

Chaplin Care Home Limited

Shivam Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 April 2017 and was unannounced.

Shivam Nursing Home provides accommodation and nursing care for a maximum of 15 older people, some of whom have dementia. At the time of our visit, there were 11 people using the service.

The home specialised in creating a homely environment for elderly Asian people. The home aimed to replicate the culture and environments that people were used to. The home's philosophy was also centred at providing people with their religious, cultural and dietary requirements.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There were policies and procedures to keep people safe. This included safeguarding and whistleblowing policies. Written risk assessments were in place for people at risk. Staff were knowledgeable about how to keep people safe.

There were sufficient staff on duty to meet people's needs throughout the day.

People's medicines were handled safely. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home.

People were supported by staff who had the right skills and knowledge. Staff had received essential training for their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of health care professionals. Referrals had been made to relevant professionals regarding people's health needs.

Throughout the inspection we observed courteous interactions between staff and people using the service. Staff treated people with kindness and compassion.

People received the support they needed in relation to nutrition and hydration. The food in the home was fully Asian vegetarian.

People received personalised care that was responsive to their needs. People's needs were assessed before they moved to the home. This was to make sure the home was fit to meet their needs.

The home carried out quality audits and records of these audits included details of action to be taken and

action that had been taken to improve.

Further information is in the detailed findings below.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-led.

Shivam Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 21 April 2017 and was unannounced. The inspection was undertaken by one 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 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.

During this inspection we spent time observing the care and support being delivered throughout the communal areas of the home. We spoke with a range of people about this home. We spoke with five people using the service. We also spoke with, the registered manager and four staff.

We looked at six staff files and checked training and recruitment records. We looked at various policies and procedures including safeguarding and complaints procedure.

Is the service safe?

Our findings

People told us the home was a safe place to live. One person told us, "I am happy here. I feel safe."

There were policies and procedures to keep people safe. For example, there were safeguarding and whistleblowing procedures to give guidance to staff. Staff understood these procedures and they were able to describe the various ways people might experience abuse. They told us they would report all safeguarding concerns to the registered manager or local authority and the Commission if the management did not take action in response to concerning information.

Written risk assessments were in place for each individual. This included assessments for choking, weight loss and scalding. Staff were knowledgeable of the management plans and how to keep people safe.

Health and safety checks were completed regularly. Fire extinguishers and the lifts were serviced regularly to ensure they were safe for use. Emergency lighting testing was also completed. People had personal evacuation plans in place (PEEPS).

The personnel records of staff contained a pre-employment checklist. The registered manager checked their identity and right to work, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them.

There were sufficient staff on duty to meet people's needs throughout the day. The registered manager told us staffing levels were based on dependency levels of people. We observed staff were not rushed to complete their tasks.

People's medicines were handled safely. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home. There was a system for auditing medicines, which was undertaken by qualified nurses.

Is the service effective?

Our findings

People told us staff were skilled in their work. One person told us, "I like it here. Staff look after me well."

People were supported by staff who had the right skills and knowledge. Staff had received essential training for their role. They were knowledgeable about people's individual needs and preferences and how to meet these. Newly appointed staff received induction linked to the Care Certificate award, which is a relatively new national staff induction programme.

People received the support they needed in relation to nutrition and hydration. The lunch consisted of freshly cooked chapatti and poppadum, Mong Dal, vegetable curry, pickle, salad and rice. People ate independently apart from one person who was assisted to eat. A second person was supported to eat after a while. Extra chapattis, rice and yoghurt were brought around.

Staff told us they felt well supported by the management. Staff received regular supervision, which we confirmed from records. Appraisals were undertaken annually to assess and monitor staff performance and development needs. This ensured that people were supported by staff who were also supported to carry out their duties.

People had access to a range of health care professionals. One person told us that the GP visited every two weeks and an optician visited when their eyes needed testing. We saw from records that staff escorted people to healthcare appointments if needed. We saw that referrals had been made to relevant professionals regarding people's health needs.

The home had policies on consent, and the Mental Capacity Act 2005 (MCA). Where people lacked capacity, the home took people's interests into account. Care records showed people's mental capacity had been assessed in regards to making specific decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had taken appropriate steps to apply for authorisations to deprive people of their liberty where necessary. The home had made applications under DoLS for each person as needed. We saw completed documentation regarding this.

Is the service caring?

Our findings

People were very happy with the care and support they received. One person said, "They are looking after me nicely. This [care worker] is like my daughter." Whilst this person was talking to us, she took hold of the hand of the staff member and touched the back of it to her cheek in an affectionate manner. Another person told us, "I like it here; that is why I stay here."

Throughout the inspection we observed a number of courteous interactions between staff and people using the service. We observed staff tucking blankets, re-arranging pillows, bringing tissues and hand wipes, offering fruit and drink. We heard little conversations and reassurances where people had expressed some discomfort. We observed that some people had special equipment to help them to maintain their independence. This included special beakers which had spouts to make it easier for people to drink. This ensured small amount of drink was delivered to allow people at risk of choking to swallow carefully.

Staff were attentive to the needs of people. We observed a member of staff paying attention to a person who was snoozing in his wheelchair in the main sitting room. The staff member was encouraging the person to have a mid-morning snack of fruit, addressing him by his preferred name and coaxing him gently to wake up. The person declined the fruit other people were eating but accepted an offer of grapes instead. A bowl of grapes was placed in front of him and when, after a while, he had not eaten any, the staff member returned and supported him to eat them. The person appeared to enjoy them.

People's privacy and dignity were respected. Staff closed doors and drew curtains when they were providing personal care. We also saw that staff knocked on people's bedroom doors and waited for a response before they could enter.

People's care records outlined people's religion and their cultural needs. Staff were aware of people's backgrounds, and were respectful of people's religions and cultures. All the people using the service were Hindu and were supported to attend a Hindu temple. Their meals were vegetarian according to Hindu dietary custom.

The home supported people to express their views and be actively involved in making decisions about their care and support. People and where necessary, their relatives were involved in the reviews of care plans. This ensured all care plans were up to date.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person showed us her Mala Beads (a set of beads that have traditionally been used in prayer and meditation). This person demonstrated how she used them to chant quietly. Other people had Mala beads too. The home supported people to meet their spiritual needs. People were supported to celebrate 'Diwali' and other religious celebrations.

There were activities listed on the board. There were two different Poojas (a prayer ritual performed by Hindus) on Mondays and Fridays. The rituals lasted almost an hour and several people joined in by clapping or shaking little cymbal instruments. Before lunch a staff member led a singing session. She explained that people were learning the words to the song so that they could sing it by themselves. Occasionally she stopped singing and the others continued without her. The care workers explained 'this was good exercise for their brains.' There were a variety of other activities too, including making cotton balls, folding plastic bags, writing and drawing.

We noticed that the footrest on one person's wheel chair had been specially adapted to prevent their feet from slipping off. Another person also liked to sit apart by the window and look out across the car park where she could see people arriving and walking up and down the street. She smiled at us and pointed things out to us from time to time and seemed content.

People's needs were assessed before they moved to the home. This was to make sure the home was equipped to meet their needs. The assessments covered many areas including, mobility, medicines, diet, personal care, activities and likes and dislikes. Care plans gave guidance on how the people's needs should be met. We saw that Risk assessments and care plans were reviewed and updated to reflect any change in people's needs. We saw that people's needs were met.

The service had a complaints procedure and a copy was given to people and their relatives. People and relatives told us they were aware of who to contact in the office if they wanted to complain.

Is the service well-led?

Our findings

People knew who the registered manager was and found her to be helpful. We asked one person if she knew who was in charge and she gave us the name of the manager. This person told us the manager was "very good."

The service had a registered manager. 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 and associated Regulations about how the service is run.

Staff felt supported by the management. They told us that the management promoted and encouraged open and transparent communication. They had a variety of platforms to discuss or raise issues with the registered manager. For example, they had opportunities to raise issues through staff meetings, supervision and appraisals.

People and their families were asked for their views about their care and support and their feedback was acted on. The home carried out a satisfaction survey in November 2016 and received positive feedback from staff and people.

The home had processes in place to monitor and promote improvement. For example, the home received periodic monitoring visits from the local authority. The most recent local authority visit was undertaken in June 2016. We saw that the home had taken action where improvements had been highlighted. For example, the local authority officers had highlighted that people did not have PEEPS in place and at this inspection we saw that these had been implemented. There were other improvements too.

The home also carried out quality audits in areas such as health and safety, infection control, care records and medicines. Records of these audits included details of action to be taken and action that had been taken to improve.