Mr Poorun Bhugooa & Mrs Malawutty Bhugooa

Navara Lodge

Inspection report

1009 Oxford Road
Tilehurst
Reading
Berkshire
RG31 6TL

Tel: 01189424692

Date of inspection visit:
16 August 2016

Date of publication:
12 September 2016

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 was an unannounced inspection which took place on 16 August 2016.

Navara Lodge is registered to provide care (without nursing) for up to 18 older people. There were 18 people resident on the day of the visit. The building offers accommodation over two floors in 16 single and one double room. The double room has full length privacy curtains and individual washing facilities. The second floor is accessed via a staircase or lift. The shared areas within the service met the needs and wishes of people who live in the home.

The service has a registered manager, who was also one of the providers, running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team, generally, kept people, visitors to the service and staff safe. However, the service needed to risk assess radiators and record hot water temperatures. Most risks were identified and managed to make sure people and others were kept as safe as possible. Staff were provided with training in the safeguarding of vulnerable adults and health and safety. Staff were able to describe how they kept people safe from all forms of abuse.

People were provided with safe care because there were adequate numbers of appropriately skilled staff available. The service's recruitment procedure ensured that as far as possible, all staff employed were suitable and safe to work with vulnerable people. People were given their medicines in the right amounts at the right times by staff who had been trained to carry out this task.

The management team and staff protected people's rights to make their own decisions and consent to their care. The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People in the home had the capacity to make their own decisions and choices and no one was deprived of their liberty.

People's health and well- being needs were met by staff who were properly trained and supported to do so. People were assisted to make sure they received health and well-being care from appropriate professionals. Staff were trained in necessary areas so they could effectively meet people's diverse and changing needs.

People and staff built strong relationships and staff provided caring and compassionate support. Staff encouraged people to make as many decisions and choices as they could to enable them to keep as much control of their daily lives, as was possible. People were treated with kindness, dignity and respect at all

times. The service had a strong culture of person centred care which recognised that people were individuals with their own needs and preferences

People benefitted from a very well-managed service. The registered manager was described as very approachable. The registered manager worked directly with people and was very knowledgeable about their individual needs. The service made sure they maintained and improved the quality of care provided.

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 but needed to look more closely at two areas to ensure people's safety.

People were given their medicines safely.

Staff protected people from any type of abuse.

There were enough staff to make sure people were cared for safely.

Staff were checked to make sure they were safe and suitable before they were allowed to work with people.

Is the service effective?

Good

The service was effective.

People were supported and cared for by staff who had been properly trained to meet their needs.

Staff helped people to take all the necessary action to stay as healthy as and happy as possible.

Staff supported people to make decisions for themselves and choose their own lifestyle.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and dignity at all times. Staff interacted positively and patiently with people.

People were helped to stay as independent as they were able for as long as possible.

The home had a friendly and homely atmosphere where people and staff felt at ease.

Is the service responsive?

Good

The service was responsive.

People's needs were responded to quickly by the care staff. People felt they were listened to by the registered manager and staff team.

People were recognised as individuals and were supported and cared for in the way they preferred and that suited them best.

People were provided with daily activities which they could participate in if they wished.

People knew how to make complaints about the service if they wanted to. They were confident these would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The service kept very good records, especially those relating to people who live in the service.

The registered manager was highly thought of by staff, people and visitors to the service.

The provider/registered manager checked the service was giving good care to people. They made changes to improve things, as appropriate.

Navara Lodge

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, 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 16 August 2016. It was unannounced and carried out by one inspector.

Before the inspection the registered manager completed a 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. We looked at the PIR and at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we spoke with thirteen people who use the service, the registered manager (who is also a partner provider), the trainee manager and three care staff. We received feedback from a local authority commissioner, three professionals and two relatives after the inspection visit.

We looked at the records, including plans of care and daily notes for six people who live in the service. In addition we looked at a sample of other records related to the running of the service. These included medicines administration record charts, the files of the three newest staff members, staff training records, duty rosters, menus and records used to measure the quality and safety of care provided.

Good

Is the service safe?

Our findings

People told us that they felt very safe in the home. Comments included, "we're as safe as houses" and, "I wouldn't tolerate any of that abuse you see reported on the television." Another said, "I wouldn't put up with any nonsense." Everyone we spoke with told us they were safe and well looked after. Staff and people who use the service told us they had never seen anything they were not comfortable with. A social care professional when asked if they were confident that people were safe and being well treated responded, "Yes very much so." A family member said, "I am totally confident people are safe and well treated."

Staff safeguarded people from abuse or harm. Care staff were trained in the protection of vulnerable adults. They fully understood their duties and responsibilities with regard to protecting people in their care. Staff described the actions they would take if they identified any safeguarding concerns and were confident that the registered manager would take prompt action to protect people. People told us they trusted and respected the staff team and shared staff's confidence that he registered manager would protect them, if necessary. The service had not reported any safeguarding concerns to the local authority during the past 12 months. The local authority commissioning team reported that there were no open safeguarding referrals or complaints and commented, "in general they are not really a concern for us."

People, staff and visitors were, generally kept safe, whilst in the home. However, on the day of the inspection, radiators were not covered or risk assessed and one bath had hot water reaching temperatures above 43 degrees. The registered manager told us thermostatic valves were fitted to all sites of total immersion. The registered manager told us staff tested water temperatures before assisting people into the bath. People and staff confirmed this but records of temperature checks were not kept. This presented a potential risk to people as the staff and management team could not be sure the water temperature checks were completed on all occasions. People who lived in the home were able and were aware of the risks of hot radiators. However, risks had not been formally assessed, particularly for radiators sited in areas such as toilets and individual bedrooms where people could use them as hand rails. The registered manager agreed to risk assess the radiators as soon as possible and took immediate action to ensure water temperatures were safe. The temperature of water in the identified bath was confirmed as safe, the day after the inspection.

Staff followed health and safety policies and procedures which had been up-dated in August 2015. The procedures included instructing staff with regard to suitable clothing and outlined various first aid procedures, which staff were trained in. Generic, safe working risk assessments were in place. These included moving and handling, slips, trips and falls and smoking. Maintenance checks to ensure the service was safe were conducted at the required intervals. These included equipment such as fire prevention equipment and legionella testing. The service had comprehensive plans in place to instruct staff how to deal with foreseeable emergencies. These included evacuation procedures and loss of supply of services such as gas and water.

People enjoyed living in a clean and hygienic environment where they were protected from infection, as far as possible. People and relatives told us the home was always clean and hygienic. The home was well

presented with no offensive odours. Infection control policies and procedures, which staff followed, were in place. They included disposal of clinical waste, blood spillage and the use of appropriate waste bags. The service was awarded a rating of five (very good) by the environmental food safety standards agency in July 2015.

The safety of people and staff was improved because the service learned from accidents. Accident reports recorded what had happened and the immediate action taken. Whilst it was evident in procedures and care plans that action had been taken to minimise the risk of recurrence, these actions were not always clearly recorded in accident records. The registered manager told us they would ensure accident and incident records included this information, in the future.

People were kept safe by staff completing detailed risk assessments, as necessary. Risks were identified and risk management plans were developed for significant risks for the particular individual. The service used nationally recognised risk assessment tools for areas such as falls and skin health.

People were given their medicines safely by staff who had been trained to administer it. People's medicines were stored in a locked medicine cabinet. The temperature of the cabinet was not checked regularly but the registered manager put systems in place to rectify this omission on the day of the inspection. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. Medicines were delivered to the service weekly and were checked in and out. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. No medication administration errors had been reported in the previous 12 months.

The service checked that people were supported by staff who were suitable and safe to work with them. The provider's recruitment processes made sure the necessary safety checks on prospective applicants were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed and interviews were held. Appropriate references were taken up and verified prior to candidates being offered a post.

People's needs were met, safely, by adequate staffing levels. There were a minimum of two staff on duty during the day. Care staff were supported by the registered manager, the trainee manager and ancillary staff. Night staffing consisted of one waking and one sleeping in staff member. The registered manager assessed the needs of people, on a daily basis and provided additional staff as required. For example if people were ill or required extra support. The registered manager worked alongside staff to boost staff numbers at short notice, if necessary. Staff told us there were always enough staff to meet people's needs safely. The service had never used agency staff because the provider did not think it was appropriate for people to be supported by 'strangers'. Staffing shortfalls were covered by the provider/ registered manager and staff team working extra hours.

Good

Is the service effective?

Our findings

People were supported to stay as healthy as possible. People's healthcare needs were clearly described in their care plans. They were able to access health care services and received ongoing support from external professionals. Visiting health professionals recorded their visit notes on people's health care records which were incorporated into care plans. Referrals to GPs, community psychiatric services and other healthcare professionals were made in a timely way. The service worked with several GP surgeries as people were able to retain their own GP, on admission. A senior carer told us they had excellent working relationships with the GP surgeries who were always responsive. People were encouraged to participate in regular screening programmes such as for bowel and breast cancer, as appropriate. One professional told us people's healthcare needs were addressed in a timely manner. Another commented, "…the staff are always around to assist the patients and visiting health professional. The patients always seem to be treated with respect and their needs dealt with in a timely manner. This has always been a pleasant home to visit and we have never had any cause for concern."

People's well-being needs were identified and met. People were provided with adequate amounts of nutritious food of their choice and supported to drink enough fluids to keep them healthy. People's care plans included nutritional and eating and drinking assessments, as necessary. Weight charts were kept for those people who needed them. People received regular dental, optical and medication reviews, as they required. People told us they were very well cared for. One person told us their mobility and health had improved dramatically because of the care they received in the service.

People benefitted from good quality fresh food. One person said, "The food here is excellent, fresh food, freshly cooked." Another said they liked the food but were able to request alternatives and snacks, whenever they wished. A staff member told us that vegetables, fruit and meat was fresh and very little frozen or pre-prepared food was used. People were offered drinks and snacks throughout the day on the day of the visit. The majority of people ate meals in the comfortable and welcoming dining area but they could eat wherever they chose. Tables were laid with condiments, flower arrangements and napkins. People conversed and interacted with fellow residents and staff members, throughout the meals.

People's rights were upheld by staff who understood consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). Staff had received Mental Capacity Act 2005 (MCA) training. The 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 so that they can 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 DoLS. The service had not made any DoLS applications because nobody who uses the service was deprived of their liberty. The registered manager fully understood and described when and why it may be necessary to make a DoLS application to the local authority.

People were encouraged to make as many decisions and choices as they could. Each element of the care plans were signed by the person. Additionally any risk assessments or agreements, such as smoking safely were signed by individuals, as appropriate. People told us they made decisions for themselves and staff always asked them before they undertook any personal care activities. At the time of the inspection people in the home did not lack capacity.

People were provided with any necessary equipment to ensure people's comfort and to keep them as safe and mobile as possible. For example grab rails and wheelchairs were provided, if necessary. The service used a double room for two people. The people who shared the room told us they enjoyed sharing and one said, "It's nice to look over and see my friend."

People were cared for by staff who were knowledgeable and trained to meet their needs. Staff told us they received good training opportunities which were up-dated regularly. Of the 14 staff, nine had completed a relevant health and social care qualification.

Staff received good support from the management team to enable them to offer effective care to people. Staff told us they were able to request supervision whenever they felt they needed it. As it was an established and stable staff team new staff worked alongside more experienced staff members. Formal, recorded one to one supervision was provided approximately every two months. Staff members completed an appraisal once a year. Staff told us they felt well supported by the registered manager and their colleagues. The service had recently begun to use the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool.

Good

Is the service caring?

Our findings

People told us they were always treated with respect. One person said, "We respect the staff and the manager and they respect us." They said they were always treated with respect and staff preserved their dignity. One person said, "I am never embarrassed because they are so kind and respectful." Another said, "Staff are always kind and patient." A professional, when asked, agreed that people were treated with dignity and respect at all times. Staff described the service as having, "A lovely family atmosphere." A family member said, "From our very first visit to view the home we have found all members of staff, from the owner to the newest member, polite, friendly and always informative, keeping up to date with my [relative's] progress. My [relative] herself finds the staff caring in manner, and speaks highly of them.

Written compliments from families included, "…we feel she was very fortunate that she was able to find such a homely caring environment. She was surrounded by so much love, laughter, empathy and kindness." Another said, "[my relative] was always telling me how you were all so good and kind and that she was happy."

Staff had developed strong relationships with people. A number of staff had worked in the home for many years and knew the people who lived there very well. They were knowledgeable about people's individual personalities and were fully aware of people's needs, likes and dislikes. There were a small number of people who live in the home and staff respected their diversity and individuality. People's religious, cultural and lifestyle choices were included in their plans of care. Additionally care plans included people's aspirations in the form of long and short term goals.

People were treated with kindness by a caring and committed staff team. Staff used appropriate humour to include and encourage people to participate in social interactions. People told us staff were, "kindness itself" and couldn't be faulted. Staff used people's preferred name, for example some people were addressed by their first name, others by their title and surname and a few by preferred 'nicknames'. One person told us," There's a lot of laughter here, we all have a sense of humour. We're like a big happy family." People were animated, interested and articulate throughout the inspection visit. They enjoyed communicating with each other, the staff team and visitors.

Staff made sure that they maintained people's privacy and dignity. Care plans noted how staff were to help people, whilst ensuring their dignity and privacy. Staff gave examples of how they offered people personal and intimate care privately and in a dignified way. Examples included making sure that people were put at their ease and felt comfortable with staff and closing doors and curtains.

People were respected they and their families were encouraged to make known their views about the home and how it was run. The registered manager spoke with people all the time as they often worked on the care rota. People told us they could talk to the registered manager or other staff at any time. People raised issues, worries and gave compliments to the registered manager throughout the day of the inspection. It was evident that they were used to conversing with him and discussing their experiences in the service.

People were supported to maintain as much of their independence as they were able to, for as long as possible. Some people were mostly independent whilst others needed more assistance. Staff were sensitive when providing additional assistance and encouraging of people's independence. One staff member told us the service was particularly good at, "encouraging people to maintain or increase their independence." People told us staff were always available to help them, but did not interfere unless they needed assistance. One person told us they were asked if they wished to control their medicines and another person was being supported to increase their independence. People were free to use the community independently when they chose, with risk assessments in place, as necessary.

End of life care plans were developed, when necessary, taking into account people's preferences and choices. Most people chose not to be involved in completing end of life care plans in advance. Additionally they chose not to have 'do not attempt cardio-pulmonary resuscitation forms' (DNACPR). Some people had DNACPR's in place and these had been signed by the individual and the GP. There was no-one in the home receiving end of life care, on the day of the inspection visit. However, a staff member told us they had a very good relationship with the local GP surgeries and district nurses who supported the individual and advised care staff if end of life care was needed. The staff member told us they were able to obtain any necessary equipment such as special mattresses or moving and handling equipment from health professionals, as necessary and appropriate.

Good

Is the service responsive?

Our findings

People told us there were always staff available if they required assistance. They said call bells were answered immediately and one person said, "I can't remember a time when I had to wait for more than a few minutes for help." People were very confident to ask care staff for help or attention. Staff responded to people's requests, in a timely way, throughout the day of the inspection visit. Staff apologised and explained to people if they had to wait for any length of time. For example on one occasion a staff member asked someone if they would mind waiting a few minutes for their walking frame while they assisted someone else from the table. One person told us, "The staff are very responsive, whatever and whenever you ask them for something." A family member told us, "Since she has been residing there her weight has increased, her mobility improved and her mood lifted."

The service fully assessed people's needs before they moved in to the service. This assured the individual and the staff that they could meet the person's needs. Assessments were developed into personalised (person centred) care plans which included people's preferred routines, any special needs and emotional needs. People signed to confirm they were involved and agreed with the care to be provided.

People's diverse and changing needs were met because care plans were regularly reviewed and kept up-to-date. Care plans were reviewed on a monthly basis and whenever people's needs changed. People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and as was appropriate. Care plans included people's history and previous interests and hobbies. Staff told us they had developed strong relationships with families and always kept them informed of any significant changes to people's well-being. Staff and people told us relatives and friends could join them for meals and celebrations and were always made welcome when visiting the home.

The service sought external help to respond to people's changing needs, as necessary. Changes to people's care recommended by external health care professionals were recorded on specific plans of care. For example recommendations made by a community psychiatric nurse were recorded on the behaviour or emotional well-being care plan. The service had good working relationships with other professionals and shared required information (with people's consent) with others to ensure people had the best possible care. People were able to retain the services of their long standing GP, if they chose to and it was appropriate and possible. The service identified and acknowledged when they could no longer meet people's needs. They took the necessary action to ensure the individual received the appropriate assistance from other professionals to move to a suitable service.

People told us they had some organised activities but often chose to, "amuse" themselves. The service provided an activities co-ordinator three to four afternoons per week. People participated in activities such as craft work and physical exercises. The service had initiated a gardening programme which was very popular. People were growing food and flowers for their own use. Staff told us they spent one to one time with some people who did not like to join in with groups. One person told us they preferred to spend time in their room watching the television or reading. A family member said, "They encourage her to take part in activities, which seem to be varied and stimulating, but respect her wishes if she declines."

People were encouraged to comment on the way care was being offered. People and their relatives told us they knew how and would be comfortable to complain and would do so if necessary. The service had received three complaints from January 2015 until August 2016. These were dealt with appropriately. A professional told us a person had expressed concerns about the time they were asked to go to bed and this was rectified immediately. Six compliments had been received during the same timeframe. A family member said, "She has lived there since then [for three years] and there has not been a single time that I have had any regrets. She has always been happy there and has never complained or passed any adverse comments about anything or any staff."

Good

Is the service well-led?

Our findings

One of the provider partners was registered as the manager of the service. He had been registered under current legislation since 2010. People, relatives, staff and other professionals told us the registered manager and senior staff team were very approachable. One person expressed the views of others when they said, "They always put the residents' needs first." One staff member said, "It is a good place to work with a nice family atmosphere." Another said, "There's no question it's a great place to work." Staff described the service as having, "a strong team with a good team spirit." A family member (who is also a health professional commented), "The care is very personalised and there is a very low staff-turnover. Navara Lodge is well led; a happy and safe environment for everyone. I feel very comfortable recommending Navara Lodge to my patients and friends." Another said, "The owner has been very accommodating to make my mother's room a real home from home, nothing has been too much trouble…. I cannot praise Navara Lodge highly enough." The registered manager was very knowledgeable about the needs of people and often worked on the care rota to cover for any staff shortfalls.

People, staff and others were listened to and their views were taken into account. The registered manager interacted with people on a daily basis. People and staff described the service as having a, "Family atmosphere where everyone is valued and listened to." One person told us, "I am always listened to and the manager and staff do everything they can to make sure my wishes are met." A staff member said, "Even though I haven't been here as long as other staff I still feel valued and my opinions are listened to." Another staff member gave an example of when their idea, to enhance people's enjoyment of activities, had been listened to, taken up and resourced.

The service held staff meetings on a regular basis and when required. Staff felt they had enough staff meetings and told us they were always well-informed. The service held meetings for the people who live there every two to three months. People said they felt they could put forward their ideas and concerns, which were listened to. Notes of the meetings were kept and included people's satisfaction with their care and people's requests and ideas which were shown as actioned, if appropriate. Examples included putting pictures on the walls and preferences with regard to food and changes of menu.

The provider who was also the registered manager monitored and assessed the quality of care people were offered on a daily basis. Additionally he had a more formal system in place. This included a questionnaire sent to a sample of people and their families every three months and a variety of audits. The latest questionnaire was completed in August 2016 and all responses were positive. One family member commented, "[My relative] is so happy her and we all think she has bloomed since being here." Regular audits included weekly medication checks, health and safety checks by external contractors and a monthly quality checklist. The quality assurance procedures informed the annual development (business plan). This had been competed for 2016/17 and noted areas such as training, replacement of furniture and access to the garden for people with mobility issues. Some processes of the quality assurance system were not clearly recorded, such as the monthly quality check list. Whilst this had no impact on the quality of care the provider/registered manager undertook to ensure the relationship between the quality assurance processes and the annual development plan was clearer.

Good quality care was supported by very good quality records, relating to people who lived in the service. People's records were accurate and up-to-date and daily notes were written to a high standard. People's records gave staff enough information to enable them to meet people's needs safely and in the way they preferred. Records relating to other aspects of the running of the service were, generally well - kept and up-to-date although there were some issues with the recording of water temperatures and quality assurance processes. The Care Quality Commission received notifications as required.