

Vijaykoomar Kowlessur

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## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 30 August 2018 and inspection was announced.

At our previous inspection of this service on 22 and 23 May 2017, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to the safe management of medicines. Due to the seriousness of the concerns, found we issued a warning notice to the provider and registered manager on 19 June 2017, requiring compliance with the Regulation by 5 July 2017. On 28 July 2017, we carried out a focused inspection to check if the provider had made the necessary improvements to how the service ensured medicines were safely managed. At this inspection, we found that medicines were safely managed and improvements made following the May 2017 inspection had been embedded and sustained.

Vijaykoomar Kowlessur provides care and support to five people living in one 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

The provider did not always ensure robust recruitment practices were in place. References obtained did not always correspond with the staff member's employment history and one staff member was employed prior to completion of required checks.

Staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Risks associated with people's care had been appropriately assessed. Staff had been given guidance on how to keep people safe in a person-centred way.

Medicines were managed safely and effectively and there were regular medicine audits in place. Staff had completed medication training.

There were sufficient staff available to ensure people received person centred care both at the service and in the community.

Staff received training to enable them to carry out their role. Staff received regular supervisions and an annual appraisal. Staff told us they felt supported in their role.

People were supported to have a balanced diet. People were consulted about menu choices.

All staff had received training on the Mental Capacity Act (2005) and staff understood what to do if they had concerns around people's mental capacity.

People are supported to maintain good health and have access to healthcare services. Referrals were made quickly when concerns were noted about people's health.

A complaints procedure was in place which was displayed. There was an incident and accident procedure in place which staff knew and understood.

There was evidence of audits for medicines and overall compliance. Issues identified were actioned promptly.

The registered manager was accessible to people and staff who spoke positively about them and felt confident about raising concerns.

We identified a breach of regulation relating to safe recruitment of staff. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. The registered provider was not operating robust recruitment procedures which placed people at risk of harm.

There were sufficient staff to ensure that people's needs were met.

Staff were aware of different types of abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who use the service were identified and managed effectively.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

The service followed the key principles of the Mental Capacity Act (2005) when delivering care and support to people.

People were supported to eat and drink and maintain good health. People had access to health services.

The service worked in partnership with health and social care professionals.

**Good** ●

### Is the service caring?

The service was caring. We observed caring and positive interactions between staff and people who used the service.

People were treated with dignity and respect. People were supported to be independent.

People were involved in all day to day decisions about the care and support that they received.

**Good** ●

People's preferences and wishes about their care and support needs were clearly documented within their care plan.

### **Is the service responsive?**

The service was responsive. Care plans were person centred.

Staff were proactive to escalate concerns they had about people's health and wellbeing.

People had access to a variety of activities and they were supported to access the community.

People and relatives told us they could complain and any concerns would be addressed.

**Good** ●

### **Is the service well-led?**

The service was not always well-led. Despite systems in place to monitor and ensure quality of care, there were inconsistencies in the provider's recruitment processes.

People, relatives staff told us the registered manager was approachable and provided assistance when needed.

People and staff attended regular meetings which enabled them to be involved in how the service was run.

**Requires Improvement** ●

# Vijaykoomar Kowlessur

## 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, 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 30 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that the registered manager would be available to support the inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to us. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

During the inspection we spoke with two people who used the service, the registered manager and one staff member. Following the inspection, we spoke to two relatives and two staff by telephone. We received feedback from one health and social care professional involved with the service.

We looked at four staff files including recruitment, supervision and appraisal's, three people's care plans and risk assessments, four people's MAR's and other paperwork related to the management of the service including staff training records, quality assurance and meeting records.

# Is the service safe?

## Our findings

We reviewed four staff files during this inspection, three of whom were recruited within the past year. We found that safe recruitment processes had not been followed for two of the three new staff records checked. For one staff member, rota's confirmed that the person was working alone for periods of their shift from 1 May 2018. A DBS check had not been completed until 30 May 2018. A previous DBS had been filed from a previous employer dated December 2016, however the registered provider had not carried out a recent DBS check on the person prior to them working alone with vulnerable people. Two references were on file for the staff member. However, the first reference had not been obtained until 8 May 2018, after they had started working alone. A second reference supplied on 8 June 2018 did not match the information given by the applicant for their employment history.

For a second staff member, we were unable to reconcile their employment reference with their recent work history. The reference on file stated that they had worked for one employer from January 2017 to January 2018. However, the employment history declared on their application form stated that they had worked for a different employer from May to December 2017. This employer had not been contacted to provide an employment reference. Another reference on file did not specify the relationship the referee had with the staff member, i.e. whether the reference was an employment or character reference.

In addition, we also saw evidence that the provider did not appropriately follow up or risk assess when a DBS contained significant information. We saw that the applicant employee did not declare this information on their job application form. When asked about this, the registered manager told us that they had discussed the information with the applicant employee, however the conversation had not been documented nor a risk assessment been carried out to ensure the employee was safe to work with vulnerable people. Staff had been working with vulnerable adults without appropriate checks completed by the service. The service did not ensure that appropriate checks were carried out and documented for all staff that they employed.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Additional recruitment checks such as identification and right to work in the UK had been completed.

People and relatives told us they felt safe living at the service. One person told us, "The staff look after us alright." A second person told us, "I'm safe." A relative told us, "I have no concerns." During our visit we observed people to be comfortable and happy in the presence of care staff. Safeguarding policies in place ensured that people were kept safe from abuse and avoidable harm. Staff had received training in how to safeguard vulnerable adults and were knowledgeable around what to do should they have concerns, including contacting external organisations such as the local safeguarding authority and CQC.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. Risk assessments were personalised to people's needs, gave guidance to staff about the nature of the risk and

the steps that could be taken to minimise or mitigate the risk to ensure people's safety. People's identified risks included self-neglect, behaviours that challenged, mobility, malnutrition and specific health conditions such as epilepsy." Risk assessments were reviewed on a regular basis and modified if a person's needs had changed.

There were sufficient staff on duty to ensure people's needs could be met. There were up to two staff on duty, depending if people attended a day centre. At night there was one staff member on duty with a member of the management on call if needed. Staff told us they had no concerns with staffing levels.

Improvements made to how medicines were managed following the May 2017 inspection were embedded and sustained. Medicines were now being managed safely and people received their medicines as prescribed. A person told us they received their medicines every morning and had no concerns in that regard. We checked medicines stocks to ensure supplies match recorded quantities. We checked the medicines administration records (MAR) for four people and saw these had been completed and signed with no omissions in recording. We saw that codes had been used appropriately and reasons explained when medicines had not been administered. Medicines were stored safely in a locked cabinet. When people visited family, the service ensured that the family had adequate supplies of medicines for the duration of the person's visit, which was documented in medicines records.

Staff who administered medicines told us that they had received medicines administration training and this was evidenced by certificates in staff training files. An "as required" PRN medicines protocol was also contained within people's medicines files. We saw that where a PRN medicine had been prescribed, they were administered only when needed and the reasons for doing so were clearly recorded.

Checks were in place to ensure medicines were safely monitored and administered which included daily stock checks and monthly checks prior to medicines being returned to the pharmacy.

There were systems in place for staff to monitor accidents and incidents. Where a person displayed behaviour that challenged, a specific monitoring chart was in place and any concerns were raised to the appropriate health professionals.

People were protected by safe infection control procedures and practices. The service was clean and well maintained on the day we visited. Staff had access to personal protective equipment which included gloves and aprons. Routine health, safety and fire checks were carried out on a regular basis to ensure environmental safety.



## Is the service effective?

### Our findings

Relatives told us that staff were appropriately trained to meet people's care needs. A relative told us, "The staff are very helpful." Records confirmed that staff received regular training in areas such as medicines, safeguarding adults, health and safety, infection control, managing challenging behaviour and first aid. In addition, newly recruited care staff were supported to complete the Care Certificate. The Care Certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support.

Newly recruited staff completed a period of induction which comprised of reviewing policies and procedures, reviewing care records and being introduced to people living at the service. However, we found that for one staff member, their induction was documented to have started in June 2018, when they had been employed and working alone since 1 May 2018. We showed the registered manager our findings in relation to this.

Staff told us and records confirmed that staff received regular supervision and an annual appraisal, if applicable. A staff member told us, "I have a one to one with the manager every month." Supervision sessions were person centred to the staff member and covered areas such as concerns, training needs, updates on people and health and safety.

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). However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. Nobody living at the service was subject to a 'judicial DoLS' and we were advised that people could leave the service if they wanted to. One person told us that they had the keypad code to the front door but did not like to go out alone. They told us staff supported them to access the community as and when they chose.

We checked whether the service was working within the principles of the MCA. We found from observations, care records and discussions with staff, that people's rights to make their own decisions were respected. Staff members demonstrated a good knowledge of MCA/DoLS and the importance of obtaining consent.

People told us they were happy with the food choices on offer. One person told us, "We have a variety [food]. The menu is what we want." A relative told us, "[Person] enjoys the food. [Person] says they enjoy the meals." Care plans detailed people's food likes and dislikes and any specific dietary requirements or

instructions were documented and followed, such as weight loss diet and whether eating aids were used.

At the time of the inspection, people had been living at the service for many years, therefore their preadmission assessments were not reviewed as part of the inspection. However, it was found that their care needs were reassessed on a regular basis which formed the basis of a comprehensive care plan, which is elaborated on further in the Responsive section of this report.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. People had access to a GP, optician, dentist and mental health services.

Routine health appointments such as mental health reviews and medicines reviews were maintained. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments, people's care plans were updated accordingly. Relatives told us they were kept informed of any changes or appointments.

People received effective and coordinated care when they were referred to or moved between services. Hospital passports were in people's care files for when an hospital admission was required.

Staff and management communicated daily regarding people's scheduled activities and health appointments which was documented in a diary and in a daily handover.

## Is the service caring?

### Our findings

People were positive about the support they received from care staff. One person told us, "I know the staff. They are nice staff and they look after us alright." A relative told us, "They are very nice there. [Person] seems to be very happy there." We saw compliments received from relatives praised the caring and friendly nature of care staff.

We observed an informal and friendly atmosphere at the service. We observed that staff and people were engaged in lively conversation about upcoming activities. Staff told us they enjoyed working at the service and spoke fondly of the people living there. A staff member told us, "It's their home. They use as they want. It's their routines, their choices." A second staff member told us, "I have a good relationship [with people]. They are happy and jolly."

People were treated with dignity and respect. We observed staff knocking on people's doors and waiting for a response before entering people's bedrooms. We observed that people were supported to maintain their independence. We saw one person decide that they wanted to wear an additional layer of clothing before going out, discuss their decision with staff and go to their bedroom to get the item of clothing. For another person, we saw that they were encouraged to use the toilet when in the home rather than depend on the use of incontinence of pads.

We saw that people could express their views and make choices about their care daily. Throughout the day we observed staff offering choices and asking people what they wanted to do, for example meal choices and activity choices in the afternoon. Care records also documented that people were involved in their care planning and their wishes were documented.

Care records detailed people's communication abilities and whether they required additional support. For example, one person's care plan documented that their speech was, at times, affected by a medical condition which required staff to be extra patient when communicating with the person.

People were encouraged to maintain contact with their families. Relatives told us they could visit freely and were welcomed by staff. One relative told us, "It was [Person]'s birthday recently. We went around there and had a nice time."

Care plans also detailed people's cultural and religious preferences. People were supported to practice a faith should they choose to do so. Care records also documented whether people followed a specific religious or cultural diet, such as Kosher.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Comprehensive care plans were in place for people which detailed their care needs and preferences in areas such as personal care, eating and drinking, mobility, continence care, physical health and social and leisure activities. We saw that where people had a health condition which affected their behaviours at times, their care plans detailed the triggers which may cause these behaviours and how staff should work to reassure the person and de-escalate the situation.

Staff were responsive when they identified potential health concerns. For example, staff identified a concern that a person may have been having symptoms of a medical condition that had not affected the person in many years. They contacted the registered manager and arranged for a GP appointment. They also discussed their concerns with the person's consultant who advised that the symptoms may be because of a particular medicine. The person was reviewed by the consultant and their medicine prescription was changed. Staff completed comprehensive daily notes to document what people ate, activities attended and their general well-being.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. People told us they enjoyed a range of activities at home and went out on a regular basis. On the day of the inspection, we saw that two people were attending day centre, one person was visiting family and two people went out for lunch with staff. One person told us, "I like getting out and about." A relative told us, "They keep [person] busy. [Person] learned a few new things, playing the keyboard."

People and relatives told us they felt confident about raising concerns or complaints regarding the service and had no complaints. A person told us, "I tell staff." A relative told us, "I raised a few small things. All been sorted." Easy read information about safeguarding and how to raise a concern were on display in the home and raising concerns was discussed at regular resident's meetings. No recent complaints had been reported at the service.

The service was not providing end of life care at the time of the inspection. The registered manager told us that they have broached the topic with people and relatives, however they were reluctant to discuss the topic.

## Is the service well-led?

### Our findings

People told us that although they would prefer to live in their own property, they received good care from the service. One person told us, "It's alright here. It's quiet." Feedback from relatives included, "They keep in contact with us. They keep us in the loop" and "Yes, it is very good." Staff told us that they enjoyed working at the service and felt supported by the management team. Staff told us, "Very good. [Registered Manager] is supportive and caring. Good manager" and "Management supportive. They help me do many training courses." A professional involved with the service told us that they found the service very well managed.

There was a homely and informal atmosphere at the service. People appeared happy and relaxed and enjoyed a warm relationship with care staff and the registered manager.

Regular auditing and monitoring of the quality of care was taking place. Regular quality checks included medicines audits, health and safety checks, unannounced day and night spot checks and regular supervisions with care staff. We saw there was no specific audit process in place for staff files and as detailed in the Safe section of this report, we identified shortfalls in the provider's recruitment process which placed people at risk of harm due to insufficient documented checks on care staff.

There were arrangements in place for people, relatives and healthcare professionals to provide feedback. A questionnaire was sent to people, relatives and professionals in November 2017. We saw that the analysed results were positive. Where feedback had indicated a minor area for improvement, actions were taken to implement these changes, for example, some specific equipment for in house activities.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Minutes of a recent staff meeting showed health and safety, concerns about people and safeguarding processed were discussed. Residents meetings also took place on a regular basis and topics such as activities, how to raise concerns and menu choices were discussed. A person told us, "We have residential meetings. We should be due one soon."

The service worked in partnership with health and social care professionals to ensure that people's health needs were met and reviewed on a regular basis. One health professional involved with the service said they were, "Friendly, organised and supportive."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19(1)  The registered provider was not ensuring all checks as required by Schedule 3 of HSCA 2008 were completed prior to new staff commencing employment.