

Seva Care (Respite And Residential Services) Limited

Northwick House

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 19 December 2017 and was unannounced. Northwick House is a care home that is registered to accommodate up to five people who have learning disabilities and require support with personal care. The home provided respite care to people. There were 32 people assessed for respite care at the home. However, 19 of these people used the respite service regularly. At the time of our inspection, there were three people who were on long term stay at the home. Following the inspection, the registered manager advised that one of the three people had returned to their own home as they had made good progress.

The service was registered with the CQC in January 2016. This inspection on 19 December 2017 was the first inspection for the home.

There was a registered manager in post at the time of our inspection. 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.

The majority of people who used the service could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore spent time observing how people interacted with staff to check that the way staff spoke and interacted with people had a positive effect on their wellbeing. During the inspection, we observed people were treated with kindness and respect. It was evident that positive caring relationships had developed between people who used the service and care staff.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Risks associated with people's care had been identified and appropriate plans were in place to minimise potential risks to people.

Medicines management arrangements were in place in relation to the recording, storage and administration of medicines.

On the day of the inspection, there were enough staff to meet people's individual care needs and this was confirmed by care staff we spoke with. We noted care staff were able to complete their tasks and did not appear rushed. We discussed with the registered manager the staffing levels during the night shift and whether this was sufficient to meet people's needs. She confirmed that there was flexibility and they would review whether one member of staff at night was sufficient.

Regular safety and maintenance checks of the premises were carried out to ensure they were safe. Arrangements for ensuring fire safety in the home were in place.

People's health and social care needs had been appropriately assessed. Care plans were detailed, person-centred and specific to each person and their needs. Care preferences were documented.

Arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and guidance for staff on the dietary needs of people was in place. Where people required special diets, this was provided and there was evidence that the home communicated with external professionals where necessary and followed advice.

Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Staff spoke positively about the training they had received and told us that they helped them to carry out their roles effectively. There was documented evidence that staff had received regular supervision sessions. Staff were due to receive their appraisals in 2018 and the registered manager confirmed that these would take place in the future.

The home was working within the principles of the MCA. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We found that appropriate authorisations were in place.

People were supported to take part in activities. On the day of the inspection, we saw care staff engaging people in various activities. One person went to the day centre in the morning. One care staff spent time reading to another person. A third person was engaged in putting a puzzle together. After lunch, care staff went out for a walk with two people.

We found the home had a management structure in place with a team of care staff, a care coordinator and the registered manager. Staff spoke positively about working at the home and said that morale was good. Staff were informed of changes occurring within the home through regular staff meetings and we saw that these meetings occurred regularly and were documented.

The registered manager explained that they were eager to obtain feedback from people and their relatives so that the home could make improvements where necessary. The service had carried out satisfaction questionnaires and reviews with relatives in order to obtain feedback.

Audits and checks were in place to monitor the quality of care. The service carried out various checks which included fire safety, health and safety, infection control, staffing and the premises. We noted that where issues were identified, this was documented along with the action required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Appropriate risk assessment were in place. Risks to people were identified and managed so that people were safe.

Medicines management procedures were in place in relation to the recording, storage and administration of medicines

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate systems were in place to manage emergencies.

Good ●

Is the service effective?

The service was effective. People's nutritional needs were met.

Staff had access to regular training and supervisions which supported them to carry out their role effectively.

People were given the assistance they required to access healthcare services and maintain good health.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

Good ●

Is the service caring?

The service was caring. People were treated with kindness and compassion when we observed staff interacting with people who used service.

Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

Good ●

Is the service responsive?

The service was responsive. Care plans were comprehensive and person centred.

People had access to activities and they were supported to

Good ●

access the community.

The home had a complaints policy in place and people knew how to complain if they needed to.

Is the service well-led?

The service was well led. The service had a management structure in place with a team of care staff, care coordinator and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Good ●

Northwick House

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 19 December 2017 of Northwick House. The inspection was carried out by two inspectors.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

The majority of people who used the service could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore spent time observing how people interacted with staff to check that the way staff spoke and interacted with people had a positive effect on their wellbeing. At the time of our visit, there were three people living in the home who received respite care. The home provided respite care to people.

During the inspection we reviewed three care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with four relatives. We spoke with three care staff, the care coordinator and the registered manager. We also spoke with one care professional who had regular contact with the service.

Is the service safe?

Our findings

Relatives we spoke with told us they were confident that people were safe when in the home and around care workers. One relative said, "[My relative] is safe there. I have no reason to think not." Another relative told us, "[My relative] is safe."

The home had identified individual risks to people and these were clearly documented in people's care records. Risk assessments detailed the actions in place to minimise risks to people. They covered risks such as falls, diabetes, epilepsy, self-harm and behaviour that challenges. The assessments included detailed preventative actions that needed to be taken to minimise risks as well as guidelines for care staff on how to support people safely. Risk assessments were person centred and provided outlines of what people could do on their own and when they required assistance. There was evidence that risk assessments were reviewed regularly and were updated when there was a change in a person's condition.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. The home had a comprehensive safeguarding procedure in place and this was also available in an easy read format so that it was accessible to all people. Staff we spoke with were able to describe the process for identifying and reporting concerns. They told us that if they saw something of concern they would report it to the registered manager and were aware that they could contact the local authority safeguarding department and the CQC. There was a whistleblowing policy and contact numbers to report issues were available. Staff said they would not hesitate to raise concerns about any poor practices witnessed.

The home had a procedure for the recording and administration of medicines. There were arrangements to ensure that people received their medicines as prescribed. During the inspection we reviewed three MAR charts and found that one had two gaps for the morning of 19 December 2017. We discussed this with the care co-ordinator and she stated the medicines had been administered by the night staff and they had not signed the chart appropriately. She advised that she would ensure it was signed correctly.

The home had a medicines storage facility in place. The facility was kept locked and was secure and safe. Regular temperature checks were carried out to ensure storage temperatures did not exceed the recommended temperature of 25 degrees Celsius. We noted that on two days in October 2017 the temperature recorded was 26 degrees Celsius. The registered manager explained that when this was recorded, they took appropriate action and put the fan on next to the storage facility to cool down the area.

Medicines received by the home were documented to ensure that they were accurate. We discussed the disposal of medicines with the registered manager and she confirmed that they had not yet needed to dispose of medicines. She confirmed that they would ensure a disposal book was in place.

We saw documented evidence that medicine checks and audits were carried out weekly by senior staff. We noted that these audits covered various aspects of medicines management such as storage and MARs. However, we noted that the audits failed to check medicine storage temperatures. We discussed this with

the registered manager and she advised that this would be added to the audit.

Management and care workers we spoke with told us there were sufficient staff deployed to meet people's needs. On the day of the inspection we observed care staff were not rushed and were able to complete their tasks. We looked at the staff rotas and observed that for most of the day there were three care workers on duty and during the night shift, there was one waking staff on duty. There was a lone working policy which applied to staff who worked during the night shift. This policy detailed the procedures to follow in order to ensure the safety of people and staff. We did discuss with the registered manager and care coordinator the arrangements for the night shift and whether one member of staff was sufficient. The registered manager explained that there was flexibility with regards to this depending on occupancy. At the time of the inspection, there were three people in the home. The registered manager said that they would review whether one member of staff at night was sufficient to meet people's needs.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for three members of staff. We found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

Regular safety and maintenance checks of the premises were carried out to ensure they were safe. We saw evidence that the gas boiler had been inspected and the electrical installations inspection had been carried out. The inspection for the portable hoist and passenger lift had been carried out and certificates confirmed this.

Arrangements for ensuring fire safety in the home were in place. There was an evacuation plan for the home which was clearly displayed. The fire alarm was tested weekly to ensure it was in working condition and this was documented. Four fire drills had been carried out since the home opened in January 2017. The care coordinator confirmed that people were not allowed to smoke in the home. Two fire extinguishers we examined had been checked within the past twelve months. The emergency lighting had been checked monthly.

The hot water temperatures had been checked weekly. We noted that the temperature of the water prior to people being given a shower or bath had been recorded and was no higher than 43 degrees centigrade. This ensured that people were not at risk of scalding.

No unpleasant odours were noted in the home at the time of the inspection. We found Control of Substances Hazardous to Health (COSHH) products were stored appropriately in a locked cupboard. The home had an infection control policy. However, the details of the Health Protection Unit were not included. The registered manager said that she would ensure it was included.

We saw evidence that accidents and incidents had been recorded. This included clear details about the incident and who was involved. However, we noted that the remedial action following the incident was not consistently documented. We discussed the importance of recording this information in order to prevent their reoccurrence with the registered manager. She confirmed that she would ensure this information was consistently documented in future.

Is the service effective?

Our findings

Relatives we spoke with told us they were satisfied with the care and support provided to people in the home. One relative said, "The care is fine. I have no complaints." Another relative told us, "The home is fine. I am quite happy."

People's healthcare needs were closely monitored. Care records contained important information regarding medical conditions, behaviour and allergies and we saw these were well maintained. Care records included a record of appointments with healthcare professionals such as people's dentist, optician and GP. During the inspection, we discussed the care of people with specific medical conditions such as diabetes and epilepsy with care staff. Care staff were aware of what action to take if someone experienced seizures. They stated they would ensure that people were kept safe and if needed, they would ring for an ambulance. They were also aware of the dietary needs of someone with diabetes and that they needed to have regular checks at the doctor's surgery.

People's care documentation indicated that people had received an initial assessment of their needs with their families' involvement before moving into the home. There was a pre-admission assessment in place which included important information about people's health and care needs. Individualised care support plans were then prepared using the detail from pre-admission assessments and plans identified people's preferences, needs, and included details of how staff were to provide them with the care they needed.

Arrangements were in place to ensure that the nutritional needs of people were met. On the day of the inspection, we observed two people having their lunch. They appeared to enjoy their lunch and there was a relaxed atmosphere. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. This information was detailed in care support plans and also available in the kitchen. Care records included details of what support people needed with eating and drinking, how they would like to be supported, the level of support required, risks associated with chewing and swallowing and details of restrictions of food including allergies and preferences. We noted that one person required a soft food diet and there was documented evidence that the home had communicated with the Speech and Language Therapy team (SALT) where necessary to ensure that the person received the appropriate care from healthcare professionals and the home followed advice from the SALT team.

Monthly weights of people were recorded and people were encouraged to eat healthily. There was a food menu in place. However, the registered manager explained that there was flexibility and if people wanted to eat something else, an alternative was always provided at their request. Snacks such as fruit were available for people to help themselves to between meals.

In September 2017, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars.

At the time of our inspection, the kitchen was clean and we noted that there were sufficient quantities of

food available. We checked a sample of food stored in the kitchen and saw they were all within their expiry date. Food that had been opened and stored in the fridge was appropriately labelled with the date they were opened so that staff were able to ensure food was suitable for consumption.

Staff had the knowledge and skills to enable them to support people effectively. Staff confirmed that they had completed a period of induction which they found useful. They said they had signed when they completed their induction. Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training included moving and handling, medication, first aid, fire safety, food hygiene and equality and diversity. Training received was a mix of in-house training and external courses. Staff spoke positively about the training they had received and told us that they helped them to carry out their roles effectively.

There was documented evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. There was a matrix in place which enabled the registered manager to ensure care staff received regular supervision sessions. These sessions enabled staff to discuss their personal development objectives and goals. The home opened in January 2017 and at the time of the inspection; staff were not yet due their appraisal. The registered manager confirmed that these would be carried out with staff when they had worked at the home for a year.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The home was working within the principles of the MCA. Care plans included information about people's capacity to make decisions within the communication section. We saw evidence that all staff had completed MCA training.

Where people were unable to leave the home because they would not be safe leaving on their own, the home had made necessary applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the home had made necessary applications and authorisations were in place. These were in place for those people who received regular care from the service.

Is the service caring?

Our findings

Relatives we spoke with told us the home was caring. One relative said, "[My relative] is very well cared for." Another relative told us, "Staff are nice."

During the inspection we observed interaction between people and care staff. We saw positive and caring interactions between staff and people. Care staff were respectful and friendly when interacting with people. Staff were caring and supportive towards people and people were treated with kindness and compassion in their day-to-day care.

Care plans included information about people's interests and preferences and were person centred. Care records included a section titled "emotional support". This detailed what things upset people, how to tell if a person was upset and instructions for staff about the best way for them to respond to meet people's needs. People's religious, cultural and personal diversity were documented within their care plan. The registered manager explained that the home made every effort to ensure people's religious and cultural needs were met and this included special diets and religious practices.

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. On the day of the inspection, some people chose to spend time in the communal lounge; their bedroom and some people were out.

We discussed the steps taken by the home to comply with the Accessible Information Standard with the registered manager. All organisations that provide NHS or adult social care must follow this standard by law. This standard sets out how organisations should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager stated that the service was new and they would be reviewing what can be done to meet this standard. She stated that they were considering arranging for care staff to receive Makaton training. They would also be considering having menus in pictorial format to assist people make choices. They currently encouraged people to look at foods and choose foods they liked to eat.

At the time of the inspection, people in the home either had limited capacity or lacked capacity to make decisions about their care, treatment and support. We discussed this with the registered manager and she explained that the home had regular contact with people's relatives or next of kin through reviews.

Care staff had a good understanding of the importance of treating people as individuals and respecting their dignity. They also were aware of privacy and dignity meant in relation to supporting people with personal care. We observed care staff knocked on people's bedroom doors and waited for the person to respond before entering. Care staff called people by their preferred name and asked them what they would like. Bedroom and bathroom doors were closed when care staff supported people with their personal care needs.

The registered manager explained that they made every effort to encourage people to be independent and

where possible, to do things themselves. During the inspection, we observed care staff provided assistance where necessary but also encouraged people to build and retain their independent living skills.

Is the service responsive?

Our findings

Relatives told us that the home was responsive and said they felt able to raise any concerns they had with the staff and management at the home. One relative said, "They let me know what is going on." Another relative told us, "We have received a letter with updates."

One care professional we spoke with told us that the home was responsive and the registered manager was willing to listen and work together with them to make improvements.

There was a complaints policy in place which detailed the procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. The complaints policy was on display in the reception area of the home and was in pictorial form so that it was accessible to all people. The home had a system for recording and dealing with complaints appropriately.

The registered manager explained that they were eager to obtain feedback from people and their relatives so that they could make improvements where necessary. She confirmed that satisfaction questionnaires had been sent to relatives and next of kin in November 2017 and they were waiting to receive completed responses. The registered manager confirmed that once these were received, management would review these and take necessary action to improve the level of care provided in the home.

The registered manager confirmed that they had recently carried out one to one review meetings with people's relatives and next of kin and provided documented evidence to confirm this. The purpose of these review meetings was to ensure staff were kept up to date with people's changing needs and ensured that such information was communicated with all staff.

The registered manager explained that some feedback received from relatives identified they sometimes had difficulty reaching the home via telephone. In order to respond to this, the registered manager sent a letter to all relatives confirming the telephone numbers to use to reach the home and provided us with evidence of this. The registered manager explained that she had previously sent other letters to relatives highlighting important information to ensure they had necessary up to date information and this also enabled her to reach out to relatives and reassure them that she was available if they had any concerns or queries.

Care plans included information about people's needs including; health, care, communication, behaviour, personal care, mobility, emotional support and night support. There was detailed information about how each person would like to be supported. These were specific to each person and individualised. Care plans were written in the first person and it was clear what the individual person wanted. Care plans contained personal profiles, personal preferences and routines and focused on individual needs.

People were supported to take part in activities. These included social outings and activities in the home. On the day of the inspection, we saw care staff engaging people in various activities. One person went to the

day centre in the morning. One care staff spent time reading to another person. A third person was engaged in putting a puzzle together. After lunch, care staff went out for a walk with two people.

On the day of the inspection, we observed that the home had been decorated for Christmas. The registered manager confirmed that on Christmas day, care staff would prepare a Christmas lunch so that people could celebrate together.

Is the service well-led?

Our findings

Relatives we spoke with raise no concerns regarding the management of the home. One relative told us, "The manager is good." Another relative said, "We have no concerns or complaints."

There was a management structure in place with a team of care staff, care coordinator and the registered manager. Care staff told us that morale within the home was positive and staff worked well with one another. Staff explained that there were some difficulties when the home first opened but said that since the registered manager had come into post, there had been significant improvements. One care staff said, "Things are more structured now". Staff said management was approachable and there was an open and transparent culture.

Staff were kept informed of changes occurring within the home through staff meetings. We saw that these meetings occurred monthly and were consistently documented. The registered manager explained that during these meetings, there was a "knowledge test" where the registered manager would check staff understanding of various areas such as MCA, DoLS and safeguarding. She said that this ensured that staff were consistently reminded of important procedures and what was expected of them. Staff we spoke with told us they received up to date information and had an opportunity to share good practice and any concerns they had at staff meetings. Staff also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily with the registered manager and colleagues. They also said that they felt confident to approach the registered manager and were confident that concerns raised would be taken seriously and resolved swiftly by management.

Since the home opened in January 2017, safeguarding concerns had been raised and the local safeguarding team had investigated these. The home had co-operated with the investigations and followed up on agreed action plans recommended. This included closer monitoring visits.

During the inspection we looked at how the home monitored the quality of care it provided. Audits and checks were in place to monitor the quality of care. We saw documented evidence that the provider carried fire safety checks and care file reviews. The home had an electronic system for recording maintenance issues. This detailed what work was required, who was responsible for carrying these out and when these were dealt with and completed. We also saw evidence that management carried out weekly spot checks of the premises. This included health and safety, infection control, staffing issues, medication issues, fire safety, the visitor's book, the premises, paperwork and healthcare appointments. We saw that details of the issues identified and action required were recorded. However, we noted that the checks did not detail when the issues were completed. We discussed this with the registered manager who confirmed that such information would be clearly documented.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.