

Bavani Care Home Limited

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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

About the service

Bavani Care Home Limited can provide accommodation and personal care to a maximum of nine people in a single adapted building. At the time of our inspection seven people were living at the care home. The service specialises in supporting younger and older adults with mental health needs.

People's experience of using this service

People told us they were happy with the standard of care and support provided at this care home.

People were cared for and supported by staff who knew how to manage risks they might face. However, although we found people were kept safe and not at risk of harm, we have made a recommendation about improving how staff develop and record people's risk management plans.

The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed.

The provider ensured staff had the right levels of training and support they needed to deliver effective care and support to people living at the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People lived in a suitably adapted care home that met their needs. The care home was decorated and furnished to an adequate standard. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and access community mental and other relevant health care professionals as and when required.

People were treated equally and had their human rights and diversity respected. Staff treated people with respect and dignity and upheld their right to privacy. People were encouraged and supported to maintain and develop their independent living skills. People were encouraged to make decisions about the care and support they received and had their choices respected.

Care plans were in place for everyone who lived at the service, which helped staff meet their emotional, personal and health care needs. Staff ensured they communicated and shared information with people in a way people could easily understand. People were supported to participate in activities that reflected their social interests and to maintain relationships with people, that were important to them. People's concerns and complaints were listened to and investigated by the provider. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and wishes.

The provider recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service. The quality and safety of the service people received was routinely monitored by the services management team. The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, community health and social care professionals and staff working at the care home. The provider worked in close partnership with various community mental health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at the last inspection

The last overall rating for this service was requires improvement (published 24 July 2020). At this inspection we found enough improvement continued to be made and sustained by the provider to ensure they were now rated good overall and for all five key questions.

Why we inspected

This was a planned comprehensive inspection based on the previous rating.

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

Follow up

We will continue to monitor the service and information we receive about them. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bavani Care Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we also looked at the providers infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by one inspector and a specialist advisor (SpA). The SpA was a social worker with experience of supporting people with mental health needs.

Service and service type

Bavani Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in-person with five people who lived at the care home, the registered manager, a support worker, a domestic cleaner and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records. This included two people's care plans, seven staff files in relation to their recruitment, training and support they received, and multiple medication administration record sheets. A variety of other records relating to the management and oversight of the service were also read.

After the inspection

We received telephone and/or email feedback from a relative and a community mental health care professional who shared their experiences about the service with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained risk assessments and management plans. These plans provided staff with clear guidance about the actions they needed to take to prevent or manage identified risks and hazards people might face.
- Staff demonstrated they understood these identified risks and the support people needed to receive to prevent or manage those risks. For example, staff were aware of the signs they needed to look out for and the action they might be required to take urgently to prevent or deescalate people's behaviours that might be considered challenging or antisocial at times.
- However, some of the risk management plans we looked at were not sufficiently detailed or person-centred. For example, although it was clear from information included in one person's care plan they 'required intensive emotional and psychological support to manage behaviours considered challenging'; we found staff were not provided with sufficiently detailed instructions about how this should be done to prevent or manage this potential risk.

We recommend the provider seek advice and guidance from a reputable source, about developing sufficiently detailed and person-centred risk management plans.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- Easy to understand safeguarding information was displayed in the care home. People told us they felt the service was a safe place to live. One person said, "I feel safe here because I know there's always staff about who do a good job looking after us."
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse.
- The provider had notified the relevant authorities without delay when allegations of abuse or neglect were raised and appropriate safeguarding investigations carried out. The registered manager and provider analysed such events and identified actions to take to prevent reoccurrence.

Staffing and recruitment

- There were enough staff to meet people's needs and wishes.
- Staff were visible throughout the care home during our inspection. We observed staff on numerous occasions respond quickly to people's requests for assistance or to answer their questions. One person said,

"There's always plenty of staff about who I can talk to if I need to."

- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history, a health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- People were informally involved in staff recruitment and were introduced to all potential new staff and asked for their views about their suitability to work in the care home.

Using medicines safely

- Medicines systems were well organised and people were supported to receive their prescribed medicines at the right times.
- People's care plans included information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines, including the administration of 'as required' medicines. Staff had been trained to manage medicines safely and their competency to continue doing so was routinely assessed by managers.
- Regular audits of medicines were carried out by managers to identify and address any issues. No recording errors or omissions were found on completed medicines records we looked at.

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19. Feedback we received from people about how the provider had managed COVID-19 was positive. One person said, "Staff are very good at keeping the place clean and they always wear their face masks."
- Access to the care home had been restricted for non-essential visitors for the last 15 months because of COVID-19. The care home was now open to a limited number of people's designated family and friends, providing they followed the services strict IPC guidelines. These guidelines included having an up to date negative COVID-19 test on arrival at the care home and wearing appropriate personal protective equipment (PPE) throughout their visit. Relatives who had recently visited the care home confirmed strict IPC arrangements for visitors were followed by the service.
- Staff used PPE correctly and in accordance with current IPC guidance. Managers routinely checked staff were wearing their PPE safely.
- Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.
- The premises continued to be kept hygienically clean. A domestic cleaner demonstrated a good understanding of their IPC role and responsibilities. We observed them routinely clean various high touch points, such as door handles, handrails and light switches throughout our inspection.
- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived or worked there was routinely tested for COVID-19.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people who lived at the care home. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, the provider has reduced the number of incidents of antisocial behaviour in the rear garden following numerous complaints raised by neighbours in recent years. Staff now made sure they could observe people in the garden and messages

about appropriate behaviour were shared during individual and group meetings. There was information on display about appropriate behaviour.

Is the service effective?

Our findings

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

At the last planned comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were now consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff had the right knowledge, skills and support they required to effectively carry out their work roles and responsibilities.

We recommended at that time the provider find out more about suitable training for staff to help them meet the needs of the people whose behaviour might be considered challenging.

At this inspection we found enough improvement had been made to address this outstanding training issue.

- Staff now had the right mix of skills, knowledge and experience to deliver effective care and support.
- People described staff as competent and supportive. For example, one person told us, "Staff know what they are doing and are easy to talk to."
- Staff told us in the last 12 months they had completed various online and in-house practical courses to update their training including, positive behavioural support to help them prevent and manage behaviours considered challenging.
- Staff received a thorough induction that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. Staff told us in the last 12 months they had also completed up to date training in mental health awareness, infection prevent and control and safeguarding.
- Staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the services management.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs. . This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health needs.
- Staff were aware of people's individual support needs and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff understood who they supported that lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they were happy with the overall quality and choice of meals they were offered at the care home. One person told us, "The food is lovely here and staff always ask me what I would like to eat." A relative remarked, "My [family member] often tells me how good the food is here. He eats well at Bavani that's for sure."
- People's care plans included assessments of their dietary needs and preferences.

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

- People were supported to stay mentally and physically healthy and well.
- People's care plans detailed their health care needs and conditions. For example, a person living in the care home, their Community psychiatric nurse (CPN) and designated keyworker had all been actively involved in helping develop a risk management plan to prevent incidents of behaviours considered challenging happening in the service. This approach had reduce incidents.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of community mental health and other health and social care professionals. Feedback we received from a community mental health care professional was positive about the standard of care and support their clients received at this service. Their comments included, "I am very pleased with the service they [staff] provide for my clients. I have never had any issues with the way staff support my clients with their mental health care needs."

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

- People lived in a suitably adapted and adequately decorated and furnished care home that meet their needs.
- Several people told us the service was a relaxed and comfortable place to live. One person said, "I do feel

at home living here."

Is the service caring?

Our findings

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

At the last planned comprehensive inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were now supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we found the provider had not promoted people's independence.

We discussed this issue with the manager at the time of that inspection who agreed to take appropriate action to address this issue.

At this inspection we found the provider had taken action to promote people's independence.

- The registered manager gave us a good example of how staff had supported a person who had previously lived at the care home to develop the necessary life skills, such as cooking and managing their own finances. This had enabled this individual to achieve their long-term goal of moving out of the care home and successfully living independently in their own home.
- People told us staff actively supported them to develop their independent living skills. For example, one person said, "I sometimes cook my own meals here and have taught the staff how to make curry. I've also been given a key for my bedroom and can have a front door key if I want." A second person remarked, "Staff often take me out in the minibus to the local supermarket so I can do my own food shopping. Staff also encourage me to make my own medical appointments on my mobile phone."
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.
- People told us staff respected their privacy and dignity. One person said, "Staff always knock on my bedroom door and ask me if they can come in."
- Staff spoke about people they supported in a respectful and positive way.

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

- People had their human rights and diversity respected and were treated with compassion by staff.
- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by warmth and kindness. We observed several instances throughout our inspection of staff respectfully sitting and chatting or playing pool with people in the communal rear garden or lounge/dining area.
- People typically described staff as "friendly" and "supportive". One person said, "The staff are lovely. They're always so respectful and friendly to us." A relative remarked, "The staff treat my [family member] really well. I'm very happy with the care and support they provide him."
- Staff knew about people's diverse cultural heritage and spiritual needs and how to protect people from

discriminatory behaviours and practices. For example, staff were aware of people's dietary needs and wishes and which food groups certain people could not eat based on their spiritual beliefs or wishes.

- People's care plans contained detailed information about their spiritual and cultural needs and wishes.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected.
- People told us staff listened to them and acted on what they had to say.
- People had regular opportunities express their views and be actively involved in helping make decisions about the support they received at the care home through regular care plan reviews, individual one-to-one meetings with their designated keyworker and group meetings with their fellow peers.
- People were consulted and agreed to the contents of their care plan. People had signed their care plan to show they agreed with its contents.

Is the service responsive?

Our findings

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

At the last planned comprehensive inspection this key question was rated as requires improvement. At this inspection this key question was rated as good. This meant people's needs were now met through good organisation and delivery.

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

At our last inspection we found the provider had failed to ensure people were encouraged or supported enough by staff to participate in meaningful leisure activities that reflected their social interests and needs.

We recommended at the time the provider find out more about how to support people to participate in activities that were socially and culturally relevant to them.

At this inspection we found our recommendation had been followed.

- People were now encouraged and supported by staff to participate in various social and cultural activities at the care home and in the local community which reflected their social interests and spiritual needs and wishes.
- People told us they were able to participate in social activities they wanted to and enjoyed. For example, one person said, "It's nice to sit in the garden when it's warm and I really enjoy playing the staff at pool." A second person remarked, "We've got a minibus we share with the other home and we often got out with staff for day trips or swimming." Throughout our inspection we observed managers and staff playing pool in the communal lounge with people living in the care home.
- People also said staff supported them to take part in activities that reflected their spiritual and cultural needs and wishes. For example, one person mentioned staff supporting them to attend church services in the local community and facilitated visits to the care home by a representative of a local Christian group. Another person remarked how much they enjoyed celebrating various Hindi festivals at the care home, such as Diwali, when they said staff would help them prepare food for everyone who lived there.
- Care plans reflected people's social and cultural interests and needs.
- People were supported to maintain positive relationships with people that were important to them. The care home was now open to visitor's providing they followed correct IPC guidelines and staff continued to support people to use video and telephone calls to remain in contact with family and friends who were unable to visit the service in-person.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to their individual needs and wishes. One person said, "Staff know I don't eat meat so they make sure they only offer me vegetarian or fish meals."
- Each person using the service had a care plan. These plans included information about people's personal, emotional and physical health care needs, and their likes and dislikes.
- People, and where appropriate their relatives and professional health care representatives, were

encouraged to help staff develop and review an individual's care plan. If people's needs and wishes changed their care plan was updated accordingly to reflect this.

Meeting people's communication needs

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

- People's information and communication needs and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard.
- Staff understood the Accessible Information Standard. For example, we observed that staff knew people very well and communicated with them effectively.
- People's communication needs were identified, recorded and highlighted in their care plan.
- Staff supported people to use electronic communication devices, such as tablets and mobile phones, to stay in touch with those important to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People and relatives knew how to make a complaint but generally told us they had no reason to. A relative told us, "I remain very happy with the support my [family member] receives at Bavani and feel confident about talking to the manager if I wasn't." People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The provider had an end of live policy and people's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service continued to be consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear management and staffing structures in place. The registered manager was supported by the owner/nominated individual, the registered manager of the provider's other care home in the area, a deputy manager and his staff team.
- People who lived at the care home, their relatives, community health care professionals and staff all spoke positively about the way the service was run by the registered manager. One person told us, "The manager is lovely and very hard working. He's always around so you can speak to him about anything whenever you like." A member of staff remarked, "Great manager. You know he's in charge, but he's always very fair and supportive."
- We saw the service's previous CQC inspection report and overall requires improvement rating was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- Managers were keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the service people received was routinely monitored by managers. For example, they regularly checked staff were wearing their PPE properly, and always accompanied people using the rear garden.
- Audits were routinely analysed to identify issues, learn lessons and implement action plans to improve the service they provided people. For example, we saw the provider had followed the action plan they had developed following our last inspection to improve how they prevented or managed incidents of behaviour considered antisocial or challenging happening in the services rear garden or the local community.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The owner/nominated individual and registered manager had a clear vision that was shared by the managers and staff. The registered manager told us they routinely used group team meetings to remind staff about the provider's underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a

regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, people had regular opportunities to share their views about the quality of support provided at the care home. This was done through daily contact and formal individual and group meetings with people living in the care home.
- People living in the care home, their relatives and community health and social care professionals were also invited to regularly participate in satisfaction surveys. All the feedback the provider had received from people who had completed these surveys in the last six months were positive. A relative wrote in one survey, "I am very happy with the care my [family member] receives at Bavani."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. One member of staff told us, "The owner and manager are really approachable as they are both often working on a shift and so supportive of us."

Working in partnership with others

- The provider worked closely with the Local Authority, community mental health care teams and a local GP surgery where they regularly sought these external professionals and agencies advice and support. A community health care professional told us, "They [staff] always keep me updated and are very welcoming whenever I visit...Overall I am happy with the service they have been providing my clients."
- The registered manager also told us they and the owner continued to work closely with the local authority, the police and neighbours to try and address concerns raised about anti-social behaviour within the service and the local community.