

Karuna Care (TLC) Limited

Karuna Manor

Inspection report

Christchurch Avenue
Harrow
Middlesex
HA3 5BD

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20 October 2023

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Karuna Manor is a nursing home providing personal care to up to 60 people.

The service provides support to older people and people living with dementia. At the time of our inspection there were 59 people using the service. The home is an adapted building across 3 floors. One floor specialises in providing care to people living with dementia. A second floor supports people with nursing needs and the third floor supports people with care needs.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The leadership team and staff strived for excellence and had high standards of care. Staff provided excellent care. The service promoted an open culture which was inclusive and empowering. Everyone we spoke with praised the management team. The home had won and been nominated for many prestigious awards including a double platinum in investors in people and a world class hospitality award. This meant that people were supported by a team with high aspirations and would go the extra mile to provide excellent quality care. Robust governance systems and processes were in place to ensure all aspects of care delivery was monitored and checked for quality, driving forward improvements. The service had multiple examples of people's outcomes exceeding expectations. The provider had several examples of working in partnership with other key organisations, setting up key projects, creating champion role for dementia, inclusion, and end of life care in line with their strategies.

The service was exceptionally responsive to people's needs. People were at the heart of everything they did. The staff team were very passionate about providing quality care. There was always a dedicated wellbeing team present this meant people could be confident that their wellbeing was always a priority. There was a wellbeing framework in place which focused on staff and people. They excelled in providing support to people at the end of their life. Families told us how well their loved ones were supported at the end of their life, people's end of life wishes were respected by a very well-trained compassionate team. The provider had a clear complaints process in place. Everyone we spoke with knew how to make a complaint. The senior management team had excellent oversight of all processes and examined incidents in detail to ensure they learned valuable lessons.

People and relatives told us they felt safe living at the home. Medicines was managed safely overall. We have made a recommendation about medicines. People were protected from abuse because staff understood the signs of abuse and how to report it. Staff were recruited safely. People were protected from the spread of infection because staff used personal protective equipment and had training in infection, prevention, and control. Risks of harm to people were monitored and managed well.

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

Rating at last inspection

The last rating for this service was good (published 14 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was exceptionally Responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally Well-led.

Details are in our well-led findings below.

Outstanding 

Karuna Manor

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team.

This inspection was carried out by 3 inspectors, 1 of which was a medicines inspector and there were also 2 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

Karuna Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Karuna Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people using the service and 11 relatives. In addition, we spoke with 2 nursing staff, 1 senior care worker, 2 team leaders, 1 activity coordinator, 1 care worker and the registered manager. We also reviewed a range of records including 12 people's medicine records, 6 care plans, risk plans and health and safety files. After the inspection we reviewed a range of management documents for example audits, policies, case studies and training information.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were managed safely overall, however some issues were identified during our visit, for example 1 risk management plan did not have clear guidance on when to call emergency services following a seizure. The timings for administering rescue medicine were not clear. We spoke to the provider about this, and they acted immediately and sent us updated plans with clear timings.
- Some people living at the home were administered medicines via the percutaneous endoscopic gastrostomy (PEG) tube. However, medicines were not always prescribed for them to be administered via PEG. We spoke to the registered manager about this, they stated that the instructions on the electronic system had not been updated by the GP. The pharmacy instructions were up to date. This showed that medicine was administered correctly through a PEG tube. The registered manager told us they would chase up the GP to amend the prescriptions, so it is clear on the system.

We recommend the provider review the dosage instructions with the prescriber for prescribed medicines.

- We observed staff administering medicines and they were administered in a safe and timely manner, people were relaxed and smiling throughout their interactions with staff.
- Medicine records were up to date and accurate, staff had training in administration of medicine. Competency checks were done for staff. This meant people could be assured that they were supported by competent and confident staff. There was an up-to-date medicine policy which had been checked against national guidance. This meant staff had up to date accurate nationally recognised guidance when needed.
- The provider participated in a "Medicine Safety Project", commissioned by the NHS. The aim was to improve the safety of medicine administration and prevent avoidable harm. This meant people benefited from staff's additional knowledge around the management of medicine errors.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff undertook training in recognising abuse and signs of abuse. Feedback from the local safeguarding team was very positive they stated, "Your system is very good compared to other homes I have visited, you can pull out the records easily." This meant people could be assured that the systems in place were robust and user friendly.
- People and relatives told us they felt safe at the home, a person said, "I do feel safe, and they look after me properly." And a relative said, "Mum is very safe here she is always comfortable." Staff understood what to do if they saw signs of abuse, they knew about local authority procedures. A staff member explained, "If a person told me they were being abused, I would reassure them that I will do something to help them and

make them safe. I will tell them that I need to speak with the manager."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Comprehensive risk plans were in place which outlined guidance for staff to follow to keep people safe from harm as much as possible. Staff understood the importance of minimising risks, for example if a person was at risk of having a fall, a staff member explained, "We can speak with the GP as they can look into whether there are any underlying causes, it could be that a person needs their medicines reviewed. We can refer people for physiotherapy and occupational therapist assessments, and we can obtain sensor mats. We would look at whether they are wearing the right footwear for stability and if they need to have staff supervision when mobilising."
- The provider had excellent systems in place to monitor people's health, this included producing regular reports to show analysis of any falls or other medical issues. The service had twice weekly input from the GP, people's health was monitored closely, the GP said, "I like the system in Karuna, especially the weights, you can easily see all the weights in the last 6 months, and it is very easy to identify weight loss." This meant any risk to people's health were closely monitored, which meant they would have medical interventions quickly.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- During our visit we observed there was enough staff on duty to meet people's needs. People received care and support in a timely manner and staff were attentive and not rushed when providing support.
- Staff files reviewed showed the provider recruited staff based on best practice. The provider checked people's backgrounds including previous employer references, job histories, right to work documents and criminal background checks. This meant that people could be assured that staff were vetted prior to starting in their role.
- We did receive mixed reviews from some people and relatives about staffing levels, comments included, "They don't have enough staff on weekends and nighttime. I think they need more staff and some of them need more training." And "They need more staff for weekends." Most people and relatives we spoke with did not report any staffing issues. We spoke to the registered manager about this, and they told us, staffing levels were based on people's support needs. We checked the dependency tool and rota and found hours were allocated based on people's assessed needs. These were kept under review regularly.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and well maintained. During our visit we observed staff following safe infection control procedures. Arrangements were in place to dispose of clinical waste. There was an up-to-date infection, prevention, and control policy in place. Audits of health and safety were carried out on a regular basis which covered the area of infection, prevention, and control.
- Staff had training in preventing the spread of infections and wore personal protective equipment when needed. Cleaning plans were in place and tasks were recorded when completed. This meant people were protected from the spread of infection.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. There were no restrictions on visitors entering the home. People were encouraged to invite family and friends to the home. We spoke with visitors on the day of our visit, everyone we spoke with told us they had no issues with visiting

the home at any time.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had a system in place to learn lessons when things went wrong. Accidents and incidents were analysed by the management team to identify patterns and trends. This information was used to prevent further occurrences. Learning from incidents was shared with the teams through various communication channels, for example daily meetings and handovers.
- Staff told us there was a culture of reflective practice within the service. This meant people were supported by staff who were proactive in their approach. Comments included, "Yes, the manager and the care service manager share learning from accidents and incidents and give us updates at meetings. There might be coaching and mentoring for staff after an accident or incident" and "Always, the nurses and team leaders would tell us how we can make a resident safer if a resident had a fall."

Is consent to care and treatment always sought in line with legislation 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 MCA 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 Safeguarding (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people's needs were exceptionally well met.

End of life care and support

- People were exceptionally well supported at the end of their life to have a comfortable, dignified and pain free death. The service provided excellent end of life care. Religious and cultural needs were at the heart of end-of-life planning. The service worked with St Lukes Hospice and North London Hospice, they created a bespoke training program for clinical and non-clinical staff. This was done over a 2-year period, there were 20 end of life champions trained at the time of our visit. This meant that people and their families could be confident that people's last wishes would be planned and fulfilled as much as possible.
- At the time of our visit the service was putting in place an end-of-life strategy based on ambitions in the national framework. The provider shared several end-of-life case studies which showed how dedicated the team were at following people's wishes and going the extra mile. Families gave very praiseworthy feedback to the home team about how well they looked after their loved ones at the end of their life.
- Care plans had very clear information about end-of-life rituals and spiritual care, for example including prayers that were requested by people at the service. End of life care plans were written in a compassionate and sensitive way. A person's last wish was to go abroad and see their family, the home made these arrangements and staff accompanied the person to their chosen destination which fulfilled their last wish. In another example the person's wish was to be at home at the end of their life and have the (home's) priest read to them their chosen scriptures, however due to a sudden decline in their health they were unable to return to the home, the team worked with the family and set up a live stream from the home to the hospital. This meant the person could have some of their last wish granted.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. People's likes, dislikes and preferences were recorded in care plans and well known by the staff team. Staff spent time getting to know people. An in-depth assessment of people's support needs was carried out when people were referred to the home. The management team at the service strived to ensure people's individual needs were met. The provider shared 4 wellbeing initiatives with us for people and staff. In one example, an in-house all in one hearing test included wax removal, was offered to people living in the home.
- Staff were trained to use a portable device to remove wax, identify abnormalities in the ear and carry out a hearing test. It captured images which were sent to the GP and referrals to the Ear Nose and Throat department were made swiftly. This meant people did not have to wait for appointments, leave the comfort of their home and results were immediate.
- Staff explained how hearing loss can lead to isolation, poor communication, and confusion. Several people in the home used hearing aids and often needed to have the build-up of wax removed. The in-house test would remove the need for people to attend hospital. We saw testimonials from people and families

praising the new technology. A relative stated that his relative had said no to hospital appointments but as this test was done in the home where they were familiar and comfortable, they opted to have the test. The provider was the first in the country to bring this technology into their care homes. The positive impact for people was immense.

- In another example, the provider collaborated with an online facility which was part of their wellbeing strategy. 'Oomph on demand' gave people and staff the opportunity to participate in their wellbeing and activities platform. This meant people had additional access to resources such as specialist activities and advice on nutrition, dementia, and mental health. In addition, staff could use their training options. The provider had further planned to use the platform to include religious content for anyone in the home to access 24/7.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standards. People's communication needs were understood and supported. Most people at the home spoke in languages other than English. The home's menus were displayed in different languages. People's sensory needs were documented. Documents could be produced in a pictorial format if requested.
- During our visit we observed interactions with people and staff. Interactions were appropriate and friendly. Staff knew how best to communicate with people using their preferred method. For example, a staff member said, "One of our residents doesn't really speak to us verbally. They [person] understands what we are saying but does not respond back. Staff who can speak Gujarati will speak to them and [person] will nod yes and no. I have learnt a few key words in Gujarati to try to communicate with them, I will also point to things."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. People were supported to engage in activities that linked them to their past, for example, 1 person was assisted to create an area in the home as a surgery as the person had been a medical professional and enjoyed seeing people in their surgery. Staff and some people had their blood pressure checked. The person's relative commented how overjoyed they were to see the person smiling and enjoying this activity. Another person living at the home supported the registered manager to do their daily checks and worked at the nurse's station when carrying out this task.
- Most people and relatives we spoke with said there was enough activities for people to enjoy. A relative told us, "There is a very full schedule of activities. She [relative] loves puzzles, bingo, and colouring in and sometimes does the exercises. She also has done gardening and flower arranging." Another relative said, "Mum joins in exercises, bingo, arts and crafts. I do some gardening with her. They get entertainers in dancers, singers, and comedians. On Saturdays, they paint their nails. There is less because there are lots of visitors. For those not expecting visitors, they will put a film on." The home has a full-size cinema in the basement. Anyone could access the cinema room. In addition, the registered manager told us that with the use of technology the cinema movie can be viewed on other screens in the home. This meant that people who did not want to go to the cinema room could still watch the movie from their bedroom or lounge. Also, different movies could be playing on different screens at any one time. This gave people several choices and options for this activity.

- The provider shared with us multiple case studies which showed how people's overall health and well-being had improved. There were several cases of people building up friendships with others in the home and engaging in activities that they had previously not done prior to moving into the home.
- The home celebrated numerous religious festivals throughout the year. People had been involved in decorating the home. People told us the temple, within the home and festivals made a real difference to their overall wellbeing; people stated this was a very important aspect of their life at the home. People of all faiths were included in these celebrations. In addition, if a person was unable to attend these celebrations, due to ill health. They could still take part as the group activities could be linked to TV sets in people's bedrooms. This meant people could feel more connected and reduced the risk of isolation.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care. At the time of our inspection visit there were no complaints. However, everyone we spoke with told us they knew who to complain to and how to make a complaint.
- Although there were no complaints, the registered manager told us that on a daily basis they would interact with people, staff and relatives during their walk around, and make notes on any issues or suggestions that may arise from these interactions. In one example, staff bought bird feeders to encourage people to use the garden more. This had been suggested by some of the people using the service.
- A family member told us, "Communication is good here, it feels like an open-door policy. Everyone listens to you. Generally, I chat to people on this floor, but everyone would listen if I had a concern. It feels like, 'We're here, talk to us.'"

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service they created drove and improved high-quality, person-centred care.

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

- People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics.
- People and staff were engaged fully in the service. There were several initiatives and projects to get involved in, for example the team were encouraged to take part in wellness days or weeks on one occasion they arranged a sports day. Feedback from staff was very positive. People were given "green boxes" as part of an initiative to aid wellbeing, they contained sensory items such as plants and herbs. This was part of a collaboration with the voluntary sector. People said they enjoyed the boxes and used all the items as part of their wellbeing. Throughout the service staff were supported to achieve their goals and aspirations. There were several examples of staff working their way up within the organisation with an emphasis on training and coaching. Staff understood the vision of the service and what they were trying to achieve.
- On the day of our visit, we observed people attending the temple within the home and doing various activities. We saw that people were engaged in the home and staff treated people with respect. People, relatives, and staff spoke highly of the home and the management team, comments included, "The manager listens to me, and they support me. The manager and our senior managers have consistently high standards, and this inspires the team to give the very best standard of care to our residents. It's what makes this home such a great place for our residents and for the staff too. The management buy us pizzas to show us their appreciation for our hard work. This is a cheerful and happy place to work."
- A person said, "The managers are very good, and they always respond to my emails regarding her health updates. We have no issues with them, and we can speak to them." A relative said, "There is a family meeting every so often, since Covid it is on Zoom, but that suits people who would otherwise have to travel long distances. There are emails with activity schedules and telling us about changes to the menu. There are posts on Facebook."

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

- The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality. The quality of care was monitored both internally and externally.
- The provider used an on-line governance system which allowed for all audits and governance processes to be scheduled and reported on through clinical and quality oversight. In addition, the care planning part of the system allowed for real time reporting and access could be given to people, relatives, and medical

teams. This meant that issues or concerns could be picked up quickly and addressed without delay. Also, people and relatives could access care plans and reviews in real time. This meant people and families could be fully involved in the care planning process. Also, this meant family or relatives who lived either further away or abroad could be given access and kept up to date at all times.

- Feedback from professionals was praiseworthy about these integrated systems and how technology was being used. The home had been awarded a nationally recognised qualification for quality management systems, including their governance framework. This was their 4th year to have achieved this award. This meant people could be confident that systems and processes were used in a way that promoted quality controls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an exceptionally positive, open and inclusive culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.

- People were clearly at the heart of everything at Karuna Manor. We had excellent feedback from people, relatives, staff, and professionals about the home and the leadership. The culture within the home was open and very supportive. Outcomes for people in many areas such as end of life, cultural and spiritual and physical health exceeded desired outcomes. The management team and provider encouraged a person-centred approach in everything they did. There were several projects, initiatives, and strategies designed to meet people's needs. Strategies included end of life, dementia, and relationship centred care. The aims and objectives were built around people and how to achieve the best outcomes. For example, the dementia strategy focused on people's experience of living with dementia. The provider aimed to be a specialist in dementia care.

- Everyone we spoke with gave us positive feedback about the home and the staff. Comments included, "When we looked around for a home, this seemed better than any other and felt right. For me this is a place of compassion, which flows through all the staff." And "The manager has introduced herself to me and it was nice to meet her. She is a very pleasant lady and is continuing the good work at the home. Everyone seems to work together well I sense." Also "As a home that is run well, I can confidently take any issues to the manager and know I will be listened to seriously. The senior management from the company come here and I could speak to them."

Continuous learning and improving care

- The provider had created an exceptional learning culture at the service which continuously improved the care people received.

- The provider had won and been nominated for many awards. For example, they won a world class assured award for hospitality and a double platinum award in investors in people. These awards were from nationally recognised bodies within the health and social care sector.

- The management team were passionate about learning and improving the service in all aspects of care delivery. The views of people using the service were at the core of quality monitoring and assurance arrangements. The registered manager and team analysed all incidents and near misses to ensure they learned from these and adopt their ways of working when issues were identified. The home introduced a new radar sensor system which meant staff were alerted to people's movements were risks of falls had been identified. This replaced the need to have contact sensor mats on people's bedroom floors. This meant people were safer in their environment.

- On a daily basis the registered manager did a walk around the home meeting people and staff. During our visit we observed the management team speaking to people, relatives, and staff. People had regular monthly meetings and during these meetings the management team gave feedback, using the "You said, we listened, and we did" this meant people could receive direct feedback about any issues they had raised and

know what had been done to resolve these issues.

Working in partnership with others

- The provider worked exceptionally well in partnership with others. The provider collaborated with several key organisations. These included the local authority, community religious groups, health care providers and 2 hospices. As a result of these successful collaborations the home had engaged in several projects which enhanced people and staff experiences. The focus on wellbeing was evident. Leaders, managers, and staff strived for excellence through consultations and reflective practices. The provider used weekly reflections to celebrate achievements and share good news stories.
- In one example the provider was part of the DiADeM (Diagnosing Advanced Dementia Mandate) project. The aim of the project was to improve dementia diagnosis and help to ensure those with a diagnosis of dementia received the support that they needed. Karuna Manor was 1 of 5 care homes chosen to be supported by this project. We saw feedback from relatives stated they had a much better understanding of dementia and how to deal with different behaviours. Feedback from staff stated that referrals were quick, and people could get appointments within a few days.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager understood the duty of candour. They explained that the service was always transparent, and they would hold their hands up to any mistakes made. They explained that they would always apologise if the standard of care fell below expectations.