MNS Care Plc

Sairam Villa Care Home

Inspection report

116 Headstone Drive
Harrow
Middlesex
HA1 4UH

Tel: 02088612719

Date of inspection visit:
15 May 2019

Date of publication:
10 June 2019

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

About the service: Sairam Villa Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Sairam Villa Care Home can care for 46 people, in single rooms, all of which have en-suite wet rooms. All rooms have telephones and TV channels, including Asian TV. The home has three floors, with each floor having a dedicated care team to ensure continuity of care. Sairam Villa Care Home has a variety of areas for people to enjoy, including four lounges, three dining areas, a prayer and silence room, a hair salon, and pamper therapy room. Access to the garden is from the lounge area on the ground floor. The landscaped garden has been designed to give quiet private areas, as well as larger spaces for social activities. There is also a terrace garden leading out from the first-floor dining room. This is a usable space which is enclosed for safety. A balcony area on the 2nd floor is also available. During the day of this inspection Sairam Villa Care Home provided care and support to 46 people.

People's experience of using this service:
People felt safe and were protected from avoidable harm. Staff understood how to keep people safe and how to report any concerns they may have. Staff knew about the risks associated with people's care and understood how to minimise risks to them. Further information was available in care plans for staff to refer to. Staff supported people to take their medicines as prescribed. Staff understood how to prevent the spread of infection.

People received care from a consistent team of staff who understood their needs. Staff were recruited safely, and processes checked the background of potential new staff. People's needs were assessed to ensure they could be met by the service. Staff received the training and guidance they needed to complete their role well. The manager encouraged staff to expand their knowledge through specialised training. People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.

People were offered choices. For example, in the meals and drinks they were offered. Staff respected people's rights to privacy and dignity. People received information about the service in a way that was appropriate to their needs. Over 75% of staff supporting people who used the service spoke Guajarati and some polices and procedures were translated into Guajarati and provided in other user friendly formats.

People were involved in planning their care. Care plans contained the information and guidance staff needed to support people. People were offered and took part in a range of meaningful activities. Systems were in place to manage and respond to any complaints or concerns raised. People were supported to stay at Sairam Villa until the end of their lives.

The manager had robust systems and processes to monitor quality within the home. The manager understood their regulatory responsibilities and shared information with stakeholders in a timely way.

Rating at last inspection: During our last inspection we rated Sairam Villa Care Home good. (Report published December 2016).

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Sairam Villa Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector, two specialist advisors (a specialist advisor is a qualified health professional)one inspector from the Care Quality Commission (CQC) medicines team and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Sairam Villa Nursing Home is a nursing home. People in nursing 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.

At the time of our inspection the service did not have a registered manager. However, the manager has applied with the CQC to be registered. A registered manager like the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection visit took place on 15 May 2019 and was unannounced.

What we did: Before the inspection we reviewed the information, we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and other professionals who work with the service such as Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry. We used all this information to plan our inspection.

During our inspection visit we spoke with nine people who lived at the home, 11 relatives, eight members of care staff, one senior member of care staff, one registered nurse, the manager, the registered provider and one healthcare professional.

We looked at 11 people's care records, 10 people's medicine records, seven staff personnel files, recruitment, induction and training records, meeting minutes, records of complaints and compliments and management quality audits and checks. We also completed checks of the premises and observed how staff cared for and supported people.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from avoidable harm. One person told us, "Yes, we can trust them [staff]. We speak the same language that makes me feel safe. They understand me. Anytime you call they come with a smile." One relative told us, "Yes, most of the time my relative is safe. She does feel safe because she can communicate with them."
- Safeguarding procedures were in place and staff understood how to keep people safe. Staff felt comfortable to report any concerns to the management team. Staff told us that they had received safeguarding training. This was confirmed when we looked at training records. .
- The manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- There was a range of risk assessments that were completed for each person admitted to the home. Examples included mobility, the use of bed rails, risk of skin damage from incontinence or pressure.
- The home had an external contractor that was used to test and maintain its portable electrical devices such as pressure relief mattress systems. A check of a people's mattress settings against up-to-date weight found it to be correctly set.
- Staff understood the importance of risk management. For example, one member of care staff described how important it was to ensure people at risk of skin damage ate and drank well. The manager assessed that there was a need to improve staff's knowledge and skills in this area and had arranged specific training for staff.
- Regular safety checks of the building and equipment took place to make sure it was safe for people and staff to use.

Staffing and recruitment

- The provider had an effective recruitment process to prevent unsuitable staff working with vulnerable adults.
- We observed that there were enough clinical and care staff deployed to meet people's varying and complex needs.
- Staff told us they worked well as a team to ensure people's needs were met.
- People and relatives were happy with the staffing levels in the home. Comments included: "Now yes, since the new management", "Yes, enough" and "Occasionally there haven't been, but since the new manager, they've taken on new staff, it is slowly changing."

Using medicines safely

•□Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines.
•□Body maps were used to record when staff had applied topical applications including patches.
•□Staff completed training to administer medicines and their competency was checked regularly.
•□Best interest decisions had been made on behalf of people and appropriate records were in place for people who received their medicines covertly (hidden in food or drink).
•□Care plans documented peoples medicines and what they were for. Risk assessments provided information of how to manage people's medicines safely. However, we noted that these were on a few occasions not specific to the people and were generic. We discussed this with the manager who assured us that he would review these and make the relevant changes.
•□The management team carried out monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection
•□Staff prevented the spread of infection by wearing personal protective equipment, such as gloves and aprons, when necessary.
•□The home was clean and tidy, and people's bedrooms were deep cleaned monthly as part of the 'resident of the day' cleaning schedule.
•□One relative told us, "This place is spotless, they are always cleaning the place."

Learning lessons when things go wrong
•□Accidents and incidents were recorded and monitored to identify any patterns or trends with action taken to reduce potential incidents.
•□The manager analysed accidents and incidents and looked at ways to improve and reduce these from happening. Accidents and incidents and any other issues, such as health appointments were discussed daily during senior staff meetings which were attended by heads of departments and information was cascaded down to all staff. During the last environmental health inspector visit in May 2018, the service received a hygiene rating of good.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good- People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□People were assessed prior to admission to ensure their needs could be met.
•□We observed that consent to care was sought before support was delivered. For example, staff asked people where there would like to take their meals. One person said, "I have a choice about when to get up and whether I'd like a wash or shower. They always explain what they're going to do and ask if it's alright with me."
•□People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "I really enjoy the religious services. I'm glad it's available here."

Staff support: induction, training, skills and experience
•□New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "When I started here I had an induction, which I found very useful."
•□Staff received regular supervisions with their line manager. Staff said they were well supported in their roles.
•□Ongoing training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is helpful and easy to access."
•□Clinical staff had access to professional development. A relative said, "The staff here know what they are doing, so I think they have the right training."

Supporting people to eat and drink enough to maintain a balanced diet
•□People told us they enjoyed the food provided by the service. One person said, " Yes, the food is very good! All the meals are very good. Every morning I have 2 cups of tea and a sandwich. At 11am we get fresh fruit; papaya, grapes and bananas and lunch start at 12pm. Tea time is 3:30-4pm and we have rolls with chutney. If we want anything later staff will prepare this for us as well."
•□People were offered and shown choices of food and drink. One person said, "Yes, they [staff] asked me to make a list of what I wanted, and they do the best they can."
•□People chose where they wished to eat their meals. People's dining experience was relaxed and sociable. Staff were attentive to people's needs and knew people's preferences, which were recorded in care plans.
•□Food and fluids offered and taken by people were recorded in their care records. These were fully completed and regularly reviewed by staff. Actions were taken if concerns arose. If people required assistance to eat or had their meals provided a certain way, this had been provided.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive ongoing health care. Such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "The GP comes regularly so we can request for him to be put on the list or the staff will do it if they see he needs something, and they call the doctors to come if they need to."
- People were supported to attend hospital appointments and to be regularly reviewed with their dental, eye and foot care.
- People's weights were monitored, and advice or referrals made when needed.
- The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received.

Adapting service, design, decoration to meet people's needs

- The environment had been thoughtfully considered in line with people's needs. There was written and pictorial signs around the building.
- The building is new and has been built with people's needs in mind. For example, there is a designated temple, a hairdressing salon and a pamper room which people who used the service were able to use.
- People were able to access the internet and WIFI was available to access throughout the property.
- All bedrooms had a TV with access to a wide range of Asian speaking TV and music channels. The TV can also be linked with the large activity room, which was used for prayers, movie nights and a wide range of activities. This meant that people who were bedbound were able to take part in activities if they wished to do so.

Ensuring consent to care and treatment in line with law and guidance

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments had been completed in specific areas of care when needed. Best interest decisions had been made including relevant people in the process.
- Staff had clear knowledge of the MCA and how to apply the principles to their role.
- DoLS applications had been made where assessed as required. The manager monitored the progress of applications and dates when authorisations were made.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Sairam Villa Nursing Home provides mostly care and support for people from an Asian background. However, they admit people from every other cultural background. About 75 % of staff working at the service are Guajarati speaking. We observed that staff, who do not speak Guajarati, had learned common phrases and words to communicate with people better. One person said, "We speak the same language that makes me feel safe. They understand me."
- The manager demonstrated good understanding of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. We saw that a number of policies and procedures had been translated and had been provided in a different format, such as Guajarati.
- We observed many kind and caring interactions. For example, we observed one staff member asking a person, "Let me help you". Comments from people included, "I am very happy here, they provide an excellent service" and Yes, even when they come to change the bed, we just chat. They're very helpful and all nice to me, its lovely."

Supporting people to express their views and be involved in making decisions about their care

- People's views were documented in their care records and people were involved in making decisions about their care. Staff respected the choices that people made, even if they may be considered by some as unwise decisions.
- The service received positive feedback from present and previous people who used the service and relatives who lived at the home. One such comment stated, "I would like to thank you for the care my relative received, we couldn't be happier."

Respecting and promoting people's privacy, dignity and independence

- When people were receiving assistance with personal care, the doors were closed to ensure that the person's privacy was respected. Comments from people and relatives included, "Yes, once or twice we have arrived while they were providing personal care, and we have been asked to wait outside to respect his dignity" and "Yes, they do for everyone."
- We observed staff encouraging people to mobilise independently and saw one person mobilising on their own and staff respected and encouraged this.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•□All the care plans we reviewed were clear and comprehensive. Each care plan was personalised, describing people's preferences about care provision. People's emotional wellbeing was addressed, with guidance to staff as to how these needs should be met.
•□The care plans had been reviewed regularly and had been updated if there had been any changes to the person's needs.
•□The home had three activities coordinators. We were shown a timetable with the range of activities offered to people who used the service. These included current affairs discussion group, gentle exercise, flower arranging, cooking and a movie club.
•□There were weekly sessions of religious singing when people were joined by members of the local community. In addition to these regular activities the care home puts on special events for occasions such as Diwali, Christmas and International Women's Day.
•□The activity coordinator told us that if people didn't like the activities offered they would sit down with the person and tailored them to their needs.
•□We observed that activity sessions were popular and well attended, with relatives joining in if they wished.

Improving care quality in response to complaints or concerns
•□People knew how to make complaints and were confident that they would be listened to. One relative told us, "My family member had a cough two weeks ago, I spoke to the staff and by the end of the day they were given an appointment to see the doctor."
•□ There was a complaints procedure in place and a clear accountability for reporting any received to the provider. The complaints procedure was also available written in Guajarati. Over the past twelve months the service had received seven complaints. These had been documented in the complaints folder and they have been responded to appropriately and dealt with.

End of life care and support
•□Some people had Do not Attempt to Resuscitate (DNARs) agreements? in place. These had been correctly completed to indicate if they had been consulted about their preferences. DNARs also showed evidence of review and were countersigned by a GP. One person had been identified as requiring end of life care the day before our inspection. This had led to a referral being made by the GP to the community palliative care team, and a review of the care plans.
•□All the care plans reviewed had well documented end of life care plans. There was evidence of consultation with people who used the service, where possible, and with their relatives.
•□The partnership with the local hospice was assisting the staff team to develop plans to assist people to manage their pain at the end of their life, in line with their wishes.

• The manager told us that a number of staff had been enrolled in a palliative care course provided by the local hospice.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager and provider had a clear vision of providing a personalised service to people, which was homely, and everyone treated as if they were in their own home. Staff were all positive about working at the service and using the providers model of care. They said they would be happy for a relative of theirs to be cared for at the home.
- Staff spoke positively about the new manager and the changes they had made. One commented, "Since [name] started things have definitely improved for the better."
- Staff said they were supported by the management. One staff member fed back, "[Name] is easy to talk to and very approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- People, relatives and staff all gave positive feedback about the manager and provider's management team about their leadership skills, approachability and caring nature.
- The management team knew everyone extremely well including relatives. They did not pass anyone in the home without talking to them and asking how they were. This caring approach reflected the relationships staff built with people and relatives.
- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.
- A system of audits and monitoring helped ensure any gaps in practice or required improvements were identified. Audits were used to continually review and improve the service. The service was visited regularly by the director of care who planned scheduled audits. This included comprehensive audits of care records from admission and throughout people's stay.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were involved in the service through feedback questionnaires and regular meetings. One person said, "The new manager is lovely, he always stops for a chat."
- People were considered as equals and asked their opinions no matter how advanced their ill health or dementia.
- The manager promoted an equality agenda within the service.

•□Staff felt supported by the provider and management team.

Continuous learning and improving care; Working in partnership with others
•□The provider and management team were working with other organisations to achieve better outcomes for people and improve quality and safety. This included the local authority and local Clinical Commissioning Group (CCG).
•□Staff worked with local services such as GP's and district nurses to ensure people's health and well-being was promoted.