

Seva Care (Respite And Residential Services) Limited

Sudbury House

Inspection report

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Date of inspection visit:
05 June 2023

Date of publication:
29 June 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Sudbury House is a care home providing residential care to 4 people with learning disabilities. The service can support up to 5 people.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care, right culture.'

Right Support:

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; the policies and systems in the service supported this practice.

People were protected from the risks associated with the spread of infection. Medicines were managed in a person centred and safe way and staff ensured that people received medicines reviews.

People received personalised care which was built around their needs and wishes. Care planning involved the person and their relatives as appropriate. People's risks were assessed in a person-centred way. People who may become anxious or distressed had positive behaviour support plans in place to reduce the need for restrictive practices.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Where appropriate, staff encouraged and enabled people to take positive risks.

Care was person-centred and promoted human rights. We spent time observing interactions between people and staff and these were caring and supportive.

People were protected from abuse and poor care. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

People were supported to achieve their goals and aspirations by a staff team who knew them well. People had their communication needs met. Staff knew the best way to communicate with people. Communication was either verbal or through observing people's reactions to suggestions or actions.

Staff engaged with people in culturally appropriate activities in accordance with their individual care plan. People were supported to maintain links with their family.

Systems were in place to ensure people and relatives could provide feedback on the care they received.

Right Culture:

People were supported by staff who worked for a provider that promoted a culture where people were valued and respected as individuals. Staff and relatives spoke positively about the management of the service.

Staff completed training in learning disability and autism so that they could support people in a person-centred way. Staff received training in other core care subjects.

The staff turnover at the service was low, which helped ensure people received consistent care from staff who knew them well.

Governance systems ensured people were kept safe and received care in line with their personal needs and preferences. The service carried out a range of audits to monitor the quality of care they provided.

The service worked jointly with other professionals to improve outcomes for people.

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

Rating at last inspection

The last rating for this service was good (published 9 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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 information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sudbury House

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Sudbury house is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The

provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met 3 people who lived in the home. They were unable to speak with us due to their communication needs. We therefore spent time observing interactions between them and staff and spoke with 4 relatives. We also spoke with 3 care workers and the registered manager. We looked at a range of management records including medicines, quality audits and health and safety checks. We reviewed 2 people's care record including risk assessments and staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager and HR department sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help ensure people were appropriately protected from the risks of avoidable harm or abuse.
- People were safe at the service. One relative told us, "[My relative] is calm here. [My relative] is safe and comfortable [at the service]." Another relative said, "Yes [my relative] is safe there."
- Staff knew people well and understood how to protect them from abuse. Training records showed all staff had completed safeguarding training.
- People required assistance and support with their finances as they did not have the capacity to do this. They had appointees in place. The registered manager carried out regular audits on people's finances to check that people's monies were managed safely and appropriately.

Assessing risk, safety monitoring and management

- People had individual and detailed risk assessments in place. These included risks associated with health conditions, behaviour management and activities people participated in. Where risks were identified, there were clear actions for staff to follow to reduce and mitigate these.
- Where appropriate, people had a positive behaviour management plan to give guidance to staff about how to support people to manage their anxiety or distress.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS gave staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.
- There were regular checks and an effective maintenance system to make sure the home remained a safe place to live. These included an independent legionella and water safety risk assessment. Regular checks on appliances and equipment and checks on safety items such as window restrictors were carried out.

Staffing and recruitment

- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, previous employment references and the right to work in the UK.
- Checks were made on their suitability through Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient permanent staff working at the service to cover planned and unplanned staff absences. People were supported by a staff team which included regular consistent staff.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. There were no gaps in the Medicines Administration Records (MARs) we reviewed which provided assurance medicines were given as prescribed.
- Medicines were stored safely and correctly.
- People prescribed 'as needed' medicines had guidelines in place so staff would know when and how to administer these.
- The service ensured situations where people expressed distress or agitation were not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance, there were no restrictions to visitors at the time of inspection.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents.
- The registered manager told us there had been no accidents or incidents. However, should there be an accident or incident there were systems in place to learn lessons so improvements to the service could be made and shared appropriately with staff.
- The registered manager was aware of their responsibility to notify the CQC appropriately of incidents that had occurred.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs had been assessed before they began to use the service so that the provider could be sure they could meet people's needs.
- People had care and support plans that were personalised and reflected their needs and aspirations, included physical and mental health needs. These were reviewed regularly to ensure that they accurately reflected people's needs.
- Nationally recognised assessment and support tools were used and followed, such as positive behaviour support plans.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. Staff confirmed they received training and found this useful.
- Records showed staff received comprehensive training including safety topics such as emergency first aid, fire safety and food hygiene. Staff completed training in supporting people with a learning disability, autistic people, and positive behaviour support.
- The registered manager told us new staff received an induction which included shadowing experienced staff and completing mandatory training courses.
- Staff told us they felt well supported by the registered manager and received regular supervisions. Records showed staff were supported with regular supervision and yearly appraisals. Discussions at these meetings included the wellbeing of the staff and people using the service and training needs.

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

- People's cultural food preferences and religious needs were met and catered for. There was a varied menu which included authentic Indian dishes as requested by people.
- People received support to eat and drink enough to maintain a balanced diet.
- Care plans included people's preferences in relation to food and drink and detailed the support needed to prepare these.
- We checked the kitchen and saw it was well stocked with a variety of foods. Fridge and freezer temperatures were within the recommended range.

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

- People's healthcare needs were met. Records included details of healthcare professionals involved in

people's care. People had a health action plan so the person and staff would know what support they needed to live a healthy life.

- The outcome of healthcare appointments was documented in care records. Records showed people had input from various care professionals including speech and language therapist and psychologist where appropriate.
- Staff received training in oral care. Records confirmed this. People's oral care needs were documented in people's care plans, and they had access to a dental service for routine and emergency appointments as needed.

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

- People's bedrooms were personalised to their needs and interests.
- There were areas of the home that had visible signs of wear and tear to the décor. This was discussed with the registered manager who was aware of this and had a plan in place to address this.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care.
- Records showed staff had received training in MCA and DoLS. Staff were aware of people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- People were supported with decision making. MCA assessments and best interest decisions were made when people lacked capacity to make decisions.
- DoLS had been identified and applied for appropriately. A system was in place which enabled the registered manager to have clear oversight of this.

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 our last inspection, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind, caring and thoughtful staff. There was a relaxed atmosphere in the home. We observed people and staff had positive interactions, both verbal and non-verbal, through sitting with people and participating in activities they enjoyed. There was a person-centred culture, people and staff were treated with respect and as individuals.
- Relatives spoke positively about staff. One relative said, "They are all caring." Another relative told us, "Staff are very supportive and caring."
- Staff spoke knowledgeably about how they ensured people received support that met their diverse needs, including spiritual and cultural. People were supported with religious observances which involved going to the temple and celebrating religious festivals.
- Staff had received equality, diversity and inclusion training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including equality and diversity and Equalities Act 2010.
- Staff promoted a person-centred culture throughout the home. Relatives spoke positively about how staff interacted with people. One relative said, "Staff interact well with [my relative]. They know and understand [my relative] well. [My relative] is very affectionate and they give [my relative] that attention."

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

- Care records included detailed guidance for staff to follow when supporting people. Staff understood how people expressed their choices and facilitated this daily through meaningful interactions.
- People and their relatives where appropriate, were involved in the planning and review of their care. One relative told us, "They keep me informed with [my relative's] progress."
- Staff monitored people closely and recorded their progress daily. This included areas such as nutrition, hydration, activities, health concerns and appointments. This enabled staff to respond to people's changing needs promptly.

Respecting and promoting people's privacy, dignity and independence

- People received care and support from staff who respected their privacy, dignity, and independence. People were matched with a designated care worker to ensure continuity of care. This enabled them to build a relationship based on trust. We observed that people were at ease, happy and engaged. For example, one person had made significant progress since moving to the home. The registered manager explained that this person had worked closely with their support worker and was now able to go out with other people in the home on trips. This was not something the person was previously able to do. This was

confirmed by the person's relative who said, "[My relative] is so much happier here. [My relative] has made positive progress in the home."

- People were supported to identify their goals. Staff understood people's individual goals and provided opportunities to develop people's independence to achieve these.
- People's freedoms were respected and they had opportunities for privacy by choosing to spend time in their room alone.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people through recognised models of care and treatment for people with a learning disability or those at risk of expressing distress or agitation. For example, positive behaviour support plans (PBS) were in place. PBS is 'a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of expressing distress or agitation.
- People's care plans detailed meaningful information and guidance to help support staff to recognise and respond appropriately to their social and emotional needs. For example, they included a description of possible behavioural triggers, consideration of the environment, actions to support de-escalation and individual levels of risk posed.
- People received personalised support which met their individual needs and preferences. Care plans included details of people's preferences, sensory needs and interests. Where people had specific health needs, information on how staff should offer support was clear and consistent.
- People were supported by staff who understood how they preferred to be cared for. People were supported by a consistent team of staff who knew them well. Staff had the time to spend with people to get to know them and develop caring and supportive relationships.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. People's preferred ways of communicating were known and staff understood key signs that people used, and which supported their communication. Care records contained information on how to best communicate with people to promote their wellbeing.
- Pictures were used to enhance people's engagement and understanding. Information boards in the home contained photographs of activities and events.
- The registered manager and staff were able to communicate with people using some Makaton, objects of reference and pictures. We observed this on the day of the inspection. Staff engaged and communicated with people in a meaningful way.
- The registered manager was aware of the importance of making information accessible to people.

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

- People were supported to engage in range of interests that were tailored to their needs and interests. Regular activities within and outside of the service were in place for people. The provider arranged outings so that people who lived in the provider's other locations could all meet and spend time together. This helped form friendships and avoid social isolation.
- Records showed people were regularly supported to engage in activities such as walks, bowling, working on an allotment and swimming.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and a system in place to record complaints and concerns. The registered manager told us the service had not received any complaints since the last inspection.
- Relatives told us they were confident if they had a concern or complaint about the service, it would be resolved.
- The service had an easy read version of how to make a complaint so it would be easier for people with a learning disability or who were autistic to understand.
- Staff told us they knew how, and to who, to raise any concerns they had and wouldn't hesitate to do so.

End of life care and support

- At the time of this inspection there was nobody using the service who was at the end of their life or terminally ill. The provider had an end of life care policy so staff would know how to support people sensitively at the end of their life.
- Staff had completed end of life training, so they were skilled if the need arose.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to ensuring a high standard of person-centred care. Staff understood the vision of the home and supported people to identify and achieve their goals.
- On the day of the inspection, we observed that the registered manager and staff were visible in the home and took a genuine interest in people.
- Relatives spoke positively about the management of the service and told us the registered manager was approachable. One relative told us, "[The registered manager] is always available. [They] are very responsive. I have a good relationship with [the registered manager]." Another relative, "[The registered manager] keeps in contact with me. The manager communicates with me. They do involve me with [my relative's] care."
- Relatives told us staff kept them updated on their relative's wellbeing and provided them with pictures and videos of activities the person had taken part in.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff felt able to raise concerns with the registered manager and spoke positively about working at the home. One member of staff told us, "There is a good environment working here. People are happy here. Training and support I get is good. The manager is very helpful. If we have any issues, we can raise them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a clear management structure in place. Staff were well informed of their roles and reporting arrangements. Staff spoke positively about the management of the service.
- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the quality of the service. The registered manager was aware of their responsibility to notify the local authority and CQC appropriately of safeguarding concerns.
- The registered manager and staff knew people very well. They delivered good quality support consistently.
- Governance processes were effective and helped to keep people safe, protect people's rights and provide good quality care and support.
- Staff were clear about their roles and were comfortable with raising concerns with the registered manager when needed. Staff told us they were kept updated about changes within the service and with people's

needs through regular communication which included handovers, meetings and daily logs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems were in place to seek people, relatives, staff and professionals' views on the service.
- There were regular meetings with staff and the meeting minutes showed staff were provided with an opportunity to discuss the service and people's support needs. Staff told us they felt the management team were approachable and supportive.
- People and relatives were encouraged to provide feedback through review meetings and regular conversations. The registered manager and staff had a clear vision for the service and a desire for people to achieve the best outcomes possible. They were committed to the continuous improvement of the service to ensure people lived full and fulfilling lives.
- Notifications to CQC had been submitted when necessary.
- The provider had a variety of audits in place to check on the quality of the service. The audit system showed if the standard was met or needed improvement. Areas audited included health and safety, people's finances, and medicines.
- A quarterly newsletter was published. This provided information about events that had recently occurred and enabled the provider to effectively share information with people and relatives.

Working in partnership with others

- The registered manager worked in partnership with professionals such as the GP and local specialist support services to provide people with timely access to appropriate care to meet their health and wellbeing needs.