

Abbey Care Centre Limited

Bhakti Shyama Care Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Bhakti Shyama Care Centre provides accommodation for up to 25 people who require nursing or personal care in one adapted building. It is specifically designed to meet the needs of older people from the Asian Community. At the time of our inspection there were 20 people using the service.

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

The provider had made improvements in relation to the areas of concern we found last time including recruitment checks for new staff, person centred care and governance procedures.

People using the service and their relatives were satisfied with the care they received from staff. They told us they felt safe at the service and care workers treated them with kindness. Risks to people were assessed and plans were in place to reduce the risk and keep people safe from harm. People received their medicines from staff who were trained and competent to do so. There were robust checks in place which meant that only staff who were safe and competent to work with people were recruited. The provider followed safe infection control procedures, although we signposted them to develop their guidance around visiting rights.

Staff received training and supervision which meant they were able to carry out their roles effectively. People were admitted to the service safely and received good support in relation to their ongoing health and dietary needs.

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.

People were treated with respect and in line with their religious and cultural needs. Care plans were person centred and staff supported them in a way that protected their privacy and dignity.

Care plans were reviewed on a regular basis which meant they were in line with people's current support needs. People and their relatives told us they would raise any concerns with the registered manager if needed.

Robust governance procedures were in place which meant the registered manager had good oversight into all aspects of the service. These included regular audits, clinical meetings and observations of practice.

We have made recommendations to the provider in relation to the physical environment and access to outdoor activities.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 July 2019) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended more robust incident and accident reporting, and staff induction training records. At this inspection we found the provider had acted on these recommendations and had made improvements.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bhakti Shyama Care Centre on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Bhakti Shyama Care Centre

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by one inspector and an Expert 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

Bhakti Shyama Care Centre 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. Bhakti Shyama Care Centre 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 the registered manager, two care workers, the activities co-ordinator, three people and seven relatives. We reviewed a range of records. This included three care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection in July 2019 we found safe recruitment procedures were not being followed, there were gaps in employment histories which had not been explored and inadequate reference checks. We could not be assured that care workers were vetted in an appropriate manner to verify their suitability for the role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 19.

- Staff files included a new starter checklist confirming that all the necessary pre-employment recruitment checks had been carried out to a satisfactory level.
- Records included details about people's previous experience, references from previous employers and other recruitment checks, including identity, right to work and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found there were sufficient staff employed during the day and night to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe. A sample of some of the comments included, "I'm sure it's quite safe because [my relative] has had no falls at all now they are at the care centre", "The staff and manager do more than anyone can ask for to keep people safe" and "I feel [my relative] is kept safe because I can tell how happy they are and I can ask [registered manager] anything if I am worried about anything being unsafe."
- Staff were familiar with the different types of abuse that people could be at risk of and the steps they would take if they felt someone was being harmed. Training records showed that staff had attended safeguarding training and reporting procedures were on display in the main office for staff to refer to if needed.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed and managed which helped to keep people safe from harm.
- We observed staff transferring a person from a wheelchair to an armchair in the lounge, they did this competently and with confidence.
- Where people were identified at high risk of falls, malnutrition or pressures sores the provider had appropriate care plans in place and worked with the relevant external healthcare professionals to manage this risk.

- A number of health and safety checks in relation to the environment and the equipment were in place. We saw current certificates for gas safety, electrical installation and portable appliance testing, fire equipment and alarm, hoists and the nurse call bell system.
- Each person had a personalised fire evacuation plan in place and were rated red, green or amber based on their understanding of fire evacuation procedures and their mobility. This was on display in the main office for staff to refer to. We noted that the rating that people were given were, in some cases, different to that in their individual care plans. We raised this with the manager on the first day of the inspection. She took immediate action and had rectified this by the second day of the inspection.

Using medicines safely

- People were supported to take their medicines in a safe way by staff who were competent to do so. Relatives said, "I know exactly the medicines prescribed and the staff always discuss any changes in [my relative's] prescription with me" and "When they ask [my relative] to take their medicines there is no problem."
- We observed a nurse administering medicines and she did this in line with good practice. She wore a 'Do Not Disturb' tabard whilst doing so. This allowed her to focus on the task uninterrupted.
- Medicines were checked against the Medicine Administration Record (MAR) chart and people were asked for their consent before medicines were given. MAR charts were signed only after medicines had been administered.
- There were PRN (as required medicines) guidelines in place for people and each person had a medicines profile with details of their allergies and their photo.
- Medicines risk assessments were in place, these included those people that had been assessed as being competent to administer their own medicine such as Insulin.
- Controlled drugs were stored securely and a register maintained which was checked for accuracy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider had some visiting restrictions in place, visitors were asked to meet their family members in a small area near the reception. We have signposted the provider to resources to develop their approach and to align these more closely to government guidance and to allow visits in people's individual bedrooms. We raised this with the registered manager who said this would be reviewed and they would facilitate visits in people's rooms or in the lounge if all the necessary visiting requirements had been met.

Learning lessons when things go wrong

- There was a process in place for recording and reporting on any incidents and accidents that occurred.
- These were reviewed by the registered manager and monitored during regular audits to identify any trends. This helped the provider to make any necessary adjustments to try and reduce these from occurring in future.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We found some aspects of the environment required attention.
- Pest control had visited the service a number of times in response to rodents that were seen. Although the provider had been proactive in calling in pest control, they had not acted upon a number of recommendations made in the report. We raised this with the registered manager during the inspection. They responded immediately and sent us confirmation after the inspection that work had commenced on the recommended actions.
- There was a programme of refurbishment works taking place during our inspection. The hallway was being painted and other improvements to the bedrooms were planned. The registered manager said this was part of the ongoing refurbishment plan.
- Some of the carpets were worn and the main lounge would benefit from some modernisation. We received confirmation from the provider that the carpet would be replaced as part of the ongoing refurbishment of the home.
- There was a noticeboard in the main lounge with the activities and food menu on display for people to refer to. These were in English. Given the background of the people living at the service, the majority of them unable to speak English, these should be made available in alternate language/ large print format that people could better understand.
- We noted that where people were left in their bedrooms either through their own choice or mobility needs, the televisions were kept on. These were often kept at a fair distance from people and were also very small. It was difficult to see whether the people were given enough stimulation from this, had the ability to change the channel or could even see what was being shown. This was reflected in some of the feedback we received, "It's amazing that when we take [my relative] out and about we see them looking at everything and seeming interested, but the staff say [my relative] is better in the bedroom with just the TV, which [my relative] cannot follow and does not have the ability to change the channel even."

We recommend the provider looks at ways in which the communal spaces could be modified to encourage people to interact in a more informal manner and to consider ways in which bedrooms could be enhanced to improve the experience of people nursed in bed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records included assessment forms that were completed when people first came to use the service. These included an assessment of their risks so that the provider could take steps to manage and reduce these.

- The provider used appropriate tools to assess risks and work out people's support needs, which were reviewed every month. These include a dependency profile, waterlow to assess the risk of pressure sores, falls risk, nutritional risk, oral health assessments and moving and handling assessments.

Staff support: induction, training, skills and experience

- Staff received the appropriate training and were competent when carrying out their duties such as medicines administration and moving and handling. We observed staff carrying out a transfer of a person from a wheelchair to a lounge chair and they did so with confidence and in line with food guidance.
- A trainer was on site on the day of the inspection carrying out practical training on first aid and fire safety for staff.
- Staff completed an induction which was completed over three days. This gave them an introduction to the service's policies and procedures and the relevant mandatory training.
- A training needs analysis had been completed by the trainer to identify the training needs of staff. There was a training matrix in place which showed that staff had been given training in a number of areas relevant to their role.
- A supervision matrix was in place so the provider could monitor staff supervision which were being done every two months. Individual staff files showed that these were taking place regularly, and covered training needs, staff performance, an overview of any relevant topics and an opportunity to feedback.

Supporting people to eat and drink enough to maintain a balanced diet

- People using the service and their relatives told us they were happy with the food on offer which was culturally appropriate for them. The home only served vegetarian food in line with people's beliefs. They said, "[My relative] is a life-long vegetarian and the care home is perfect from that point of view", "The food is excellent. It's the same food we would have at home, and plenty" and "It is a varied vegetarian menu every day and [my relative] tells me the food is everything they need."
- The kitchen was clean and well maintained. There was ample supply of fresh produce which was prepared daily for people. Snacks were available for people if needed outside of the regular mealtimes.
- Details of people with a special diet, including those at risk of malnutrition were available for the kitchen staff to refer to when preparing meals.
- Food was temperature checked before being served and allergen information included if required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We spoke with a visiting professional on the day of the inspection. They spoke in positive terms about the relationship with the service and felt the registered manager made timely referrals when they needed any advice or support. Comments included, "We have regular MDT (multi-disciplinary team) meetings with the home and the GP to discuss complex residents" and "They have a good understanding of their residents."
- The GP visited the service every week and reviewed residents who were feeling poorly.

Records showed that the provider liaised with professionals, for example, when people developed pressure sores. They completed MDT notes and other related records.

- The registered manager told us they had adopted the National Early Warning Score (NEWS2) system. This is a system for scoring the physiological measurements that are routinely recorded at the patient's bedside. Its purpose is to identify acutely ill patients, including those with sepsis (a serious infection), in hospitals in England.

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 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's records included consent forms and mental capacity assessments which were reviewed regularly.
- Mental capacity assessments were decision specific and based around individual support needs in line with good guidance, such as understanding risk in relation to falls, use of sensor mats and leaving the service independently.
- The provider kept a 'DoLS tracker' to monitor the referrals that had been made and the authorisations granted for those people that had some restrictions in place and could not consent to these.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs were met by the provider.
- People and their relatives told us they were well cared for and treated with respect. Comments included, "Everybody is nice, they look after us" and "The staff are friendly."
- People's religious and cultural needs were being met by the provider. The majority of feedback we received from people was in relation to the home being culturally appropriate for people. Comments included, "We are very fortunate and thank God that they really respect [my relative] as if they were their own parents. It's like they are family" and "[My relative] is helped to observe the rituals of their faith. Their personal Guru photos are kept where they can see, and contact with the nearby temple is maintained, and most of the staff have the same faith as [my relative] which helps them understand."

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

- People's views, and those of their relatives were considered in the delivery of care. One relative said, "The carers tell me about appointments and medication and because of my role I am always consulted."
- Care workers told us they were always respectful of people's wishes and were careful to ask their permission when supporting them. We saw this in practice during mealtimes and the medicines round.
- Care records included person centred information such as people's likes and dislikes, their eating and drinking preferences and their interests and hobbies.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy when delivering personal care. People had en-suite bathrooms which meant that people's personal care needs, such as showering and toileting could be carried out discreetly and in privacy.
- Comments included, "I have no worries about [my relative] being clean and getting their shower. Every time I visit them, they are clean."
- Staff carried out checks to make sure people's call bells were close to them should they need any help. One relative said, "A carer is always looking in on [my relative] to see that they are okay."

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection in July 2019 we found guidance in care plans, including end of life care plans, and recommendations from professionals were not always being followed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 9.

- Care plans were based around people's needs/abilities, had a stated goal and included any nursing interventions required by staff. These were reviewed monthly. This helped to ensure they were current.
- Care plans were individual to people and covered areas that were relevant to them. They included areas such as personal hygiene, mobility, pressure area management, eating and drinking and medication.
- Relatives told us, "They know [my relative] so well and what [my relative] likes and what their needs are and although I can't be there all of the time I know they receive the right amount of help and care."
- Some people using the service were on end of life care. The provider had developed end of life care plans to support them. Any advanced decisions including how people wished to be cared for towards the later stages were also included.
- The provider worked with a local Hospice who provided guidance and support to the provider caring for people on end of life care.

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.

- Some people using the service had sensory loss. For example, one person was registered blind. There were communication and vision care plans that had been developed for them.
- Care plans were written in an easy read format, which were easy to understand.
- The registered manager said alternate language formats were available should people or their relatives require this.

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

- There was a programme of activities in place for people which were run by a long standing activities co-ordinator. They were passionate about their role and demonstrated a good understanding of people's likes and dislikes, including the activities they enjoyed. They provided both group activities in communal spaces and individual activities for people in their bedrooms.
- The activities within the service were based around people's religious and cultural needs. Whilst this was positive for people and their relatives, some told us they would appreciate if the range of activities could be expanded, to include more outdoor trips. One relative said, "The home has made sure [my relative] has access to a small temple area, and their personal guru in the room, but the centre don't help with visits to the temple even though it's just next door to the care home" and "We would like some more outdoor visits – it can be boring here."
- We discussed this with the activities co-ordinator during the inspection. They told us that with the lifting of restrictions, this is something they would be implementing in future. They said, they had started to do this already and had recently held a mothers' day party where relatives were invited to celebrate. They also said they hoped to include more outdoor trips and to take people out more. The service would benefit from a more wide-ranging activities program, including incorporating more outdoor walks, especially for those people that spent the majority of time in their bedrooms. We will follow this up at the next inspection of the service.

Improving care quality in response to complaints or concerns

- The provider had systems in place to act on feedback.
- People and their relatives told us they would speak with the registered manager if they had any concerns. They said they were confident they would be listened and responded to. Comments included, "I could take anything to [registered manager] who is very good and would listen to me and help" and "I would speak to [registered manager] and I am confident she would listen to me and help if she can, and I would have no trouble to talk to her about anything that worried me about [my relative's] care."
- There had been no formal complaints received by the provider. This was reflected in the feedback were received from people and their relatives.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection in July 2019 we found the provider's governance systems had failed to identify the issues we found during our inspection. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 17.

- The provider had acted upon the findings of the last inspection and was no longer in breach of regulations. They had made improvements in the shortfalls we found previously.
- A number of audits were being carried out which helped to understand the quality performance and risks to the service.
- The provider completed a monthly medicines audit which included carrying out a full review of a sample of people's medicines records. Other checks included monthly infection control audits, kitchen audits and bedrail safety checks.
- The registered manager chaired governance meetings every quarter. These were attended by the heads of each department, for example the kitchen staff, nurses, senior carers. This allowed for any issues to be raised and discussed in an open forum.
- Clinical reviews were also held regularly between the nurses and the registered manager to discuss any clinical issues such as ongoing pressure sores, falls, and other clinical issues such as infections.
- The registered manager was aware of her duties under Duty of Candour, although there had not been a need to put this into practice.

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

- There were systems in place for provider engagement, however some of these had been impacted due to the pandemic.
- Staff meetings were held every month. These were an opportunity for the registered manager to pass on any relevant or important information to the staff team and for them to provide feedback or give their views. Relatives were allowed to visit and spend time with their family members.

- No residents meetings had taken place since the pandemic, however individual meetings with people and their families did take place to discuss new admissions or any changes to people's support needs.
- No recent relatives questionnaires had been sent to people and their relatives to gather feedback.

We raised this with the registered manager who said this had been put on hold whilst visits from relatives had been restricted during the pandemic so they would not be able to provide any meaningful feedback. However, she hoped to start this up again soon. We will follow this up at the next inspection of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider had systems in place that fostered an open culture.
- People and their relatives praised the registered manager for making herself available to them. They said they felt comfortable in approaching her and felt that she would listen to them.
- The provider worked collaboratively with external healthcare professionals, working with them to achieve good outcomes for people.
- The registered manager told us they had an open and honest relationship with community services such as the speech and language team, physiotherapists, tissue viability nurse and others. This was reflected in the feedback we received from them. One professional said, "Good communication, Anita always calls us for advice."

Continuous learning and improving care

- The registered manager was keen to make and sustain improvements to the service.
- She completed care plan audits to ensure all care planning records were current. She also carried out observations of practice where she observed staff whilst they were carrying out their duties such as handwashing, feeding, infection control, use of PPE, correct moving and handling techniques. These were unannounced checks and staff were provided with feedback if they were found to be lacking in any areas.
- She also completed competency assessments to ensure staff continued to administer medicines and used the correct moving and handling techniques in a safe way.
- She completed monthly walkaround and quarterly activity audits which included any improvement actions where issues were identified.