Seva Care (Respite And Residential Services) Limited

Sudbury House

Inspection report

30 Sudbury Avenue
Wembley
Middlesex
HA0 3AR

Tel: 02084222999
Website: www.sevacaregroup.com

Date of inspection visit:
16 January 2018

Date of publication:
09 February 2018

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

Sudbury House is registered to provide accommodation and personal care to a maximum of five people with learning disabilities. At the time of our inspection, there were four people using the service.

At the last inspection on 4 January 2016 the service was overall rated Good.

At this inspection we found the home remained Good.

People in the home had complex needs and were therefore unable to provide us with verbal feedback. On the day of our inspection, all four people were out at day centres during the day. Following the inspection we spoke with two relatives and one social care professional to obtain their feedback about the service. Relatives of people who used the service spoke positively about the care provided by the home. They told us they were confident people were safe in the presence of care workers and in the home.

There were systems and processes in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Risks associated with people's care had been identified and appropriate plans were in place to minimise potential risks to people.

Medicines management arrangements were in place in relation to the recording, storage and administration of medicines. There were enough staff to meet people's individual care needs and this was confirmed by staff we spoke with.

Care workers told us that they felt supported by management. They spoke positively about the new manager and said they had confidence in her abilities. Staff had received training in areas that helped them to carry out their roles effectively. Staff received regular supervision sessions and a yearly appraisal.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were clearly documented. Care plans were reviewed regularly and were updated when people's needs changed.

The home was working within the principles of The Mental Capacity Act 2005 (MCA). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We found that necessary DoLS authorisations were in place.

Arrangements were in place to ensure the nutritional needs of people were met. The home provided vegetarian food at the request of people and their relatives for cultural reasons. The menu included a variety of foods which were freshly prepared daily.

The home ensured they respected people's individual cultural and spiritual needs. People in the home were Hindu and the home had a Hindu calendar available which highlighted special cultural and religious events. The home had organised a religious prayer for people to participate in. People were also supported to visit the temple and supported to attend religious festivals.

We found the home had a management structure in place with a team of care workers, the cook, the new manager and interim supporting manager. Staff told us that the morale within the home was good and that staff worked well with one another. They spoke positively about working at the home. They told us management was approachable and there was an open and transparent culture within the home and they did not hesitate about bringing any concerns to management.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred regularly and were documented. Staff told us that they received up to date information and said communication in the home was effective.

The home carried out checks and audits which looked at various aspects of the care provided at the home which included health and safety, infection control, staffing, medication, fire safety and documentation. We noted that there had been a period where these checks had not been consistently carried out and we raised this with the interim supporting manager. She confirmed that there had been a gap but said that these checks would be carried out consistently. We also noted that a medicines audit had not been carried out since August 2017 and raised this with management. Management confirmed that this had been an oversight and said they would be carried out consistently in the future. We made a recommendation in respect of this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The home is now good.	**Good**
Is the service effective? The home remains good.	**Good**
Is the service caring? The home remains good.	**Good**
Is the service responsive? The home remains good.	**Good**
Is the service well-led? The home remains good.	**Good**

Sudbury House

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 16 January 2018. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the home and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

People who used the service could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore spoke with two relatives of people after the inspection.

We reviewed three care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. At the time of the inspection, there was no registered manager in post. The registered manager had left the service in October 2017. The provider had appointed a new manager for the home in November 2017. This manager was present during the inspection and advised us that she would be applying for the Registered Manager. We also met with a manager from another of the provider's services who was supporting the new manager on an interim basis. We also spoke with two care workers. Following the inspection, we contacted a social care professional.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they were confident people were safe and secure in the home and in the presence of care staff. When asked if relatives felt people were safe in the home, one relative said, "Yes [my relative] is safe in the home." Another relative told us, "He is safe in the home. Yes definitely." Relatives we spoke with raised no concerns about the safety of people in the home.

Training records indicated that care staff had received safeguarding training. When speaking with care workers they were aware of safeguarding procedures. A safeguarding policy and procedure was in place to help protect people and minimise the risks of abuse to people. During the previous inspection, we noted that the safeguarding policy did not refer to the Care Quality Commission and the need to inform us of safeguarding incidents. We noted that since the previous inspection, the home had updated their policy to include this information. The policy also included contact details for the local authority. The policy was clearly displayed in the home.

The home had comprehensive risk assessments in place. Risk assessments detailed the actions in place to minimise risks to people. They covered risks such as diabetes, epilepsy and behaviour that challenges. Risk assessments identified the level of risk and included comprehensive information about the action needed to be taken to minimise risks as well as clear guidelines for care staff on how to support people safely. There was evidence that risk assessments were reviewed regularly and were updated when there was a change in a person's condition.

We discussed staffing arrangements with the new manager and supporting manager and looked at the staff rota. The supporting manager explained that during the day there were three staff on duty and at night there was one waking staff on duty. There was consistency in terms of staff and the supporting manager confirmed that the home did not use agency staff. She explained that continuity of care was an important aspect of the care provided so that people were comfortable and familiar with staff. There was a lone working policy which applied to staff who worked during the night shift. This policy detailed the procedures to follow in order to ensure the safety of people and staff. We discussed with the managers the arrangements for the night shift and they confirmed that one member of staff was sufficient to safely meet people's needs. They also confirmed that there was always another member of staff on call in case of an emergency and that staff lived close to the home. They also advised that the director lived in close proximity and was also available in case of an emergency.

Systems were in place to make sure people received their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicine storage facility in place. The facility was kept locked and was secure and safe. There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for people who used the service. These had been completed and signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time. Daily temperature

checks were carried out in respect of the medicines storage facility and these were documented with the exception of two gaps. We found a gap on 13 and 14 January 2018. Management confirmed that this was an oversight and said that they would ensure there were no gaps in future. Staff had completed training and understood the procedures for safe storage, administration and handling of medicines. At the time of the inspection, the new manager confirmed that nobody was using controlled drugs at the home.

The home had a medication audit system which looked at medicines management such as storage, temperature checks and MARs. We however noted that the most recent audit had been carried out in August 2017. There was no evidence of any medicines audit since this date. We discussed this with management and they confirmed that they would ensure medicines audits were carried out consistently.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. The home stored staff files at the provider head office and therefore following the inspection, the home sent us recruitment records for three members of staff. We found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

The previous inspection noted that there were some maintenance issues around the home that required action. We observed during this inspection that the home had taken appropriate action.

During this inspection, we noted that regular safety and maintenance checks of the premises were carried out to ensure they were safe. We saw evidence that the gas boiler had been inspected and the electrical installations inspection had been carried out.

Arrangements for ensuring fire safety in the home were in place. The fire alarm was tested weekly to ensure it was in working condition and this was consistently documented. Two fire drills had been carried out in 2017; the most recent in December 2017. The new manager confirmed that people were not allowed to smoke inside the home. We noted that the fire authorities (London Fire & Emergency Planning Authority) had visited the home in October 2016 and identified areas for improvement. The support manager showed us the action plan they had implemented in response to this visit and confirmed that all necessary action had been taken. The support manager also confirmed that in response to the visit, they had employed the services of an independent fire company and had a contract with them. This company carried out periodical checks to ensure the home was compliant with the Fire Regulations.

The home had a fire emergency plan. However, it was not displayed in the home and we raised this with management. They confirmed they would ensure this was clearly displayed in the home.

We also observed that each person had a comprehensive personal emergency evacuation plan (PEEP) in place. This included clear details of the general condition of the person, methods of assistance that the person requires and the evacuation procedure in the event of an emergency.

A comprehensive fire risk assessment was in place and we noted that it was last reviewed in July 2017. The interim manager confirmed that they reviewed this yearly to ensure it was up to date.

The temperature of the water prior to people being given a shower or bath had been recorded and was no higher than 43 degrees centigrade. This ensured that people were not at risk of scalding. We also noted that radiator covers were in place throughout the home to protect people from burns.

We checked window restrictors in three rooms on the first floor. We found that window restrictors were in place but two of these were loose and raised this with the new manager. She confirmed that she would ensure that maintenance would look at this.

There were appropriate arrangements in place for managing people's finances and these were detailed in people's care plans. People's finances were monitored by the new manager. We saw people had the appropriate support in place where it was needed.

We saw evidence that accidents and incidents had been recorded. This included clear details about the incident and who was involved and action taken following the incident.

Good

Is the service effective?

Our findings

Relatives spoke positively when asked what they thought of the home and care support staff. One relative told us, "I am happy with the care. [My relative] seems happy and he never refuses to go back to the home. He is always happy to go back."

Arrangements were in place to ensure the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. This information was detailed in care support plans. Care records included details of what support people needed with eating and drinking, how they would like to be supported, the level of support required, risks associated with chewing and swallowing and details of restrictions of food including allergies and preferences.

The home provided vegetarian food at the request of people and their relatives for cultural reasons. The menu included a variety of foods which were freshly prepared daily. The home employed a cook to prepare all meals. The new manager explained there was flexibility and if people wanted to eat something else, an alternative was always provided at their request.

People with specific dietary needs such as diabetes were supported to understand their condition and to plan their meals and this was clearly documented in their care support plan. The new manager explained that they monitored people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition. We noted that two people in the home were diabetic. The new manager explained that they worked together with people to help them have a healthy diet. There was information from Diabetes UK available in the kitchen. This provided guidance about promoting healthy eating in the South Asian Community. The new manager explained they referred to this when they devised the food menu.

All relatives we spoke with told us that they were satisfied with the food provided and had no complaints. They told us that people wanted a vegetarian diet and the home was able to meet their needs. One relative said, "The food is fine. They have a variety of food. I am happy they have vegetarian food. I don't have to worry." Another relative said, "[My relative] prefers vegetarian food. We have met the cook and talked about the menu. There is more fresh fruit and vegetables available now."
At the time of the inspection, the kitchen was clean and we noted there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and saw they were all within their expiry date. Food that had been opened and stored in the fridge was appropriately labelled with the date they were opened so that staff were able to ensure food was suitable for consumption. We however noted that the kitchen looked "tired" and was in need of renovation. We discussed this with the supporting manager and she confirmed that they would look into this.

People's care documentation indicated that people had received an initial assessment of their needs with their families' involvement before moving into the home. There was a pre-admission assessment in place which included important information about people's health and care needs. Individualised care support

plans were then prepared using the detail from pre-admission assessments and plans identified people's preferences, needs, and included details of how staff were to provide them with the care they needed.

We saw documented evidence that people's healthcare needs were closely monitored by care staff. Care records contained important information regarding medical conditions, behaviour and allergies and we saw these were well maintained. Care records included a record of appointments with healthcare professionals such as people's dentist, optician and GP. The new manager confirmed that they liaised closely with healthcare professionals and provided evidence of this.

Training records demonstrated that care staff had completed training in areas that helped them carry out their roles effectively. Topics included emergency first aid, safeguarding, the Mental Capacity Act 2005 (MCA 2005), infection control, challenging behaviour, medicine administration and food hygiene. This training provided was a combination of online and classroom based. Care workers spoke positively about the training they had received and said they were suitably trained to support people effectively.

Care workers told us that they had received regular supervisions, which was confirmed by supervision records and appraisal records.

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care plans included information about people's capacity to make decisions within the communication section. Where people lacked capacity, details of their advocates or people to be consulted was documented in care records. We saw evidence that all staff had completed MCA training.

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). Where people were unable to leave the home because they would not be safe leaving on their own, the home had made necessary applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the home had made necessary applications and authorisations were in place.

Good

Is the service caring?

Our findings

Relatives told us they were confident people were cared for in a respectful and dignified manner. One relative told us, "Care staff are fine. I am happy with the home." Another relative said, "Care staff are good."

Care staff and management had a good understanding of the needs of people and their preferences. Care support plans included information about people's interests and their background and used this information to ensure that equality and diversity was promoted and people's individual needs met. These included detailed information about people's individual cultural and spiritual needs. People in the home were Hindu and the home had a Hindu calendar available which highlighted special cultural and religious events. People were provided a vegetarian diet for cultural reasons. The home had organised a religious prayer for people to participate in October 2017. People were also supported to visit the temple and supported to attend religious festivals. Relatives spoke positively about the way the home supported people to meet their cultural needs.

Staff had received training in dignity and equality. Care workers and management had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them. One care worker told us, "I always ask people what they want and give them time to decide." Another care worker told us, "I always talk to people. Close curtains and doors. Give them privacy. I always give them time. It is important to respect their wishes."

The new manager explained that they encouraged people to be independent where they could do so. The aim of the home was to "maximise independence through active support".

Care plans included information about people's interests and preferences and were person centred. Care records included a section titled "emotional support". This detailed what things upset people, how to tell if a person was upset and instructions for staff about the best way for them to respond to meet people's needs.

We discussed the steps taken by the home to comply with the Accessible Information Standard with the registered manager. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The new manager explained that they had pictorial food menus to assist people make choices. Important policies were available in an easy read format so that they were accessible to all people.

At the time of the inspection, people in the home either had limited capacity or lacked capacity to make decisions about their care, treatment and support. The managers explained that the home had regular contact with people's relatives or next of kin and this was confirmed by relatives we spoke with.

Good

Is the service responsive?

Our findings

Relatives told us that the home were responsive and said they felt able to raise any concerns they had with the staff and management at the home. One relative said, "I feel able to talk to the manager. She is friendly and helpful. I have met her a few times." Another relative told us, "I can definitely speak to the new manager if I need to." Relatives told us they were confident that people received care, support and treatment which they required.

Care plans included information about people's needs including; health, care, communication, behaviour, personal care, mobility, emotional support and night support. There was detailed information about how each person would like to be supported. These were specific to each person and individualised. Care plans were written in the first person and it was clear what the individual person wanted. Care plans contained personal profiles, personal preferences and routines and focused on individual needs.

People were supported to take part in activities. Each person in the home had their own activities timetable which was devised based on their individual preferences. The new manager explained that people liked to do different things and therefore they did not have a generic timetable. Activities included attending the local day centre, going to the temple, playing a game called Carrom (a strike and pocket table-top game of South Asian origin) and watching Bollywood movies. One person liked to go for an evening walk and we saw that this was included as part of their daily activities. Relatives we spoke with told us that they thought there were sufficient activities for people and had no concerns regarding this.

People in the home were unable to communicate verbally. The manager explained that staff encouraged people to tell them how they were through gestures, facial expressions and using pictures. People's relatives were involved and provided feedback through satisfaction surveys. We saw evidence that a satisfaction survey was carried out in August 2017 and the majority of the feedback was positive. Where any issues had been raised, it was evident that management had taken appropriate action. Relatives told us they would not hesitate to speak with the new manager if they had any concerns or feedback.

There was a complaints policy in place which detailed the procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. The complaints policy was on display in the home and was in pictorial form so that it was accessible to all people. The home had a system for recording and dealing with complaints appropriately.

Good

Is the service well-led?

Our findings

At the time of the inspection the home did not have a manager registered with the Care Quality Commission. 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 previous registered manager had left the home in October 2017. The provider had appointed a new manager in November 2017. This manager was present at the time of the inspection. She confirmed that she would be making the necessary application to the CQC in order to be the registered manager for the service. The provider had also ensured that the new manager was adequately supported whilst she was new in post by ensuring that a manager from one of their other services was also available to assist in the interim.

Relatives expressed confidence in the management of the home. They said they had been informed of the changes within management and had had an opportunity to meet with her. They spoke positively about her and said they did not hesitate to contact her and felt able to have open discussions. One relative said, "The new manager is very good and very efficient. She is very hands on." Another relative told us, "The new manager is friendly and helpful. I have met her a few times. I can talk to her."

There was a management structure in place with a team of care workers, the cook, the new manager and interim supporting manager. Care workers had a positive attitude and were of the opinion that the home was well managed. They spoke positively about the new manager and said that she was supportive and approachable and had confidence in her abilities. They indicated to us that care workers worked well together as a team. One care worker said, "She is very supportive. I can talk to her openly without doubt." Another care worker told us, "The new manager is very friendly and she gets involved. The main thing is that she listens to us about what we are going through and what we need." All staff were aware of the values and aims of the service and this included treating people with respect and dignity and providing a high quality service.

Staff told us they found the supervision sessions, appraisals and team meetings useful. One care worker told us, "Team meetings are helpful. Communication is good. Meetings are helpful because we don't get to see each other every day so it gives us a chance to meet up together and we are able to bring things up and share information. We learn from each other. " Another care worker said, "Communication now is really good since the new manager."

During the inspection we looked at how the home monitored the quality of care it provided. The home had a monthly spot check which looked at various aspects of the care provided at the home which included health and safety, infection control, staffing, medication, fire safety and documentation. We noted that there had been a period where these checks had not been consistently carried out between October 2017 and December 2017 and we raised this with the supporting manager. She confirmed that there had been a small gap when the previous registered manager left the home but confirmed that these would be carried out monthly going forward and showed us evidence that this had been last carried out on 5 January 2018.

We also noted that the home had a separate medication audit. However, we noted that this had not been completed since August 2017 and raised this with management. The manager confirmed that this had been an oversight and said they would be carried out consistently in the future.

We recommend the service seek advice and guidance from a reputable source, about the importance and value of carrying out regular monitoring checks of the service.

The home had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.