Care Quality Commission

Chaplin Care 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

Overall summary

This inspection took place on 8 October 2014 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 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.

People told us they felt safe using the service. Staff were vetted to ensure they were suitable to work with people before starting work. Appropriate checks had been undertaken before staff commenced work with the service.

The home had systems to assess and manage risks to the health, safety and welfare of people using the service.

Summary of findings

All staff had undertaken training and were up to date with core training. Most staff had received training in topics relevant to their roles and were equipped to meet people's needs.

Staff received support that enabled them to fulfil their roles effectively. However, we saw that staff were not receiving supervision on a regular basis. This had also been identified by the provider's internal audit but we saw an improvement plan was in place.

We observed that people were treated with dignity and respect. People also told us they were treated well. There were enough suitably skilled staff to support them. People's relatives told us staff were kind and caring.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. MCA assessment and a DoLS application had been completed for one person, and a decision made in their best interests.

People knew how to make a complaint if they needed to. People we spoke with told us they had no complaints. They were confident the provider would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

There was involvement from people's relatives and we saw from peoples care plans that views from families were sought and acted upon to ensure the care met people's care needs.

Summary of findings

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. People told us they felt safe living at the home and felt able to raise any concerns they had. Safeguarding and whistleblowing procedures were in place and staff knew how to recognise and report any abuse or neglect.

The provider had appropriate recruitment and disciplinary procedures in place to ensure staff had the experience and skills to provide appropriate and safe care.

There were procedures in place for the safe administration of medicines.

Is the service effective?

Good

This service was effective. People told us they were happy with the food provided and could choose what they ate and drank.

People had access to a GP and other healthcare professionals when required to help maintain their general health and wellbeing.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good

The service was caring. People told us and we observed they were treated with kindness, compassion and respect.

People were able to make choices and staff interacted with them in a kind and caring manner.

People's views and experiences were taken into account in the way the service was delivered in relation to their care and support needs.

Is the service responsive?

Good

The service was responsive. People and their relatives were supported to make decisions about their care by being involved in assessments, reviews and surveys.

People's needs were assessed and met. Care plans were in place and provided detailed information about meeting people's needs.

The home had a complaints procedure and people were aware of who to talk to if they had concerns.

Is the service well-led?

Good

The service was well led. Staff told us they felt the service was well-led and they received appropriate support to carry out their roles.

Systems were in place to monitor the safety and quality of the service and to get the views of people using the service.

The service promoted a transparent culture. Staff, people who used the service and their families felt free to raise concerns and report any issues, which resulted in improvements.

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 checked 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 unannounced inspection was carried out on 8 October 2014 by an inspector and a specialist advisor.

During the inspection visit we spoke with five people who were using the service, two relatives, seven staff members and two members of the provider's management team. We observed staff interacting with the people who used the service. We looked at six people's care records to see how their care was planned, six staff personnel files and records relating to the management of the service including quality audits.

Some people had complex needs so we used the Short Observational Framework for Inspection (SOFI) to observe the way they were cared for and supported. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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. We reviewed the information included in the PIR along with other information we held about the home.

Good

Is the service safe?

Our findings

People told us Shivam Nursing Home was a safe place to live and did not have any concerns about the service provided. One person told us, "I feel safe here. Staff are good". A relative told us, "[My relative] is safe here. All is okay."

The staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. This included, reporting to the local authority and Care Quality Commission (CQC), if the management did not take action to concerning information.

Identified risks had been assessed for people using the service and management plans had been developed to minimise these and protect people from harm. We saw risk assessments relating to issues such as people's medical conditions, nutrition and the home environment. Staff demonstrated that they knew the details of these management plans and how to keep people safe.

We looked at personnel records of staff and saw that each contained a pre-employment checklist. Each file contained two references from previous employers, criminal records checks, proof of identity and address, along with documents confirming the right of staff to work in the United Kingdom. A senior nurse told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed.

We inspected the staff rotas, which showed that there were sufficient staff on duty to meet people's needs throughout the day. The senior nurse in charge told us staffing levels and staff skill mix was informed by people's dependency levels. Based on our observations, staff were not rushed to complete their tasks, and we saw they were able to spend some time interacting with people. We saw that people received a consistent and safe level of support.

There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home. The home also kept controlled drugs (CD) and these were appropriately stored in the controlled drug cupboard. The provider kept records of the quantity of medicines supplied, disposed, given to people and the remaining balance. The room and storage temperatures where medicines were stored had been monitored and was within the recommended ranges.

There was a system for auditing medicines, which was undertaken by qualified nurses. There were no gaps in the medicines administration charts we examined. Regular audits were taking place to make sure that staff administered medicines correctly. Medicines were administered by staff who had received training and were assessed as competent in handling medicines safely on behalf of the people who lived in the home.

We found that the premises were clean and free of any unpleasant smells. We spoke with the staff who were knowledgeable about infection control and we saw that where required staff wore suitable personal protective equipment, such as aprons and gloves.

Procedures for dealing with emergencies were in place and staff were able to describe these to us. The service had a fire safety risk assessment and an evacuation plan for staff and people who used the service to follow in the event of a fire. The fire alarm and doors were regularly checked. Staff had completed health and safety training.

Good

Is the service effective?

Our findings

People who used the service and their relatives spoke positively about the staff. One person using the service told us staff were, “Very nice” and a relative told us, “Staff are polite.” Others who were not able to give us verbal feedback, indicated with signs and gestures that they were happy with the service they were receiving.

Staff personnel records showed they were qualified for their roles. Most staff had received training in topics relevant to their roles. Records showed staff had completed training such as safeguarding adults, infection control, health and safety and mental capacity.

Staff told us they had received adequate support and regular supervision. However, we saw that staff were not receiving supervision regularly. At this inspection we saw that the registered manager had put in place an action plan to address and meeting the shortfall in a reasonable period of time.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. The DoLS safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.The registered manager and staff knew that if people were unable to make decisions for themselves, a best interests decision would need to be made for them. We saw that a mental capacity assessment and a DoLS application had been completed for one person, and a decision made in their best interests. This had involved their relatives, social worker and GP.

People had an individual care plan which set out their care needs. Assessments included needs for mobility aids and specialist dietary requirements. People told us they had been fully involved in the assessment of their health and care needs and had contributed to developing their care plan. For example, a management plan was put in place and agreed with one person to help them maintain a healthy weight. We saw this person had regular appointments with a dietician to monitor their nutritional needs.

People had access to a range of health care professionals. We saw from records that staff escorted them to healthcare appointments if needed. There were recent referrals regarding people’s health needs. For example, a referral had been made to a GP for a person who had lost weight. Following assessments, which involved a dietician and speech and language therapist (SALT), this person was prescribed an extra supplement drink. Other records seen also confirmed people had been supported to see their GP and to attend hospital appointments.

People had their nutritional needs assessed and these were monitored closely. Staff had a good understanding of the nutritional needs and specific dietary needs of the people they supported.

We observed people having lunch. People were offered a choice of food and drink and their preferences were respected. People were unhurried and staff were respectful and assisted each person who needed help with their meals. We saw staff asking people if they wanted to have some more. People were offered a selection of soft drinks at mealtimes and had a choice of snacks and hot drinks in between meals.

Records of people’s daily food intake, fluid intake and output charts, had been completed. Staff told us that these records were important to monitor people’s food intake, particularly, for people with poor appetite and who were at risk of weight loss.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the attitude of staff who they said were caring and kind. One person told us, “Staff are very good,” and a relative told us, “I am pleased with the care.” We observed staff were attentive towards people; they ensured that they made time for people whenever required. We saw that people were relaxed and at ease in the company of staff.

We observed the interaction of staff and people using the service during our visit. There was an understanding from staff of people’s individual needs and ways of communicating. Staff were attentive towards people; they ensured that they supported people’s choices whenever required. One person requested that they wanted their chapatti; flatbread, served grounded, and we saw staff ensuring this was available for this person. Another person liked to read newspapers, and we saw staff ensured the person received morning and evening newspapers.

People told us their privacy and dignity was respected. We saw when staff were providing personal care, doors were closed and curtains drawn. Staff spoke with people about what they were doing and offered them choices. We also had a look around all areas of the home, including people’s rooms and staff ensured they asked people for permission for us to view their rooms.

Staff were able to describe to us people’s needs and preferences. We saw that people’s needs were documented clearly in care records and staff were knowledgeable about this. Care plans included information about people’s communication needs. Staff told us how they used different methods to communicate with people. For example, by using objects of reference or pictures to support people to make choices. One care plan indicated that staff should, “use short, simple sentences’ or “repeat messages” in order to suit the communication needs of one person.

The senior nurse described the end of life care arrangements in place to ensure people had a comfortable and dignified death. This included consultation with a multi-professional team and relatives. This ensured people who were nearing their end of life were supported with planning to help them live and die in the manner of their choosing.

People told us that they were involved in making decisions about their care. We saw people and their relatives were involved in the review of care plans and risk assessments, which were recorded on the forms. In some examples, we saw that consent had been sought before identification photos were taken.

Two relatives we spoke with told us they were kept informed of the condition of their relative. They told us staff were always approachable and happy to discuss anything of concern.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us they were invited to quarterly meetings, which they attended. One relative told us, “I am happy with the care [my relative] is receiving. So far all is well. [My relative] is better than before.” People also commented positively to survey questions, which included, ‘Do staff treat you courteously?, Do staff treat you with respect?, Do staff listen to your requests? Do you feel you can complain if necessary? Relatives had also commented positively to survey questions, with one stating, “This place is homely. I love it. Keep it up.”

Regular meetings with people were held in order to get their views on the service provided. We saw from minutes of previous meetings that people had discussed issues that were important to their care. Staff told us the meetings also provided an opportunity for them to inform people about changes which affected the day to day running of the service.

Prior to using the service, people’s health and social care needs were assessed to ensure the service was suitable to meet their needs. The assessment covered areas such as, communication, personal care, hygiene, mobility, medicines, dietary preferences, activities and likes and dislikes. We saw that care plans were developed from these assessments and these included detailed information and guidance for staff about how the people’s needs should be met. For example, one care plan indicated, ‘suffers from dysphasia but can communicate through other means, such as picture boards.”

Risk assessments and care plans were reviewed and updated to reflect any change in people’s needs. For example, one review, identified a deterioration in a person’s mobility, which led to changes in this person’s care plan and subsequent care. In another review, staff recorded, “care plan remains the same”, indicating no change was required after the review.

We saw staff completed daily records relating to wellbeing and care which detailed what support had been provided and the activities the person was involved in during the day. We saw that the daily statements and the additional records of care we looked at were up to date and the information was detailed and clearly written.

A senior nurse told us people were offered a range of activities. The provider had an activities coordinator, who visited three days a week to coordinate mainly indoor activities. The senior nurse explained all people except two did not like going out, mainly because they were too frail to do so. During this inspection we did not see people engaged in any specific activities, even though we saw staff interacted with people at every opportunity. A recent audit by the provider highlighted the need for improvement in people’s participation in activities.

People told us they knew how to make a complaint. They told us they would talk to the registered manager. The service had a complaints procedure and a copy was given to people and their relatives. No complaints had been recorded. The senior nurse told us they had not received complaints in the last 12 months.

Good

Is the service well-led?

Our findings

Staff told us the registered manager was approachable and that their opinions were valued. They told us they could raise any concerns, knowing these would be addressed appropriately. Staff told us they felt well supported in their role and did not have any concerns. A member of staff told us, “This is a friendly home and the service users and ourselves are very well treated. We like the homely atmosphere.”

The provider had a clear management structure. At this inspection the registered manager was away on annual leave, but there were arrangements for the Operations Manager and Proprietor to provide general management support. Staff understood the roles of each person within this structure. This meant that people’s roles were clear and staff would know who to approach for any issues that arose.

Staff were asked for their views about the service. One of the questionnaires for staff read, “Please be frank, and when completed pass the questionnaire to your supervisor or manager.”

Their feedback showed they were happy with how the service was performing. Staff reported good job satisfaction, and felt the team work was good.

People who used the service and their relatives were involved in giving feedback about the service. People were encouraged to express their views about the service during weekly house meetings and ‘residents forums’. We read minutes of meetings and topics included suggestions about how improvements could be made in the home. Any issues raised were responded to and if it was felt improvements could be made, these were actioned. For example, bathrooms were converted to showers after this had been requested by people. Also, Sky TV was installed in response to people’s request.

The home had systems in place to promote a safe environment and safe practice. These included the early detection and prevention of fires, the servicing and maintenance of the building and equipment and monitoring the safety of the service.

We saw an audit that was completed by the provider. An action plan had been formulated by the registered manager and this identified who was responsible for each specific task and a completion date. The audit identified a number of areas that the provider needed to take action on. Some of the areas that were identified as needing improvement included, staff training, supervision and medicines management.

The registered manager held monthly staff meetings which included discussions on training, infection control, activities and any other issues relating to the type and quality of care provided at the home. We saw copies of the minutes for the recent meetings and the registered manager confirmed these were circulated to all staff. Staff told us they attended these meeting whenever possible and had seen copies of the minutes.

The registered manager told us they kept up to date with good practice by attending network meetings with other care providers organised by the local authority and information events run by the provider.