Parcs Healthcare Limited

Gokul-Vrandavan

Inspection report

12-14 Windsor Avenue
Leicester
Leicestershire
LE4 5DT

Tel: 01162661378

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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

About the service:
Gokul-Vrandavan is residential care home that was providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service provides care to Gujarati elders and all staff speak to people in their chosen language. The service observes Gujarati culture.

People's experience of using this service:
●People told us they received good care. We were told ''it's a happy house'.

●Staff had the skills and knowledge to deliver care and support people in a person-centred way.

●Staff recruitment was safe and staff understood how to keep people free from harm.

●Relevant risk assessments had been completed to ensure people were kept safe.

●Medicines were managed safely.

●Accidents and incidents were monitored to identify and address any patterns or trends to reduce risks.

●People were supported with good nutrition and could access appropriate healthcare services.

●People were encouraged to see their families as they wanted.

●People were treated with respect and dignity and their independence was promoted. We received positive feedback about the kindness of staff.

●People took part in activities and events both within the service and the local community, based on their interests and preferences.
The service met the characteristics of Good in all areas; more information is in the full report

Rating at last inspection:

At the last inspection the service was rated Good (9 June 2016).

Why we inspected:
This was a scheduled inspection based on the rating of the last inspection.

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

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

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 given in our Safe findings below.

Is the service effective?

Good

The service remained effective.

Details are given in our Effective findings below.

Is the service caring?

Good

The service remained caring.

Details are given in our Caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are given in our Responsive findings below.

Is the service well-led?

Good

The service remained well led.

Details are given in our Well-Led findings below

Gokul-Vrandavan

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was carried out by an inspection manager, 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. The Expert by Experience on this inspection spoke both Gujarati and English.

Service and service type:

Gokul-Vrandavan 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.

Gokul-Vrandavan accommodates 27 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection, the provider 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered information from the Healthwatch, the Local Authority and the Food Standards Agency.

During the inspection, we spoke with six people who used the service and three relatives. We observed a meal time and a medicines round. We had discussions with three staff members including the activities co-ordinator and care staff. We also spoke with the registered manager, the compliance manager and the provider.

We looked at the care records of five people who used the service to see whether they reflected the care that was required. We also looked at four staff recruitment files and records relating to the management and quality assurance of the service.

Good

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:
● Staff completed safeguarding training during their induction.
● There were safeguarding and whistleblowing policies in place and staff told us they knew what to do if they had safeguarding concerns.
●One person said, ''Our loved ones are never mistreated here.''

Assessing risk, safety monitoring and management:
● One person told us, "People are around me to keep me safe, in comparison to me living in my own home, where I was very isolated.''
● People's care plans contained comprehensive risk assessments and clearly set out how staff should care for and support people safely.
●Risk assessments and care plans were regularly reviewed to ensure the information in them was up to date.
●Fire risk assessments had been completed and alarms and emergency equipment was serviced regularly. People's care records contained properly completed Personal Emergency Evacuation Plans (PEEPs).

Staffing and recruitment:
●Safe recruitment and selection processes were followed. Personnel files included each employee's Disclosure and Barring Service (DBS) status. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
● There were enough staff to meet people's needs. A relative told us, ''There are adequate resources to keep our relatives safe.''

Using medicines safely:
● The provider followed safe protocols for the receipt, administration, storage and disposal of medicines to ensure systems were organised and people received their medicines when they should.
● Staff received medicines training and knew what to do in the event of a medicines error.

● We saw that staff who administered medicines had monthly competency checks which ensured they were carrying out their duties effectively and identified any training needs.
● Where people received their medicine covertly, we saw advice had been sought from medical professionals and there were clear plans in place for staff to follow to ensure this was done safely.

Preventing and controlling infection:
● Staff had completed training in infection control. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
● We noted the service was clean, tidy and free from unpleasant odours. A relative told us, ''This home is very hygienic and fresh. They wash the carpet very often.''

Learning lessons when things go wrong:
●We saw that the provider had acted appropriately to a concern and taken steps to reduce the likelihood of recurrence. For example, concerns were raised that the temperature of the water in people's bathrooms may be too hot. The provider had installed additional equipment to regulate the water temperature and regular checks were carried out to monitor this. No other concerns had been raised since.

Good

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Where there were concerns about people being unable to make an informed decision staff completed mental capacity assessments and the best interest decision making process was followed and documented. An external Best Interest Assessor was visiting the home when we inspected.
● DoLS applications had been made when required. No one had conditions associated with their DoLS authorisation.
● People told us staff always asked for their consent when providing care and support.
●Assessments of people's needs were thorough and care plans were regularly reviewed and changed as necessary.

Staff support: induction, training, skills and experience:
● Relatives told us that they thought the staff were trained to be able to meet the needs of people using the service. Relatives said, ''They seem to know what they are doing. I think they get sufficient training,'' and ''I believe they do have great training because we have noticed how they manage the residents here when using different equipment.''
● Staff told us they received sufficient training and they were well supported and had regular one to one meetings with their manager so they could discuss any issues of concern.

● External training was delivered by a trainer who spoke both Gujarati and English to aid staff learning.

Supporting people to eat and drink enough to maintain a balanced diet:
● Food was made and served in a way that reflected people's culture. One person said, '' "I am glad that I ended up at this home where they cater according to my cultural needs, and I always look forward for my dinner time.''
● People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. The staff were aware of people's dietary needs and preferences and these were clearly recorded in care plans and in the kitchen.
● People told us that they enjoyed the food and choices that were available to them. One person said, ''It's nicely served, and you have a choice. You can ask for extra and it's always available.''

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;
● We spoke to a professional who visits the service who told us, ''This is one of the nice homes.''
● On the day of our visit, a district nurse was visiting different people in the home.
● People are supported to access healthcare from their GP and an audiologist and a chiropodist visit the home when required.

Adapting service, design, decoration to meet people's needs:
● Signs within the service were written in both English and Gujarati.
● People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

Good

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity:
● We observed interactions between people and staff that were kind, patient and sensitive, for example, when one person was not feeling well, they were offered choices of food and drink to tempt them and care and consideration were given to their comfort.
● People's visitors were made to feel welcome which promoted people's feelings of wellbeing. One person said, "Staff are not only helpful to [people], they are very generous and kind towards the relatives, we laugh and joke together".
● One relative told us staff, ''treat [relative] as like their mum, they never call her name, always call her 'Baa' [mum]'' and one person said, "They [staff] are like my children."

Supporting people to express their views and be involved in making decisions about their care:
● People were encouraged by staff to choose how they spent their time. One person said, ''I am quite independent and do lots of things by myself but the staff are always there to make sure I am ok. They are always kind and supportive. I like reading my religious book in my room. I need a shower everyday – first thing in the morning and I am glad the staff listen to me and act on it.''
● People were supported to be as involved in the community of the home as much as they liked. For example, one person who was cared for in bed had a sign on the door to indicate it should be left open and staff told us they stopped and spoke with the person whenever they passed to prevent feelings of isolation. Another person told us, ''If I am not feeling good and would like to stay in my room they do respect that.''

Respecting and promoting people's privacy, dignity and independence:
● We saw that staff respected people's privacy, for example, knocking on doors and asking permission to enter people's rooms.
● People told us they felt their dignity was maintained and personal care was carried out discreetly.

Good

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
● People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long term health conditions.
●Care plans included information on people's communication needs. Staff understood people's skills and abilities and took time to listen and understand what people were saying.
●People's choices and cultural history were respected. Relatives told us, and we saw, that staff supported people to take part in daily living tasks and activities which were constructive and made them feel valued.
●The service offered a choice of daily activities in line with people's choices, for example, Bhajan (religious songs) were sung daily and people were encouraged to assist in preparing meals. Religious and other special occasions such as Diwali and Navratri were observed and birthdays were celebrated with personalised cakes ordered from a local bakery. Trips were arranged outside the service to local temples and garden centres.

Improving care quality in response to complaints or concerns:
● Managers had dealt appropriately with complaints and put measures in place to reduce the risk of similar issues reoccurring.
● People told us they knew who to speak to if they had any concerns, and they were confident these would be dealt with properly.

End of life care and support:
●Care records included information about people's wishes about their care at the end of their life, and included input from relatives as appropriate.
● Extra beds were available for people to have visitors stay in their rooms with them in the event that they are receiving terminal care.
● At the time of our visit, no one was receiving end of life care.

- The service had an end of life policy which was reviewed regularly.

Good

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
● People told us,'' 'the home is well managed; the manager has a great attitude, [they are] an approachable person', 'the manager is always visible and visits the first floor if people are in their room and gets to know the residents to build good relationships'.''
● We saw that the service had made significant investment in high quality equipment in response to people's needs. For example staff had identified that one person showed signs of distress when being supported with a particular piece of equipment. The provider had purchased an alternative item and had this installed in the person's room and in communal areas.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
● People told us they knew who the management team were, and had good relationships with them. One person described the provider as 'like my son'.
● The service submitted statutory notifications to us, as required by law.
● We found the culture to be honest and transparent, and the importance of quality monitoring and improvement was recognised.
● Staff understood their roles and responsibilities. They told us they felt confident to whistle blow and report poor practice should they need to.
● The previous CQC rating was displayed in both Gujarati and English.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● The service used questionnaires and surveys to obtain the views of people using the service and their relatives, and we saw that the feedback was positive. We saw the service had a complaints policy available to view and kept a book in reception for people and relatives to record any compliments or complaints.

● Photographs were used to help people with their food choices. After meals, a staff member spoke with people to see whether they had enjoyed their food or if they had any complaints.
● Staff views were obtained through surveys and plans were in place to introduce a 'staff member of the month' award to celebrate staff achievements.

Continuous learning and improving care:
● The service employed an external auditor to identify areas for improvement. Management recognised the value of this and described it as using 'a fresh pair of eyes'.
● The service was responsive to issues and open to change. For example, the registered manager was approaching retirement. The service has employed a member of staff to take over the role of registered manager and plans are in place to ensure this is a smooth process and to reduce the impact of the change on people using the service.

Working in partnership with others:
● The service worked with healthcare and other professionals, for example we saw a Best Interest Assessor was visiting the service at the time of the inspection.
● The service was about to start working with a local nursery school to strengthen people's relationships with the local community and encourage socialisation.