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Seva Care 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

Seva Care Home is a residential care home registered to provide accommodation and personal care for eight older people, some of whom may live with dementia. All people using the service were female and from an Indian background. During the day of our inspection there were six people living at the service. .

At the last inspection in October 2015, the service was rated Good. At this inspection we found the service remained Good.

Risk to people who used the service had been assessed, updated and regularly reviewed to ensure people were safe and the identified risks were minimised. Staff had received safeguarding adult training to ensure they took appropriate actions if people who used the service were at risk of harm and abuse. They understood the reporting procedures. There were sufficient staff deployed to meet people's needs and safe recruitment practices were followed. Medicines were managed safely and staff were appropriately trained. Appropriate infection control procedures were followed to minimise the risk of spreading infection. Accidents and incidents were documented and audited by the registered manager to find trends and prevent future incidences from happening.

People's needs were assessed to ensure that the service was able to provide treatment or care appropriate to people's needs. Staff were provided with ongoing training and regularly planned supervisions and appraisals. This ensured their performance was monitored and they were supported to care for people using the service and meeting their assessed needs. People were offered with a varied, healthy and culturally appropriate vegetarian diet, which was provided freshly every day. People had access to health care services and clinical advice was sought to ensure people's health and well-being. People lived in a well maintained home and regular decorations were carried out to ensure a nice and comfortable living environment. 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 support this practice. The service operated within the principles of the Mental Capacity Act 2005 (MCA).

People we spoke with were complimentary about the staff and the service in general. We observed interactions between staff and people living in the home to be warm and friendly. Staff supported people in a kind and compassionate manner.

Staff knew people's likes, dislikes and social histories. Care plans contained good information regarding people's preferences, likes and dislikes. People had access to a range of activities, but also told us that they enjoyed their own company. People had access to a complaints procedure which provided relevant contact details should people wish to make a complaint. Wishes how people chose to be supported at the end of their life formed part of their care plan.

Arrangements were in place to seek the opinions of people who lived at the home, so they could provide feedback about the support they received. Annual surveys and questionnaires were issued to capture

people's views regarding the service. The home had a registered manager in post. We received positive feedback about the registered manager from staff, people who lived at the home and their relatives. A range of audits and checks to assess and monitor the quality of the service ensured the quality of treatment and care was improved.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Seva Care 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 inspection took place on 2 November 2017 and was unannounced.'

The inspection was carried out by one inspector and one expert by experience who was assisted by one interpreter to communicate with Gujarati and Hindi speaking people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. We asked the registered provider to complete 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 also contacted the Local Authority to ascertain if there were any areas of concern that we should be aware of. We received feedback from one social care professional.

During our inspection the registered manager was on holiday. We spoke with the deputy manager, two members of care staff, four people using the service, one relative and one visitor. We observed lunch time and were invited to sample lunch. We looked at six care records and associated documentation, five staff recruitment files, quality assurance audits and other records relating to the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe and liked living at Seva Care Home. One person told us, "I like living here." Another person told us, "I have a bell in my room, but I never have to use it. The staff are always walking up and down and they come when I need them." One relative told us, "My mother says she is happy here, I have no concerns about her safety."

The service had appropriate safeguarding procedures, which provided clarity on how to recognise the different forms of abuse and how to report and follow up allegations of abuse. Staff had received safeguarding training and was able to demonstrate to us how they would recognise and report abuse. One member of staff told us, "I have never had any concerns about safeguarding, but I would report it to the manager, the police or the local authority if I need to."

We saw that risk assessments were clear, detailed and specific to the needs of people who used the service. The service had general risk assessments such as falls; manual handling and medicines risk assessments and risk assessments which were specific to each person, for example if they had a certain health condition or illness. Risk assessments were reviewed regularly and had been updated if people's needs had changed.

The service had sufficient staff deployed to meet the needs of people who used the service. People told us, "There are enough staff and they look after me, but I can use my chair myself if I need to". Another person told us, "Everything here is done very well. When we need anything they [staff] come quickly." Care staff also told us that there was enough staff available. Care staff told us, "There is enough time to do what we need to do. I don't feel any stress" and another staff member said, "They bring in extra staff if they need it." We observe staff taking time when providing care to people and also observed them to sit down with people for a chat or a laugh.

The provider followed safe recruitment practice and we saw that all staff had to provide the required documents to demonstrate their identity, being safe to people with people and have the right to work in the United Kingdom. The provider also ensured that staff had provided sufficient references and had been vetted appropriately. This meant people who used the service can be confident that staff was suitable to work at Seva Care Home.

Staff had received training in the administration of medicines and their competency had been assessed. Medication Administration Records (MARs) were of good standard and medicines were stored safely in a lockable metal medicines cupboards. The registered manager audited medicines regularly which ensured safe medicines administration practices were followed.

Staff received infection control training. A cleaning schedule ensured that all cleaning tasks were carried out. The home was clean and free of any unpleasant odours and we observed staff ensuring the home was clean and well kept.

Accidents and incidents had been recorded. We saw that the registered manager audited the accidents and

incidents to see if there were any patterns. We saw, for example, during January 2017 one person became unwell and the home acted promptly to ensure the person's health care needs were met. The deputy manager told us that incidences were discussed with staff and any environmental issues were resolved if possible.

Is the service effective?

Our findings

People didn't raise any concerns in relation to staff not having the appropriate skill and knowledge to meet their need. One relative said, "We are very happy with everything about Seva Care, it's much better here than while my mother was living at home. She has gained weight. The food is good. We can visit her whenever we want and her continence has improved. Staff clearly knows what they are doing." One of the carers told us, "They always push us to do more training. I also learned about risk assessments and who needs extra help."

Prior to admission the registered manager carried out an assessment of people's needs. This information formed part of the person's care plan. Once the person had been admitted a further post assessment of needs was carried out. This was done within 24-hours of admission and provided greater detail about the person's needs as well as information on how the person adapts to the new environment. We saw that the registered manager undertook assessments and also reviewed if people's needs had changed to adapt the treatment or care more suitable to the person's need.

We saw that care staff had received regular on-going training. The training provided included topics such as Health and Safety, food hygiene and medicines administration. Initially new staff were provided with this training during their induction and an on-going annual refresher was also provided. This ensured staff updated their knowledge and maintained the skills to ensure people's needs could be met. We saw in records that staff were also provided with regular one to one supervisions and annual performance appraisals. Staff we spoke with confirmed this.

In people's care folder was a profile sheet, which provided the necessary information if people had to go to the hospital or visit any other health care professional. The profile sheet included personal, as well as medical information about the person. This meant important information about the person could be accessed easily.

The home provided a Gujarati vegetarian diet, which was in accordance to people's religious beliefs. Staff told us that they could also cook something else if people wanted, however, they told us to cook meat would be 'tricky' due to the home being vegetarian. The home did not have a set menu and we observed staff speaking to people during the morning and asking them what they liked for lunch. The food was all prepared on the premises and was wholesome and nutritious. People who used the service told us that they were happy with the food on offer and were able to choose what they liked. One person told us, "If I don't like what they are serving, I ask them to make me something else."

People were registered with a local GP practice. The GP surgery provided a supportive care plan for people who used the service, which provided detailed information about the person's medical history as well as any on-going medical treatment the person had received. This information was used by the service to formulate the person's care plan and was also used by the home as information to be given to any new medical practitioners treating the person. Medical records showed that people saw the dentist, optician and GP, but also the diabetes nurse specialist if they had this chronic condition. This meant people's medical and healthcare needs were met.

Since our last inspection in October 2015, the registered provider had fitted a new kitchen, new laminate flooring on the ground floor, new carpets in the staircase and hallway, decorated the communal areas and started decorating some of the bedrooms. Any equipment such as the stair lift, gas appliances, electrical appliances and fire equipment was serviced regularly to ensure it was safe and effective to use.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection none of the people living at Seva Care Home lacked capacity and were able to make their own decisions. Staff told us that they always gave people a choice and explained what they were doing. We also saw from training records that staff had received training in MCA and DoLS.

Is the service caring?

Our findings

Relatives told us that they were happy with the care provided and people who used the service told us the same. One relative said, "They look after my mother very well. They respect her. There has been an improvement in her life since coming here." We spoke with one person who shared a room, the person said, "I have no complaints." Another person told us, "They always knock on my door, the care is very good, the carers are kind and they will always help me when I need them."

We observed kind and genuine caring relationships. Staff spent time with people and sat down to listen to their concerns. Staff working at the home spoke Gujarati and were able to communicate with people in their first language. We observed staff painting people's nails. The person told us, "One of the carers does my nails. I like that." Care staff showed a good understanding of people's needs and how to ensure to support them appropriately. One member of staff told us, "If I am caring for one person and another person calls me, I don't leave the first person. I explain I will be with them soon."

We saw that family members were involved in people's care and their wishes were included in people's care plans. All people living at Seva care Home had capacity, we saw and heard how they asked for what they wanted, and staff was seen to support their wishes quickly. Staff told us that they had sufficient time to do their training and complete care records if required. One member of staff told us, "I have enough time to do my filing and spend time with people."

We observed staff knocking on people's doors before entering their room. People raised no concerns that they were not respected. We saw relatives visiting during the day and were told by one person that the home had introduced using Skype so she could stay in touch with her family in India. One person told us, "Visitors can come any time they want."

Is the service responsive?

Our findings

People told us that they could raise concerns and that the care met their needs. One person told us, "If there is anything you need you can speak to staff and they sort it out." Staff also told us that the management was responsive to people's changing needs. For example, one care staff told us, "One lady was taking things from others, we spoke to the manager and she helped to deal with it. We sometimes ask for extra money to buy extra games and cards and this has always been provided." Relatives told us, "If anything is wrong we can talk to staff and it will be sorted out" and "If my mother needs anything, she will speak to her carer. She will sort out any requests, demands or complaints."

Information found in people's care plans was based on individual assessments of needs. Care plans were found to be comprehensive and person centred. We saw in care plans that people who used the service and relatives had been involved and their opinion had been included in the care plan. For example, during one review a relative said that she will be moving abroad and was worried that she would not be able to stay in touch; internet calling was suggested. We saw in the next review that internet calling had been facilitated and the person regularly speaks to their relative abroad. This meant care was person centred and the service responded to people's changing needs.

The home recently organised a Diwali party which was attended by relatives, staff and people who used the service. The home had access to Gujarati speaking television channels and various activities were offered. We observed people to be able to join activities, but it was also respected if they chose to stay in their room, pray, read or watch TV.

The service had a complaints procedure in place. Over the past twelve months the service had received one complaint, which had been dealt with appropriately and a satisfying response was formally sent to the complainant.

Currently none of the people living at the home had a formal end of life care plan in place. However, we saw in each care plan that people's wishes in regards to funeral arrangements had been documented in the care plans. One of the people who use the service had a do not attempt pulmonary resuscitation (DNAPR) in place, which was appropriately completed and agreed by the person.

Is the service well-led?

Our findings

A manager had been registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received very positive feedback from people who used the service, relatives and staff about the registered manager. One person told us, "I can tell the manager anything" and another person said, "[Managers name] comes to talk to me, she is very good." One relative told us, "If there is anything I can speak to [manager's name] and she will help me and my mother."

Staff told us, "If there are any problems, the manager listens to me. She is really helpful and I get a lot of support." Another staff member told us, "My manager supports me, I recently talked with her about doing my NVQ Level 4, she is at the moment dealing with it. There is nothing I am unhappy about. If I had a problem with another member of staff, I would talk to the person and the [manager's name]. In my training I was taught I any staff put me in a difficult situation, I speak with the manager."

We saw a number of effective quality assurance assessments and monitoring tools in operation. For example medicines were audited weekly, which ensured all medicines were administered as prescribed. Care plans were reviewed monthly which helped to respond to any changing needs swiftly. For example, one person had an increase in falls during January 2017 and the home contacted the local GP surgery to ensure the appropriate support was provided. We also saw that people who used the service and relatives were regularly consulted and questionnaires sent to them. For example in February 2017 feedback received from relatives was that they found it difficult to park their cars when visiting people. In response, the registered manager had sent a letter to all relatives advising them of free parking within the area and offering resident parking permits for reduced costs. People who used the service were regularly consulted about the food provided at the home. Their responses to the questionnaires were very positive and included, "I am happy with the food", "I enjoy the food" and "Whatever I like, I get."