

# London Paramount Care Ltd

# Nirvana

## Inspection report

White Lodge Farm  
Bulls Lane, Brookmans Park  
Hatfield  
AL9 7AZ

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07 October 2021

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03 November 2021

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Nirvana is a residential care home providing personal care to one person with a learning disability and autism at the time of the inspection.

### People's experience of using this service and what we found

The provider and registered manager had a governance system in place, which included various audits and monitoring, however actions were not always documented, and it was unclear if actions were completed.

Staff provided care that was safe, and risks were managed appropriately. This was because staff were well-trained, and systems were in place to report concerns. There was a consistent staff team, who had been safely recruited.

Medicines were well managed, and staff received training to help ensure they were sufficiently skilled. Systems were in place to report and respond to accidents and incidents.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The person was able to have choice and control of their day to day decisions. This included shaping a staff team and support network around them that they felt safe in. Staff spoke in a respectful and kind way.

The management team were dedicated to ensuring staff demonstrated values in line with Right support, right care and right culture, and ensured the person felt empowered to live their lives how they wanted. The provider was constantly looking at ways to develop their knowledge which meant the person was being supported in the best way possible. This was through reviewing the person's care, enhancing staff knowledge and training and listening to the person and their families.

Staff felt supported and the management team were always available. The registered manager had a good understanding of their responsibilities towards the person they supported and had passion in delivering person-centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 13 August 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date the service was registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Nirvana

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Nirvana is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means the registered manager and provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, assistant manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure the person were supported safely. The registered manager made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure the person was safe. One staff member said, "I would always go to the manager and the team leader. CQC can also be contacted."
- A relative told us the service provided a safe environment for their family member. "With such a stable staff team when [family member] goes through difficult times they are in a safe place."

Assessing risk, safety monitoring and management

- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support. This meant the person was able to remain as independent as possible.
- The person was encouraged to be involved in managing their own risks and provide input into risk assessments. Where risks emerged, staff were proactive in managing these. For example, prompt health professional involvement enabled staff to be confident about the best ways to manage situations where themselves or the person could be put at risk.

Staffing and recruitment

- There was enough staff to support the person and received support from a core staff team to offer consistency. A relative said, "[Family member] has a good relationship with the staff, they have been at Nirvana for a little while and the staff are supporting [family member] really well which is a miracle and because of the continuation of staff [family member] has been able to settle."
- The staff team were matched with the person to ensure they had the right skills and rota's were completed by the person and management. Where staff changes occurred, the person was kept informed.
- The registered manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.

Using medicines safely

- Care plans were detailed and identified support needs in relation to the ordering, storage and administration of medicines. This also included regular reviews of medicines. The service worked alongside health professionals to reduce medicines no longer required and to implement non-drug therapies and practical ways of supporting the person instead.

- Staff received training to administer the persons medicines safely. The registered manager undertook competency assessments, once staff had completed their training, to ensure safe practice.
- The registered manager checked medicines were documented clearly and accurately on medication administration record (MAR) sheets. Where discrepancies occurred, these were investigated.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff were involved in sessions where staff, professionals and management were able to share information and look at ways support the person in a positive way.
- Staff said they were open about all safety concerns and comfortable with reporting incidents and near misses, in order to learn from these.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Assessments highlighted people needs and their desired outcomes. Where needed, referrals to external agencies were made.
- Staff were knowledgeable about the person they were supporting and were proactive in learning ways to support the person in a way that was best for them. This enabled the person to have a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role. The registered manager ensured staff received specific training to meet the person's individual needs. This included how to support with specific health conditions that impacted the person's daily life.
- Inductions were comprehensive. This included new staff working with experienced staff to make sure they understood their role, this gave the person the opportunity to get to know the staff member and to build a relationship.

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

- Staff spoke about how they ensured the person had choice and control of what a person ate during the day. Mealtimes suited the preference of the person.
- Dietary needs and requirements were identified in care plans and staff had a good understanding about this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team worked well with professionals for the benefit of the person. Care staff reported any concerns they had about the person's health and wellbeing to management, who in turn ensured relatives were contacted if appropriate, and external professionals were contacted if needed.
- Where there was professional involvement staff ensured the person was involved in these discussions as well as being open with relatives.

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

- Staff and management made sure they involved the person in the decisions about their home and where they wanted to live and spend their time.
- The home was maintained and well decorated. It offered enough space to offer areas of privacy.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff gave examples of where the person had choice and control over their lives and staff made all attempts to support the person in the least restrictive way.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff being kind and respectful. A relative said, "I can feel it in my heart they really care for [family member]. It really helps to know that. I do have to say I honestly think they do a fantastic job. [Family member] is getting a better life when the people around them care."
- Staff showed commitment when speaking about the person they supported. There were a number of examples where staff had a great understanding of the person's support needs, likes and dislikes.

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

- Staff listened and acted promptly when the person and relatives spoke about changes, they wanted to make to the support.
- Staff encouraged and empowered the person to become independent and there was a clear balance in making sure the person had control of their lives as much as possible, but also family views were respected.
- Staff and the management team looked at ways to reduce any communication barriers. Staff were trained and educated to remove these barriers. This enabled the person to have their views heard.

Respecting and promoting people's privacy, dignity and independence

- We observed staff having a close and trusting relationship with the person they were supporting. Staff were able to notice when the person was in discomfort and anxious and made sure they supported them to feel more comfortable.
- Staff gave examples and the care plans detailed how they encourage independence. For example, the person was encouraged to do household tasks such as cleaning, cooking and maintenance of the home.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were comprehensive and identified key information to support people in the way that was important to them. Care plans were detailed with regards to people's preferences, likes and dislikes. This meant staff had the information available to help the person receive consistent care that met their individual needs.
- Staff were supported to meet the needs of the person through liaising with professionals and accessing additional training and development.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication plans were developed with partner agencies which meant staff knew how to communicate effectively.
- The provider had systems in place for accessible information. However, further consideration was required to ensure the person had full access to all information about their care, in an accessible format

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us support was provided to follow the persons interests and found ways to involve the person in events in a way that is comfortable for them.
- Staff supported the person to have regular contact with their family. This was through the use of technology and face to face visits.
- During the COVID-19 lockdowns, staff recognised the impact this would have on family relationships and made sure they looked at ways to maintain these. A relative said, "All through COVID it was so difficult [family member] was so scared. It was such a difficult time. [Family member] wasn't able to do the things they loved. And staff worked through that. They work so hard to find alternatives to get through it."

Improving care quality in response to complaints or concerns

- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure. A relative told us, "There hasn't been any known complaints. I speak to [Family member] every day and we have open communication so if there is anything I will speak with the staff."

End of life care and support

- The registered manager explained that since registering the service, they had not provided end of life support. However, staff had training and the registered manager explained how they would seek support from different professionals and work alongside people and their relatives, to ensure they had a dignified death, in line with their preferences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service was not always consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager had quality assurance systems in place, however these systems were not always reliable and effective. For example, we found errors in documentation such as, medicines records and environmental audits which did not highlight improvements which we found as part of the inspection.
- The registered manager did not consistently capture actions to introduce improvements. These were either not identified or lacked detail as to if these had been completed. The registered manager acknowledged this and spoke about steps they were going to take to improve this.
- The provider had regular contact with the registered manager, staff, people and relatives to gain feedback.
- The management team and staff understood their roles and respected the impact their roles had for the person. The registered manager worked alongside the staff team routinely and assessed the delivery of care as part of their daily work.
- The registered manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a good understanding of the person they supported and had a passion for wanting to deliver person-centred care. A relative echoed the dedication the registered manager and staff had in making sure the person was happy.
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "The support has been really good, I am really happy. We are more of a team. We support each other. [Registered Manager] is very supportive and I know I get the support.
- The dedication and the consistency of the staff meant the person lived their lives how they wanted. For example, there was no rigid plans for the day and it was led by what the person wanted to do. Each day the person enjoyed going to the shops to pick their food for the day. Having a dedicated staff team allowed this flexibility.

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

- The management team gave the person and relatives the opportunity to talk about how they wanted to improve the support they received. These were listened to and action taken.
- Staff gave feedback through individual face to face meetings with the management team and surveys. Where improvements were highlighted, it was unclear if these actions had been completed.

#### Working in partnership with others

- The registered manager gave examples of how they had regular input from other professions to achieve good outcomes for the person.