Saivan Care Services Limited

Keevan Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 March 2017 and was unannounced. At the last inspection on 25 November 2014 the service was rated Good. At this inspection we found the service remained Good.

Keevan Lodge is a residential care home providing personal care and support for three people with learning disabilities and mental health issues.

We observed positive interactions between people and staff which indicated to us that people felt safe and confident with the staff that supported them. Staff demonstrated a good level of understanding of safeguarding and were able to tell us of the steps they would take if abuse was suspected.

The provider ensured that people were kept safe and free from harm by ensuring that people's health and care needs were assessed in detail to identify and mitigate any potential risks.

Safe recruitment practices were observed to ensure that only staff suitable to work with vulnerable were employed to do so.

Safe medicine management systems were in place and adhered to and appropriate staffing levels had been determined according to people's needs and requirements.

Care staff had received an induction when they first started work followed by appropriate training in order to be able to effectively carry out their role. Records confirmed that staff were also regularly supported through supervision and annual appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider had policies and systems in place to support this practice.

People were not required to set prescribed menus, but were able to choose what they wanted to eat on the day depending on what they fancied at that time. Shopping lists were devised with each individual person based on their likes and dislikes and people were able to communicate the level of involvement they wished to have when preparing their own meal and where support was required.

People were supported with all aspects of their health care needs which included making appropriate referrals and accessing a variety of healthcare professionals as well as being supported to attend healthcare appointments where required.

Staff and senior managers knew the people that they supported very well and were very clear about the level of support each person required but also ensuring that each person maintained their own independence as far as practicably possible.

All staff had established caring and responsive relationships with people and knew their likes and dislikes, their needs and requirements and knew each person's mood and behaviour changes and were observed to be responsive and respectful ensuring that the person was supported appropriately.

Records confirmed that people and relatives had been involved in the planning of care. Each care plan we looked at was detailed, person centred and gave in-depth information about the person and their care and support needs which had been set according to the person's choices and wishes.

People were able to attend and participate in a variety of activities of their choice as and when they wished. People's cultural and religious background and needs had also been considered and where appropriate people were supported to observe and respect those needs.

The provider ensured that all complaints and concerns raised were dealt with according to their complaints policy. Relatives confirmed they knew who to speak with if they had any concerns or issues to raise.

Relatives and staff confirmed that they knew the management structure within the home and knew who to speak with. They confirmed that the management was approachable and staff also confirmed that they felt appropriately supporting in their role.

We saw a variety of records confirming that the management regularly monitored and checked the quality of care that was delivered and were issues or concerns were highlighted these were addressed so that subsequent learning could take place and improvements made to the delivery of service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Keevan Lodge

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 6 March 2017 and was unannounced.

One inspector carried out this inspection.

Prior to the inspection we contacted a number of health care professionals and commissioners to obtain their feedback about the provider and the service that they provided.

During our inspection we spoke with two people who used the service and observed interactions between people and staff. We also spoke with the registered manager, the project manager and two support workers. We looked at three care records, four staff and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

After the inspection the inspector spoke with two relatives of people using the service.

Good

Is the service safe?

Our findings

People living at the home were unable to understand and respond to some of the questions that we asked them about whether they felt safe living at the home and with the care staff that supported them. This was due to communication difficulties they encountered due to their disabilities. However, people did tell us that they were happy living at the home. One person told us, "I feel settled here." Interactions that we observed between people and staff were positive and people were seen to confidently approach a staff member when support was required. One relative when asked if they felt their relative was safe told us, "Yes, he is safe. They seem to look after him well."

Training records confirmed that all staff had received safeguarding training. We spoke with staff to determine their level of understanding in this topic and what they told us confirmed that they knew what safeguarding meant and the actions they would take to report any suspected abuse. One staff member told us, "I would report any concerns. I can't close my eyes if I see things." Another staff member said, "I would inform management about it." Staff knew of the term 'whistle-blowing' and demonstrated a good understanding of what this meant and were able to name the organisations they could contact if they had any concerns.

The service completed individualised risks assessments for each person where a specific risk had been identified with the person's health, support and social care needs. We saw completed assessments for risks such as mobility, use of a wheel chair, behavioural risks as well as social risks such as cycling in the park, volunteering in a charity shop and going to the library. Each risk assessment outlined the area of risk, how it may affect the person or other people and the measures to be followed to control, minimise or mitigate the risk. All risk assessments were reviewed and updated on an annual basis or sooner if any changes were noted.

The provider had a number of systems and processes in place to ensure the safe management and administration of medicines. We looked at Medicine Administration Records (MAR's) for three people and these had been completed appropriately with no omissions in recording. However, we did see that where handwritten entries had been made on the MAR these had not been signed by two staff members confirming all details of the entry were correct and as per the directions of the prescriber. We highlighted this to the project manager who rectified the error immediately and told us that this recording issue would be highlighted to all staff to ensure that there would be no further re-occurrence. The provider completed monthly medicine audits which looked at all areas of medicine management to ensure staff were following correct procedures and where issues were identified this was brought to the staff teams attention to ensure learning took place and improvements were made.

All staff were responsible for the monitoring and reporting of all accidents and incidents involving people living at the home and staff themselves. We saw records confirming that each accident or incident that occurred was recorded with details of the accident or incident, a description of what happened and the action taken on order to keep people safe from harm.

Staffing levels were determined according to the needs and requirements of the people living at the home. We looked at the rota on the day of the inspection and found that the staff listed on the rota were those present. We observed that there was always two staff members available every day and one waking night staff during the night to support the three people living at the home. Records also confirmed that staffing levels were adjusted according to people's needs especially where people required a one to one escort to attend activities or appointments.

Staff records that we looked at confirmed that robust systems were in place for the safe recruitment of all staff. The provider ensured a number of checks were completed before a staff member was confirmed suitable to work with vulnerable people. This included criminal record checks, identification checks and obtaining appropriate references confirming potential staff members previous conduct and suitability for the job that they had applied for.

We observed that the home was clean and free from mal-odours. People were encouraged and supported to undertake cleaning activities to ensure that the home and especially their own bedrooms and bathroom facilities were clean. Cleaning schedules were completed to ensure all areas of the home were cleaned on a daily or weekly basis where appropriate. We checked all food storage areas including the fridge and freezer and found that these were clean. All opened food items had been labelled with the date of opening clearly recorded. This ensured that people had access to food which was safe to consume.

Good

Is the service effective?

Our findings

Relatives told us that they believed the home and the staff knew what they were doing and were meeting the needs of their relatives. One relative told us, "He [Relative] has been there for more than 12 years so they must be doing something right." Another relative said, "They do meet his needs and they have a system that works." Staff told us that they received regular training and support required to effectively carry out their role. This included not only mandatory training but also any specialist training required to support the people with their specialist needs and requirements.

The service ensured that all staff received training as soon as they were employed. This included a comprehensive induction which followed the common induction standards as outlined in the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. Following this training in mandatory subjects such as manual handling, medication, fire awareness and basic life support was delivered. Staff also received specialist training in challenging behaviour, epilepsy, positive behaviour support and restraint. Records confirmed and staff told us that receiving this training gave them the knowledge and tools to deliver care and support safely and efficiently and that most training was refreshed on an annual basis. One staff member told us, "If we find a topic or something interesting that we would like to do then they [provider] would help you to access this." A new member of staff said, "I had an induction when I started and it covered safety, care plans and we had to complete the work book for the care certificate."

Care staff confirmed that they received regular supervision every two months and some staff who had been employed by the provider for over a year had received an annual appraisal. Records we looked at confirmed what staff told us.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People living at Keevan Lodge did not require a DoLS to be in place as they had capacity to make most decisions and did not have any restrictions placed on them which deprived them of their liberty. People had signed consent forms confirming that they had been involved in the planning of their needs and had agreed to the care and support that they received. Where people were deemed unable to make more complex decisions, this was recorded in their care plan with details of how the service and where appropriate appointed family members were to support the person with the decision. Senior managers as well as staff members demonstrated a good level of understanding in relation to the MCA and its principles and how this may affect a person that they supported.

The service did not devise individual weekly or monthly menus with people but instead people were able to choose what they wanted to eat on the day and at the time that they wanted. During the inspection we observed one person wanting to eat an omelette and french toast. This request was met and the person had this meal for lunch. Healthy eating was promoted within the home and this was reflected within their care plan and when people were supported to devise their own shopping lists. One person had joined a weight

loss support group and as part of that regime the staff supported the person to purchase specific food items as stipulated by the group. People had full access to the kitchen area and were enabled and supported to prepare and cook their own meals if they so chose to. Care plans recorded people's food preferences, likes and dislikes as well as any cultural or religious requirements. One person received a delivery of culturally specific meals which had been organised by the family in conjunction with the home.

Where people were noted to have concerns with their diet, we saw records confirming that appropriate referrals had been made to the GP, dietician and Speech and Language Therapist (SALT). One person who had been assessed as being overweight had a weight monitoring support plan in place which gave guidance to the person and staff on what the person's set goals were and how they were to achieve their recommended weight. We also saw directions from the SALT for one person on how they were to be supported with their eating and drinking due to swallowing and choking issues that had been identified.

People had access to a variety of healthcare professionals including GP's, dentist, opticians and psychiatrists. Each care plan had a section with logs and records of all professional visits that the person had attended or been part of. This included details of the outcome of the visits and any actions that were agreed. The provider ensured that staffing levels were adjusted to ensure that were people required assistance to attend appointments that this was always available.

Good

Is the service caring?

Our findings

People were complimentary about the care and support they received from the staff at Keevan Lodge. One person told us, "I do like it here. The girls [Staff] look after me. I am happy here." Another person said, "I like living here. I am happy." One relative commented, "He [relative] is happy there. Some of the carers are very caring." Another relative said, "Some staff are more engaged than others. He [relative] has been very well lately. The best I have seen him in a long time. One healthcare professional stated, "I think they have a very nice and caring relationship with all the service users I meet there."

Throughout the inspection we observed that people had established caring and positive relationships with staff that had been built on trust and confidence. People were spoken to with respect. Staff knew each person well and were very aware of each person's personality, how they presented themselves and how to support them appropriately if and when they became agitated. We observed people to be encouraged and supported to maintain their independence as far as practicably possible. People were responsible for cleaning their home, preparing meals where able to do so, managing their own financial budget and maintaining their own personal hygiene with support provided where required.

Care plans were reviewed on a regular basis and this was documented within each person's care plan. Review documents that we looked at showed that reviews were planned and held in partnership with people, healthcare professionals involved and relatives where possible. One relative told us, "We do get asked to go to the annual meetings but we are not always available due to the distance of where we live." Another relative was somewhat negative about being involved in reviews for the person living at Keevan Lodge. This was fed back to the project manager who confirmed us that they would speak with the relative to address their concerns.

Staff were clear on how they made sure that each person's privacy and dignity was maintained and respected at all times. One staff member told us, "I always knock on their door before entering their bedroom and where they require support with personal care I always close their curtains." Another staff member said, "I always give them a choice. Whether that's with activities, what they want to do or eat. I never restrict them."

Care plans were reflective of people's cultural, religious and personal diversity and staff were clearly aware of people's individual needs and how these were to be met. One person who was able to speak another language had been teaching staff members key words so that they could communicate with them and their relatives when they visited. We asked staff about supporting people who may identify themselves as lesbian, gay, bi-sexual and transgender (LGBT). Staff members responses included, "I would ensure that I gave them privacy and respect to express themselves" and "For me care would be equal regardless of who the person was."

Good

Is the service responsive?

Our findings

Each person had a detailed care plan which gave information about the person, their background history and biography, medical history, skills and interests, likes and dislikes and how they wished to be supported. This also included details of tips on how to talk and communicate with the person and details of the individuals involved in the person's care and support which was referred to as 'My circle of support.' Each person's care plan was personalised and responsive to their needs. For example, one person wished to attend a religious place of worship on a regular basis. This had been recorded and staff supported the person to attend their chosen place of worship on a weekly basis.

Each person had a detailed behaviour support plan which outlined and was responsive to the behaviours that the person may display which were challenging, other people who could be at risk and steps to be taken or de-escalation techniques to be used to reduce, control and mitigate the risk.

Each person had been allocated a named key worker who was responsible for ensuring that the persons care and support needs were being met as well as ensuring regular communication with the person, their family had any other health care professionals were established and maintained. Key workers were also responsible for meeting with the person on a one to one basis at least monthly so that they could review the support the person was receiving and discuss any changes that the person wanted to make in the delivery of their care and support. Care plans were also reviewed during this session in addition to being formally reviewed every six months or sooner where any additional changes were noted. Details of each session held was recorded within the person's care plan.

Each person in addition to the main care plan, also had a second care file which contained a summary care plan, a hospital passport, medicine administration records and daily care records. A hospital passport is a document which assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. These documents were easily accessible to all staff and provided them with immediate and relevant information about the person and their needs. Completed daily care records contained details of how the person had been during the day or night, what activities they had participated in and any notes of concerns, issues, accidents or incidents. This enabled each staff member, at the start of a new shift, to refer to these recordings and be aware of how the person was and any actions that needed to be followed up as a result of any issues or concerns.

Each person had been involved in developing a weekly activity timetable which included details of daily living activities, personal care activities and social and therapeutic activities. Examples of activities that people were involved in included volunteering, going to the gym, cycling, shopping and going to the local pub. Timetables were pictorial as well as written so that people were visually able to identify the activity they were to take part in. The provider also organised annual holidays and social events and pictures had been displayed around the home of people participating.

We looked at the provider's complaints policy and records of complaints that the provider had received since the last inspection. The provider had received one complaint since the last inspection. Records

confirmed that the complaint had been appropriately addressed, with recorded details of the complaint and the actions taken. Relatives we spoke with knew who to speak with if they had any complaints or issues and were confident that these would be addressed appropriately. One relative said, "Yes, I could talk to [project manager] and [registered manager]. I know they would look into my concerns and get back to me."

Good

Is the service well-led?

Our findings

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

We observed that people knew not only the staff that supported them but had also established good relationships with senior managers who were visible around the home. We observed people approaching senior managers with confidence and asking them to support them. One person asked the project manager to find out further information about an appointment that they were due to attend. Relatives told us that they knew the management team including the registered manager and the provider, who were the owners of the home. One relative told us, "[Project Manager] is really nice I can be on the phone to him for hours and [registered manager] is very good." However, one relative was not so positive about the management and felt that communication between them and the management was an issue. The relative said, "There could be improvements. We have left several messages with various people for the registered manager to call us back but we have had no call back from the registered manager." We informed the project manager about this feedback who told us that they would make contact with the relative in order to address their concerns.

Staff told us that they felt well supported and that a member of the management team was always available to support them when required. One staff member said, "The management are supportive and friendly. We are due to have supervision every two months. As I am new I have not had any yet but they ask every day how I am doing." Another staff member told us, "They [management] are supportive. If there is a problem we can ask them for advice or support." We saw documents confirming that staff were supported through a variety of processes including supervision, monthly team meetings and senior manager meetings.

The project manager in conjunction with the registered manager had in a place a number of systems and processes to oversee and monitor that people received a high quality care and support service. This included monthly audits and checks of medicines management, care plans, health and safety of the home as well as weekly and quarterly spot checks of how people received their care and support. In addition to this the provider had records confirming compliance checks of the fire alarm system, gas safety, emergency lighting and electrical appliances. Where issues or concerns were noted, an action plan had been devised outlining the actions that were to be taken and a timeframe within which the issues were to be resolved. For example, as part of this inspection we had noted that although care planning documents contained detailed and relevant information about people and their care and support needs, the provider was not using consistent and standardised documentation. Before we could highlight this to the provider, we were shown documentation confirming that they had already identified this as an area that needed improvement and were in the process of addressing this with a date identified for completion.

People were encouraged and supported to give regular feedback about the service that they received through weekly residents meetings as well as completing annual satisfaction surveys. Residents meetings gave people the opportunity to discuss food and menu planning, activities as well as planning for future

social events and holidays. Where ideas were given and suggestions made, records confirmed how the provider had taken on board those ideas and tried to implement them where possible. Relatives and health care professionals were also asked to complete annual quality surveys. Results of all surveys were collated and analysed with a view to ensuring that learning took place and improvements were made where possible.