Diwali Ltd

Diwali Nivas

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 visit took place on 28 January 2019.

Diwali Nivas is a 'care home' for a maximum of 21 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Twenty-one people lived at the home at the time of our inspection visit.

Diwali Nivas is a care home for older Asian people who may have a mental health condition or live with dementia. People who live at the home are vegetarian.

The home is an extended residential property close to the centre of Leicester. It is within walking distance of places of worship and local shops which serve the Asian community.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service continued to be safe. There were enough staff on duty to meet people's needs; and staff recruitment checks reduced the risk of the service employing unsuitable staff. Staff understood how to safeguard people from harm and knew the risks related to people's health and wellbeing. People received their medicines as prescribed. The home was clean and tidy and staff understood infection control practice. Premises were well-maintained.

The service continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. The policies and systems in the service support this practice. Staff received training to support them work effectively with people who lived at the home. People had access to different health and social care professionals when required, and good relationships had been formed between the service and those professionals. People received food which was culturally appropriate, which they enjoyed, and choices with each meal.

The service continued to be caring. People received care from staff who were kind, treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. The service supported people to maintain relationships with their family and friends.

The service continued to be responsive. People's needs were assessed and staff ensured their needs were met. The service was responsive to people's religious and cultural needs, and provided daily activities to support emotional wellbeing. The small number of complaints had been responded to well. The service

ensured people's end of life care needs were met.

The service continued to be well-led. The registered manager and care manager provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Diwali Nivas

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 was a comprehensive inspection. It took place on 28 January 2019, and was unannounced.

One inspector, and a Gujerati and Punjabi interpreter carried out this inspection. This was because Diwali Nivas is a service for older Asian people. Before our inspection visit we contacted the local authority. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider.

We looked at the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to tell us about what the service does well and any improvements they plan to make. This information helped us to plan our inspection.

During our inspection visit we spoke with the registered manager, the care manager, kitchen staff, the maintenance worker and two care staff. We also spoke with six people, and three visiting relatives and friends. We checked two people's care records, and a sample of medication records, health and safety records and quality assurance records.

Good

Is the service safe?

Our findings

People, relatives and staff told us the service kept people safe. People told us they did not feel scared in the home. One person said to us, "I really like it here, everything is proper."

There were enough staff on duty during a 24-hour period to meet people's needs. Prior to our visit, staffing levels had been increased to support a person with behaviours which challenged. That person no longer lived at the service but the provider decided to continue with the same staffing level as they found it had a positive impact on people who lived at the home by giving staff more time for individualised care.

Staff recruitment processes reduced the risk of employing unsuitable staff to work with people who lived at the home. Staff were not able to start working at Diwali Nivas until their reference and criminal record checks had been completed.

Staff understood their responsibilities to safeguard people from harm. They knew how to report any concerns raised or witnessed to their line-manager. The registered manager understood their responsibility to inform the relevant safeguarding authorities if a person had been harmed or an allegation of harm had been made.

Staff understood the risks related to people's health and well-being. Since our last inspection visit, the provider had invested in an electronic recording system. We found detailed information about people's risks had been recorded, with actions staff needed to take to reduce or eliminate risks. For example, where people were unable to transfer from a chair to a wheelchair unaided, there was information about the type of equipment required and the number of staff needed to keep the person safe.

Medicines were managed safely. We observed staff administer medicines to people and saw they did this at the person's own pace, ensuring medicines were swallowed by the person before being signed off in the medicine record as taken. People told us they received the medicines they were prescribed. Medicines were ordered in time for people to receive them, and stored safely and securely. The recording system was now electronic, and the senior on duty during our inspection visit told us this had helped reduce medication recording errors.

Medicine plans had been written for 'as required' medicines. Where medicines were for agitation or anxiety, the plans did not clearly give staff information about when they should decide a person's anxiety or agitation had reached a point for the medicines to be administered. This was rectified on the day of our inspection visit.

The environment was safe for people to live in. The sample of health and safety checks looked at demonstrated that maintenance, water, gas and electric systems were checked and any repairs or faults identified were quickly dealt with. Stair gates were alarmed to inform staff if a person was trying to use the stairs; and the bannister at the top of the stairs had been made higher to reduce the risk of a person toppling over.

The service used equipment to support people's safety. For example, pressure mats were used for people at risk of falls. These mats set off an alarm when people stood on them (put pressure on them) and this alerted staff the person was moving and needed monitoring. Some of the rooms had sensors which could also be activated if a person was identified as at risk when moving.

The home was clean and tidy, and there were no offensive smells. Staff in all areas of the home were seen to understand the importance of infection control. For example, they used disposable gloves and aprons for various tasks in the home.

Prior to our inspection visit, the registered manager had notified us of an incident relating to two people in the home. We discussed this during our inspection visit, and found they had learned lessons from the incident, and made changes to reduce the risks of the same thing happening again.

Good

Is the service effective?

Our findings

Staff had the right skills and knowledge to support people with their care. Staff had received the appropriate training to cover the essentials of care and to work with people who lived with dementia. Most staff were from the Asian community and all staff had knowledge of the culture and traditions of the people who lived at the home to support them with their emotional and social needs.

People's support was provided in-line with current evidence based guidance to achieve effective outcomes. For example, risk assessments used were those which had been demonstrated as effective in reducing people's risk of skin damage (Waterlow), and malnutrition (MUST).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Staff at Diwali Nivas understood the importance of ensuring people made their own decisions or were given support where necessary in their best interest.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

People told us they had access to healthcare when required. One person told us, "I can see the doctor if needed. If it is just minor aches and pains the staff give me paracetamol, if more, they will call the doctor." They also confirmed they had seen opticians, and dentists when required. A relative told us staff ensured they were aware of all the healthcare appointments made, and if they could not attend with their relation, staff would make the appropriate arrangements and take the person to the appointment.

People told us they enjoyed the food provided. People at the service ate vegetarian food and were used to Gujerati or Punjabi cooking. The service ensured that during the week, people had meals which met their cultural requirements. One person told us, "The food is okay, it is like home." A relative told us, "The food is good, and they respond to [relative's] likes and dislikes." We saw during our visit people enjoy a range of snacks and fruit as well as meals. The service also provided meals such as jacket potatoes, pizzas and Bombay sandwiches, as these were popular with people who lived there.

The service worked well with different healthcare professionals We saw for example, that the advice from speech and language therapists had been acted on, to support people who had difficulty in eating. District nurses had also attended the service when people's skin required additional medical attention.

The premises had been adapted to meet the needs of people. There were two lounges on the ground floor.

One was used by people who liked to watch the TV; and the other was for people who preferred quiet. The lounges had previously been separated by a wall, but this had been replaced by glass door panels which meant the two lounges could become one, to enable celebrations and parties to take place more easily. There was now a hatch separating the kitchen from one of the lounges and this meant people could speak directly with kitchen staff if they wanted a drink or food.

There were signs throughout the home to help people identify where bathrooms and the lounges were, as well as to photos outside of rooms to help remind people where their bedrooms were.

Good

Is the service caring?

Our findings

People and their visitors spoke of the staff team as being kind and caring. One visitor said, "There is excellent care here, [person] is always clean and tidy." They told us they would be happy to be a resident in the home if they ever needed care and support. A person told us the care was, "Very good. They do a lot for me, they care for me a lot." A person told us, "They really look after me." Another person said, "I am very happy here."

All people we spoke with were happy at the home. During our visit we saw staff being kind and considerate to people, and understood how to support people in a caring way. For example, at lunchtime we saw one person became agitated with another. Staff managed this situation well, by respectfully redirecting the person's attention so they focused on something else.

During our visit we saw people expressed their views to staff about how they wanted their care and support provided. Staff quickly acted to provide people with what they needed.

We were informed that each month, people were asked if there was anything they would like changed about their care needs. A person told us they requested a staff member to support them with their care needs who spoke Punjabi, and this was what they now had.

People's privacy and dignity was respected. Staff were seen knocking on people's bedroom doors before opening them; and making sure doors were shut when personal care was provided. Most bedrooms were single rooms, but where people shared, there was a privacy screen to provide people with privacy when personal care was provided.

Staff and people spoke of the home being like a family environment. Staff referred to people as 'Grandma', 'Aunty' or 'Uncle', as was the custom and practice of people who lived at the home.

Most people who lived at Diwali Nivas had relatives who could act as advocates. One person who did not have relatives available to support them, had social work advocacy.

Relatives were made welcome. There was no restriction on visiting time and during the day we saw relatives and friends visit, and spent as much time as they wanted with the person they had visited. Relatives said staff were good at keeping them informed of people's care needs.

Information about people was stored securely and confidentiality was maintained.

Good

Is the service responsive?

Our findings

People received care tailored to their individual needs. Care plans reflected people's interests, likes and dislikes. Staff knew people's needs well.

People woke up at various times in the morning. Some awoke very early at around 4am and they received a pre-breakfast snack and drink before the main breakfasts were served. One person awoke at 6am and liked to have personal care at that time. Their personal care routine took 45 minutes and so the provider ensured another member of staff came on duty at that time to enable the person the care they wanted at the time they wanted.

Each person liked to sit in a specific place in the lounges. One person had a table next to them with an ornament of their god, and flowers to offer to their god. They told us, "This is my god, whenever I feel like praying he is there. I have my flowers."

Staff supported people who had requested visits, to go to their local temple. They also arranged with priests to come to the home if people were unable to attend but wanted religious guidance.

Another person liked chocolate. It was important to the person to have chocolate as part of their daily routine. Whilst the person had their own supply of chocolate, the service made sure there was spare chocolate available of the variety they liked in-case they wanted more.

During our visit we saw people undertake different activities. Some were watching religious TV, others played games. We were told that some of the gentlemen at the home liked to play cards, and other people liked to play board games. There were armchair exercises twice a day. The home had a garden which a person walked around many times each day to stay fit. We also saw that in the spring and summer, people had planted in pots that had been raised to make it easier for people to reach.

People told us they felt able to speak to the staff or manager if they had any concerns. One person told us they had told the manager they were not happy with the smell from the lounge carpet and they thought it should be replaced. They told us that soon after mentioning this, the carpet had been replaced with laminate flooring. A relative told us they had spoken with the manager about a couple of issues but was happy with the response.

We looked at the complaints record. Three complaints had been received in the last 12 months. We saw they had all been addressed according to the policy and procedures of the home

People received information to support them understand and communicate their needs. The Registered Manager was aware of the Accessible Information Standard (from August 2016 all organisations that provide adult social care are legally required to follow this), and they had ensured people understood information made available to them.

Staff had received training in end of life care. Since our last inspection, the service had worked closely with LOROS (a Leicestershire and Rutland hospice charity). This was to improve staff's understanding, and provide good quality end of life care. This included advanced care planning to ensure the person's personal preferences were met, and anticipated medicines were prescribed ready for use.

Good

Is the service well-led?

Our findings

People and visitors thought the service was well managed. One visitor who visited regularly told us, "I would recommend this home anyone", and went on to say there were high standards of care. Staff we spoke with told us if their family members needed residential care, they would be happy for them to live at Diwali Nivas.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also supported by a care manager.

Staff felt supported by the management team. They told us management met with them for supervision and appraisal sessions. They felt they speak to the management team if they had any concerns.

The managers involved staff and people in the running of the home through regular staff meetings and resident meetings. For example, at a resident meeting in 2018, some people asked for pizzas and Bombay sandwiches to be added to the menu. We found this had happened.

The registered manager and care manager were open about the service, and worked hard to provide a positive culture in the home centred on the individual needs of the person. The Provider Information Return (PIR) we received prior to this inspection visit mirrored what we saw on the day of our visit.

The provider carried out regular quality assurance audits and took action where appropriate. For example, they checked whether there were trends in any accidents or incidents which might mean changes to care provision were necessary; they checked medication was being administered correctly, and that health and safety was monitored appropriately.

The PIR informed us that the provider worked in partnership with other agencies such as LOROS and the healthcare professionals which attend the service. They continuously learn through attending meetings and conferences about different aspects of care, and by using good practice guidance from the National Institute of Clinical Excellence.

The registered manager met their legal obligations to inform us of events which had happened at the service; and to send the Provider Information Return when requested. They had also met their legal obligation to display their most recent inspection rating in the home and on their website.

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