be aware of as well as instructions about the actions they should take. We spoke with one healthcare professional who told us that the service was quick to identify and respond to

people's changing needs. For example, when one person's health deteriorated the GP was contacted and a home visit took place. This meant the person's health needs were monitored, assessed and met. Staff supported people to access services and ensured that ongoing health issues were monitored. For example, people presenting with diabetes were supported to access relevant healthcare services. These included eye screening, blood testing, chiropody and medicines reviews.

The service had been redecorated since the last inspection. New flooring had been laid in some bedrooms and new carpet put down on the stairs. The building and garden were wheelchair accessible and a lift was available to enable people to move between floors. There was a large covered seated area in the garden which people used in the summer months. The nursing station was located in the day room where people and the nurse in charge were able to see each other. There was large, clear and colourful signage throughout the service to support people living with dementia. For example, posters on doors stated the purpose of each room and showed relevant pictures such a bathtub, shower or toilet.

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. 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that where people lacked capacity to consent to care the service supported them with DoLS applications. Records of MCA and DoLS assessments were maintained. These included the DoLS applications, details of capacity assessments and confirmation of authorisation from the Local Authority. Care records noted the dates on which DoLS were granted and would expire.

Good

Is the service caring?

Our findings

The service continued to be caring. People and relatives told us that staff were kind. One person told us, "Staff are helpful and caring." Another person said, "Staff are nice. They are good carers." A relative told us, "Staff are very attentive."

People and staff knew each other well and shared positive relationships. There was an established team in position at the care home who had formed relationships with people over many years. People's personalised care records contained a section entitled, "What sort of things do you like to talk about?" Staff were able to use this information to engage people in meaningful conversations. For example, one person's care records noted they liked to talk about, "World events and the news." Care records also noted where people had chosen to share information such as where they had been on holiday and the countries they had travelled to. In another example, several people recalled their experiences of national service in their care records. Staff used this information in reminiscence sessions and to support people around events they thought were important such as Remembrance Day.

People were supported to maintain important relationships. Staff supported people to maintain contact with relatives and friends. No restrictions were placed upon visitors. People were able to receive visitors whenever they chose. Staff made visitors feel welcome by offering them drinks and snacks. Relatives and friends were invited to monthly residents meetings and to social events at the service including parties and barbeques.

People's communication needs were identified and met. Care records contained information about how people expressed themselves. For example, one people's care records noted that they, "Speak in one word answers." Care records also noted where people had preferences for how they were spoken to. For example, one person who was hard of hearing stated in care records that they did not want staff talking directly into their ears. We observed staff speaking to this person from a face to face position and maintaining eye contact in line with their preferences.

People had their privacy respected by staff. One member of staff told us, "You always request permission to enter someone's personal space, whether they are in their rooms or a communal area." We observed staff knocking on people's bedroom doors before entering. Staff maintained the confidentiality of people's personal information. Care records were kept in secure locations and away from where they could be seen by visitors. The service had clear procedures for the sharing of information with other agencies and health and social care agencies on a need to know basis. Staff and the registered manager were familiar with these.

People's preference for how they dressed and groomed were noted in care records and respected by staff. For example, one person preferred to wear braces rather a belt with their trousers. Another person liked to have handkerchiefs in the pockets of their cardigan which we observed them use.

Staff maintained people's dignity. One person told us, "When I have a shower, staff help me and they treat me with dignity." People received the support they required to meet their personal care needs. Care records

stated how people wanted to have their personal care needs met. For example, One person's care records said they preferred their personal care to be provided by a female member of staff. Records confirmed this happened. Staff employed practices to ensure people did not feel exposed during personal care. This included using people's dressing gowns and towels to ensure they were not overly exposed whilst receiving personal care.

People's cultures and religions were respected. People who chose to had access to ministers of faith from a number of religions institutions. Care records noted people's religions and the support they required with their spirituality. For example, one person's care records noted they enjoyed reading religious books and staff supported them to do this. Where people wished to abstain from certain food types in line with their culture or religion this was noted in care records and respected by staff.

Good

Is the service responsive?

Our findings

People continued to receive care that was responsive to their assessed needs. People had input into their care plans which covered areas including personal hygiene, skin integrity, nutrition, social needs, behavioural support and physical well-being. Staff evaluated care plans each month to ensure care was being delivered in line with people's preferences and needs.

The care people received was personalised. People had person centred care records entitled , "This is me." These provided staff with personalised information about people which staff used to prompt people's memories. Staff supported people with the assistance of life story books to promote people's recollections. For example, information in life story books included the names and birthdays of relatives, information about people's family, school and work life, as well as recollections about people's friendships and pets. Staff used this information in discussions and activities with people to support those who may be experiencing difficulties with memory.

The service provided a range of activities for people to participate in. A colourful activity board in the day room displayed the activities for each day. These included gentle exercise, poetry reading, arts and crafts, puzzle making, games, music, singing and coffee mornings. The service had an activities coordinator and arrangement for each staff team member to lead activity sessions. People were supported to use the garden when the weather was nice and we saw photographs of people attending barbeques and parties outside. The registered manager also coordinated daytrips for people. The most recent day trip had been to Hampton Court on coach adapted for wheelchairs.

People were encouraged to maintain their independence. One person told us, "Staff do encourage and support me to be independent, and do what I can for myself." Staff undertook assessments of people's daily living skills to ensure they received the right support. Where it was possible people were encouraged to do things for themselves. For example, people received verbal prompting and physical assistance when washing, dressing or eating in line with their needs. Where people required support to remain independent the service supported this. For example, when one person lost the skills required to a use a hand towel the service supported them by installing a hand dryer so they could continue to wash and dry their hands independently.

The provider had a complaints procedure in place which was available to people and relatives. One relative told us, "I know how to make a complaint but I've had no issues with the place." Posters in communal areas provided people with information about where they could take concerns both internally and externally. Records of complaints and concerns showed that the provider addressed complaints appropriately. The registered manager acknowledged complaints, investigated the concern and reported the findings to the complainant in line with the provider's policy.

People who had been clinically assessed as approaching end of life were supported with the involvement of specialist professionals. These included end of life nurses and palliative care social workers. People and their relatives were supported to develop end of life care plans. These personalised care records covered

areas including people's preferences for care at the very end of life, matters of faith and funeral arrangements. These arrangements meant that people had plans in place to ensure they were able to die with dignity, where they chose and pain free.

Good

Is the service well-led?

Our findings

People received care and support from a well-led service. The registered manager was experienced in nursing and social care provision. One relative told us, "I think the care home is well managed and the manager is very visible." Staff spoke positively about the registered manager's leadership and the support they received from her. One member of staff told us, "The registered manager does everything to make this place good to live and work. It's like a family." Staff told us they enjoyed their work and felt what they did mattered. A member of staff said, "I have a very important job. People are important."

The service had an open culture. One member of staff said, "The registered manager has an open door policy." Staff met regularly in team meetings where they told us they felt comfortable sharing their views. Minutes of team meetings showed that the registered manager occasionally quizzed staff about their knowledge before describing good practice to them. The minutes of meetings also showed that the registered manager used team meetings to discuss and resolve issues of discord within the staff team. This meant the registered manager was transparent in their approach to proactively resolving staff disputes. One member of staff told us, "The registered manager has good cultural sensitivity. She's very professional when it comes to managing staff from so many countries."

People and their relatives were encouraged to share their views about the service with the service. People and their relatives attended a monthly residents meeting. These meetings were used to share information and gather people's views about the care and support being delivered by staff. The registered manager also gathered the views of relatives by speaking to them informally and formally by sending out questionnaires. Questionnaires were also given to and completed by healthcare professionals and representatives from faith groups. All of the feedback we read in 17 questionnaire responses was positive. Respondents gave favourable answers to questions which asked about the friendliness of staff, the cleanliness of the environment and the quality of meals people received.

The service had strong links within the local community. For example, the service promoted intergenerational links and activities with a local scouting organisation. The service hosted events twice each year which were attended by cub scouts. Photos were displayed around the service which showed people and children enjoying each other's company during these events.

The service people received was subject to quality checks. The registered manager coordinated detailed audits of a range of areas. For example, audits undertaken of infection control practices in the services covered areas such as the storage of mops, the condition of bins, alcohol gel dispensers, toilet brushes and spillage kits. Spillage kits provided staff with the specialist equipment required to safely and hygienically clean blood, urine and vomit. Other areas regularly audited included health and safety, equipment and appliances, medicines, staff training and care records. Where shortfalls were identified during audits action plans were put in place and implemented.