

Mr Sam Lal

Karma Liv-in

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 and 30 May 2018. At the last inspection on 9 December 2015, we did not give a rating to the service as there was only one person using it. There was not enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and an overall rating for the service.

Karma Liv-in is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and support with personal care for up to five adults with learning disabilities, mental health needs and/or physical disabilities. At the time of our visit, there were three people using the service.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

People spoke positively about the care and support they received and felt safe using the service. Staff were knowledgeable about safeguarding and knew how to identify and raise safeguarding concerns to keep people safe. Risks associated with people's care and support had been assessed.

The provider had robust staff recruitment procedures which ensured that staff had the appropriate skills and experience for the role. People were supported by enough staff to meet their individual needs and wishes.

People were supported to take their medicines safely. There was a policy and procedure about safe administration of medicines. Staff had been trained to administer medicines in a safe manner.

Staff were supported to maintain and develop their skills through training and development opportunities. They had regular contact with the registered manager to discuss any issues or concerns they might have relating to people's care and support.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and staff understood when an application should be made, and how to submit one. Before people received any care or support they were routinely asked for their consent.

People were involved in the assessment and planning of their care and support. Each person had a care plan outlining how they needed support and how they liked to be helped. Referrals were made to health care professionals for additional support or guidance if people's health changed. People were supported with their meals to ensure they received food and drinks they liked to help keep

them as healthy as possible. They were treated with dignity and respect and staff were kind and respectful to them.

Staff supported people to maintain their independence where possible. People were able to make choices about their care and their views were taken into account. Staff understood the need to respect people's privacy.

There was an open culture within the service, which was focussed on people. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Systems were in place to monitor the quality of the service and action was taken when it was identified that improvements were required. There was a system in place to tell people and their representatives on how to make a complaint.

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. There were systems to reduce the risk of abuse and to assess and monitor potential risks to people who used the service. The registered manager and staff were aware of procedures to follow to safeguard people.

Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe.

People were protected by safe recruitment procedures. There were sufficient numbers of staff to meet their care and support needs.

People who used the service received their medicines as prescribed by their GP's.

There were systems in place for the monitoring and prevention of infection.

Is the service effective?

Good ●

The service was effective. People had an initial assessment carried out before they started using the service.

Staff understood their role and responsibilities and were supported by the registered manager to maintain their skills through supervision, appraisals and training.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

People received additional support when it was required from other professionals and staff monitored and responded when their health needs changed.

People were supported to eat and drink sufficient amounts to meet their needs and to have a healthy and nutritious diet.

Is the service caring?

Good ●

The service was caring. People were treated with compassion by

staff who knew their needs and preferences and their privacy and dignity was maintained.

Staff took time to interact with people and supported them to maintain their independence where possible. They demonstrated a good knowledge about people they were supporting.

People were able to make choices about their care and their views were taken into account.

Is the service responsive?

Good ●

The service was responsive. People received care and support in accordance with their preferences, interests and diverse needs.

People were involved in the planning of their care and had access to activities to protect them from social isolation.

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good ●

The service was well-led. There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service provided to people.

People benefitted from a staff team that worked well together and felt supported.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

Karma Liv-in

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 21 and 30 May 2018 and was unannounced on the first day and announced on the second day. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We also looked at the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with two people who used the service, the registered manager, the registered provider and four members of staff. We also looked at two care plans, including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, medicine administration record (MAR) sheets and documents in relation to the monitoring of the service. Two of the three people we spoke with could speak only limited English so we spoke to them through two staff members who spoke their language.

After the inspection, we spoke with two relatives over the phone to get their views on the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One relative told us, "If [person] had any concerns, they would tell me, but yes, it is a safe place."

People were protected by staff who knew how to recognise signs of possible abuse. The provider had policies and procedures in place for safeguarding adults. Staff were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. They had regular training in safeguarding and were aware of who to contact to seek advice from or to make a referral. The registered manager and the provider knew the local safeguarding protocols and were familiar with the process to follow if any abuse was suspected.

The provider had also a whistleblowing policy and procedure in place. Whistleblowing is the term used when a member of staff passes on information concerning wrongdoing. Staff were confident in whistleblowing if they had any worries and knew which other external bodies to contact if they felt their concerns were not dealt with appropriately by the provider.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. Risks to people were assessed and managed to ensure they were supported to remain as safe as possible. Staff had a good knowledge and understanding of each person's risk. There was guidance and procedures for staff on what actions to take in relation to manage these risks. The registered manager reviewed and updated the risk assessments as needed to take into account changes in people's needs, for example, when there was a change in people's behaviour.

When people had an accident, or were involved in an incident this was recorded along with the actions taken to prevent these happening again. The registered manager regularly reviewed these records and took action to reduce the risk of further occurrence and keep people safe. For example, one person was referred to a healthcare professional following a recent incident.

The provider carried out regular fire safety checks, including checking fire safety equipment. There was a fire safety risk assessment and fire drills had been carried out regularly. Fire-fighting equipment had been serviced annually. This helped to ensure people would be safe in the event of fire. We saw the provider had acted upon the latest fire brigade visit, and had installed a new fire door in the corridor downstairs.

The provider had an effective staff recruitment and selection processes in place. We reviewed three staff files and found they each contained an application form which covered the staff previous experience, qualifications, training, proof of identity and any gaps in employment. Checks were also undertaken on prospective staff to see they did not have any criminal convictions which would make them unsuitable for the role. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support.

People and their relatives felt there were enough staff to meet people's needs. Staff told us there were

enough staff to care for people safely. The registered manager ensured that the service was adequately staffed. We looked at the last two weeks staff duty rotas and saw staffing levels indicated on the record matched what the provider told us. There were always regular staff available to cover sickness or unplanned absence. This helped to ensure continuity of care for people. The registered manager always worked as an extra member of staff on duty, so they had more time to carry their managerial duties. A relative told us, "There are always a lot of staff around when I visit."

The provider had suitable arrangements to protect the people against the risks associated with the unsafe management of medicines. They used a monitored dosage system which identified the medicine to be taken by the person and the times to be given as prescribed by the person's GP. The medicine came in colour coded blister packs which differentiated the time the medicines needed to be administered. Each person who required medicine had an individual Medication Administration Record chart (MAR sheet) which clearly stated their name, date of birth and allergy status. It also included the name of the medicines prescribed to them and how often they should be taken.

The provider had policies and procedures with regards to the prevention and control of infection. Staff were aware of their responsibilities and had received training in this area. Personal protective equipment such as aprons and gloves were made available to staff. This helped to prevent the spread of infection and ensured people as well as staff were safe. The service was clean and free from offensive smell when we visited. We saw information from NHS National Patient Safety about hand washing was available to staff. There were hand washing facilities around the service.

Is the service effective?

Our findings

Before a person moved into the service, an assessment of their abilities and needs was always undertaken by the registered manager. Where people had culturally diverse needs identified, those needs were discussed and recorded to ensure the service was able to meet them. If the registered manager felt that they were unable to meet people's needs, they would inform them of the reasons. For example, currently one person who used the service did not like noise and if the environment was to get noisy, this would impact on their behaviour. Staff always ensured the environment was quiet. The registered manager explained that this information was always taken on board when assessing new people who wanted to use the service to ensure they continued to meet the needs of people who were already using the service.

Staff received training appropriate to their role so people could be cared for effectively. The provider had a training programme in place for all staff. From records we saw staff had received training in areas such as moving and handling, safeguarding adults, fire safety and infection control. There were certificates available to evidence the training staff had received. Staff were positive about the training offered to them. One member of staff said, "The training is good."

Staff had access to a range of training that supported them to look after people safely. This helped to ensure staff had the skills and knowledge to meet people's needs. The registered manager monitored the training staff had undertaken and arranged to refresher training to make sure staff were up to date with their skills and knowledge.

When new staff started working for the service, they completed an induction period during which they shadowed existing members of staff and get to know about the needs of people. Additionally, they were expected to familiarise themselves with a range of key policies and procedures for example safeguarding. This helped to ensure new staff were aware of the care and support people needed and how to carry out their role safely. One member of staff said the induction was very helpful to them. We noted that all staff were in the process of completing the Care Certificate, which is an identified set of standards that staff adhere to in their daily working life.

Records showed that staff had regular one to one meetings with the registered manager to discuss any issues or concerns they may have relating to people's care and support. We saw during these meetings the registered manager and staff discussed people's needs, any training needs regarding the staff member and anything which might be affecting the staff work or performance. This meant that staff had the opportunity to raise any issues or concerns with the registered manager. Staff told us they were able to speak to the registered manager whenever they felt it was necessary.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were compliant.

The registered manager, provider and staff were familiar with the processes and principles of the MCA and DoLS. We saw staff had received training and were knowledgeable of the main principles of the MCA. Staff knew the importance of assessing a person's capacity to make a decision and of supporting them to make decisions independently. They were aware of what to do if a person was unable to make a decision due to a lack of mental capacity. They had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. The provider had a DoLS and MCA policy in place.

People's needs in relation to support with eating and drinking had been assessed and recorded. People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. One person who used the service told us, "The food is good." Where people were at risk of poor nutrition the registered manager ensured that advice was sought from relevant professionals. For example, one person had recently been referred to the dietician as they were gaining weight but was not eating a lot. This was being investigated. Staff had a good understanding and awareness of people's specific dietary needs. For example, one person did not eat any meat products and another person liked their cultural foods. Although there was a daily menu in place, staff asked people if they would prefer an alternative. People were weighed regularly to ensure they were not losing or gaining weight too quickly.

Records showed people were supported to maintain their health. The registered manager worked closely with health and social care professionals to ensure people's needs were met fully and to monitor their health. We saw evidence that people had been referred for assessment and treatment to other health services for example at the local GP practice and records were kept of all referrals and consultations such as GP visits. Relatives told us they had been kept informed of the health of their loved ones. One relative said, "The home is very good at keeping informed about my [family member], the staff always phone me and let me know what was happening."

Is the service caring?

Our findings

People told us that staff were good, caring and treated them well. One person told us, "Staff are very good." Another person said, "I am very happy here, I am treated better by the staff than my family."

During our visit, we saw people were comfortable around the staff who took time to listen to what they had to say. We noted staff talking to people in a respectful manner. The staff interaction with people was calm and relaxed. We saw staff were regularly checking on people to ask how they were and if they needed anything.

Staff knew people they supported well and had built a good relationship with them. They were aware of their likes and dislikes, and how they liked their needs met. For example, one member of staff told us what particular food one person liked to eat.

People's diversity, values and human rights were respected. The provider had an equal opportunities policy which staff were aware and they also had training on this subject. The provider was committed to challenge any form of discrimination it encountered. They told us they treated everybody equally. This helped to ensure people had equal opportunities, regardless of their abilities, their background or their lifestyle.

Staff recognised people's individual religious and cultural preferences and this was reflected by evidence to demonstrate that people could have meals that reflected people's cultural values. Apart from English, some staff also spoke other languages which two of the people who used the service spoke. This helped them to express their needs clearly in their own language and staff understood what they wanted.

People were supported in promoting their independence. They were actively encouraged and supported as far as they were willing and capable of doing so to clean their own bedrooms or apply cream which had been prescribed by their GP to part of their body where they could reach. Staff always encouraged people to do small things for themselves such as brushing their teeth independently.

Staff were aware of the need to maintain people's confidentiality. They knew not to share people's personal information with anyone, unless they had the right to have such information. One member of staff told us, "We don't share information about the person, only people who needs to know." The provider had policies and procedures around confidentiality. Staff had signed them to indicate they had read and understood them.

People who used the service had their privacy and dignity when care and support was delivered. We saw staff knocked on people's bedroom doors before entering their room. Staff told us and we observed they always closed the doors when providing people with personal care. This helped to ensure people's privacy was maintained. Staff always checked with people before providing personal care and ensured people were happy to continue. During our visit, we heard staff speak with people in a polite way and calling them by their preferred names.

At the time of our visit, none of the people needed or had an advocate. However, the registered manager had information about advocacy services if people wanted to use them. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Relatives told us that the staff kept them informed of any changes in their family member's health and or well-being. They were involved in their family members' care planning where their family members were unable to do so. There was evidence in the care plans and through our discussions with the registered manager that people or their relatives were consulted and involved in the care and support provided.

Is the service responsive?

Our findings

People and their relatives were complimentary of the way staff supported people. People felt staff were aware of people's needs and met their wishes. Comments from people were positive, indicating that staff were kind and helpful in meeting their care needs. One person said, "The staff are good." Relatives also commented positively about the care and support being provided at the service.

We saw people received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. We looked at two care plans and found them to be well organised and reflective of the care and support that people received. They were personalised and provided staff with detailed guidance about how people's needs should be met. For example, in one care plan, it stated how staff needed to support a person when they accessed the community due to their impairment.

From discussions with staff, we found they knew the people who lived in the service well. The staff had a good knowledge and understood people's different needs and were able to tell us what people did and didn't like and what support they needed. This indicated that people were cared for by staff who knew how to meet their needs and wishes. The care needs of people were reviewed regularly and their care plans were updated accordingly. For example, when people had attended hospital appointment for treatment. This helped to ensure changes in people's needs were identified and people could be confident that they received the care and support they needed.

The service operated a key worker system. The keyworker was an identified member of staff who took the lead in the care planning and provision for a specific person who used the service. This included identifying new risks, changes to the person's needs and advocating for them. They also had regular monthly meeting with them to identify any concerns and to ensure their needs were being met.

People were able to take part in activities and lived their lives how they wanted. Staff encouraged them to do things they liked. People's social and emotional needs were taken into account. Where people had specific hobbies, staff supported them accordingly. We saw that people were supported to take part in activities. However, one relative felt the staff could do more activities with their loved one. This was brought to the attention of the provider and they agreed to discuss this with the relative.

People were encouraged and supported to maintain links with their relatives and this helped to ensure they were not socially isolated. Relatives told us they visited the service regularly and the staff were always welcoming. One relative told us, "I visit regularly." Another relative told us they were not able to visit that often. They commented how pleased they were when the staff from the service visited their family member when they were in hospital for some treatment.

People were supported to exercise their choice. They were given choices daily of how they wanted to be supported, what meals they would like, what to wear and any activities they would like to be involved in. We saw the care plans had information about people's preferences and choices about how they wanted their

care and support was to be delivered.

The provider had a policy and procedure for dealing with any concerns or complaints. The complaints policy was available for people to access in a format people could understand. People we spoke with did not raise any concerns with us about the care and support they received.

The registered manager, staff and provider spoke with people regularly and checked that everything was alright for them. Relatives felt they could raise any issues and they would be dealt with. A relative told us, "I will contact [provider] or [registered manager] if I have anything of concern to me. I have contacted them with some queries before and these were dealt with promptly."

We saw people's last wishes upon death were recorded. However, the registered manager informed us that some of the relatives found it difficult to discuss the subject so not all people's last wishes were recorded. They said they would try to discuss the issue again with the relatives.

Is the service well-led?

Our findings

People and relatives commented positively about the service and the management team. One relative told us, "I am very happy with the home, it is a good home." Another relative commented, "Karma Liv-in is a family run home and I am extremely happy with the service that they offer."

Staff told us they felt the service was well managed and that they received the support of the management team as needed to carry out their duties and to meet people's needs.

The management team had a hands on approach to delivering the service which enabled them to build up positive relationships with the staff, people using the service and their relatives. The registered manager operated an open-door policy and staff felt they could talk to them about any issues they might have. One member of staff told us, "The manager is very nice, we feel comfortable with them."

The registered manager and provider had a good working relationship. They worked well together and supported each other to ensure the service was running smoothly. They had a clear set of values and visions which the staff were aware of. The staff had a clear understanding of what was expected of them. They were aware of their responsibilities and who they were accountable to. They had access to policies and procedures to guide them in their roles.

We saw there were regular staff meetings where there were discussions about the service and about people's care needs. This helped to ensure staff were kept informed about matters that affected the service. Staff were given an opportunity to discuss any issues they might have at these meetings.

The provider had an effective quality assurance system in place to monitor the quality of the service and support provided to people. The registered manager carried out audits in a number of areas such as health and safety, medicine management, water temperature, risk assessments and care plans. Where areas for improvement had been highlighted we saw action plans had been put in place to address them. This helped to ensure that people who used the service benefited from a well managed service.

The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met. We saw evidence through emails that the registered manager was in regular contact with other care professionals to discuss people's needs and/or to seek advice from them and acted upon them accordingly.

The registered manager attended regular provider's meetings which were organised by the local authority. This helped them to keep up to date with the latest practices and guidance within the health and social care sector. The registered manager was aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. They had sent notifications to CQC as appropriate in line with their legal responsibility to do so.

The provider had processes to seek the views from staff, people who used the service and their relatives

through satisfaction surveys. The registered manager was in the process of sending satisfaction surveys to all relevant parties for this year. None was sent last year as the service had only one person using the service and the registered manager had regular contact with their relatives and professionals involved in their care. The registered manager had daily contact with staff and people where they could discuss any issues. They also contacted the relatives and other professionals regularly.

We saw a number of positive reviews on an external website where people and relatives had commented on the service. For example one relative wrote, "My [family member] moved into Karma Liv-In in March 2018 and the staff have really helped them settle well. Very caring and loving environment. I always feel welcomed when I go and see my [family member]. My [family member], in their own words, said to me "It feels like I am with my family" which says a lot about the staff and management. They celebrated their 91st birthday even though none of the family members were able to attend. I am able to freely express my opinion to the manager and the owner, who are very approachable and helpful. A Big thank you to everyone at Karma Liv-In!."