

# Saivan Care Services Limited

# Keevan Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Keevan Lodge is a residential care home providing personal and nursing care to people with learning disabilities and mental health conditions. The care home accommodates three people in a terraced house.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Medicines were not always managed safely. Records did not match stocks of medicines seen on inspection.

The quality checks on the service were not consistently identifying concerns and driving improvements.

Staffing levels were satisfactory to provide good levels of care. There was a system of recruitment in place, however, there were some gaps in referencing and obtaining employment histories.

Staff received an appropriate range of induction and training to undertake their role. People's health needs were supported, and staff alerted and involved relevant health professionals when necessary.

People were provided with a varied menu that met their dietary needs and preferences.

Staff were caring and knew people's care needs well.

Care plans and risk assessments were detailed and provided staff with information about people's individual support needs and guided staff in how they should deliver support safely.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

We received positive feedback about the management team, the culture and the quality of care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 6 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified a breach of regulation in relation to medicines management at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Keevan Lodge

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Keevan Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the, registered manager, care co-ordinator, two senior support workers and

one support worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service including quality assurance documents, health and safety checks and staff rotas were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures. We received feedback from two professionals who are regularly involved with the service and two relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- We were unable to reconcile stocks of three different medicines with medicines administration records (MAR's). PRN or 'as needed' medicines including painkillers and anti-anxiety medicines had been administered to people at times without being appropriately documented on MAR's and PRN records.
- Weekly medicines audits were last completed on 16 September 2019 and as a result these concerns had not been identified prior to the inspection. The registered manager advised that they would investigate the errors brought to their attention and follow up with staff involved.
- Staff had received training in administering medicines, however they had not had their competency to administer medicines assessed following this training. NICE guidance states that providers should ensure that all care home staff have an annual review of their knowledge relating to the management and administering of medicines.

We found no evidence that people had been harmed, however, the failure to take all reasonable steps to manage medicines safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored appropriately.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe and able to raise concerns with staff. A person told us, "If I didn't feel safe, I would tell someone."
- People were protected from the risk of abuse. Staff had received training in safeguarding adults, demonstrated an understanding of safeguarding procedures and when to apply them.
- Staff were confident any concerns they raise would be listened to and actioned appropriately by the registered manager. A staff member told us, "I would report to the manager. Then if no action taken I go to the council safeguarding team and CQC."

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were protected from risks associated with their care needs. Care plans contained explanations of the control measures for staff to follow to keep people safe and reduce risk of incidents. The care co-ordinator told us that they were able to manage crisis and challenging behaviour effectively with support of multidisciplinary team and risks were minimised.

- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety. Regular health and safety checks were completed on the building and environment.
- The home was mostly clean and well-maintained. However, we found aspects of people's bedrooms requiring an in-depth clean around shower areas and toilets. We also found the sofa in a lounge to have a hole on the seat.
- The registered manager told us they were planning to refurbish the home and replace old furniture and equipment, but this had to be carefully planned to minimise the effect disruption would have on the people living at the home.

#### Staffing and recruitment

- There were enough numbers of staff to provide safe, consistent care that met the needs of the people living in the home.
- Staffing levels were adjusted and increased if people wanted a staff member to attend external appointments or events with them.
- Staff were recruited with the appropriate pre-employment checks in place before employment commenced.
- However, we found that some staff files did not contain full employment histories and references did not correspond to employment histories. We spoke to the management team about this and referred them to guidance on information required when recruiting new staff.

#### Learning lessons when things go wrong

- Systems were in place to record and monitor incidents and accidents. These were monitored by the registered manager.
- Lessons learnt from incidents and accidents were shared and discussed with the staff team to improve the quality and safety of the service.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- The people living at Keewan Lodge had done so for many years and as such we did not review their pre-admission assessments. However, people's needs, and choices were continually reviewed to ensure they were receiving the right care and support.
- Care plans included any preferences people had in relation to culture, religion and diet.

Staff support: induction, training, skills and experience

- Staff told us they received regular training and were supported by the management to gain new skills and qualifications. A staff member told us, "I have done online training across the field of care. NVQ level three and working at level five."
- Staff received regular training in topics which enabled them to support people effectively.
- Newly recruited staff were supported with a period of induction and shadowing/supervision of senior staff. A staff member told us, "They explain everything. I ask always the shift leader."
- Staff received regular supervision, annual appraisal and found the management team supportive.

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

- People told us they had choice and input into meal planning. One person told us, "I just choose what I want." Staff supported people to make healthy food choices.
- Care plans detailed people's dietary likes, dislikes and whether the person followed a cultural or religious diet.
- Potential risks to people associated with their eating or drinking or weight had been identified, assessed and measures put in place to mitigate them, for example choking risk or weight management.

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

- People had regular access to a range of health and care professionals, including regular reviews with mental health and learning disability professionals.
- Detailed records were kept of outcomes from health appointments, reviews and guidance.
- The registered manager told us they request GP home visits if they feel people are unwell or may become distressed with an external visit. A relative told us they were kept updated if there were any concerns with people's health.

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

- People lived in a three bedroomed house which had a homely feel. However, aspects of the home looked tired and would benefit from refurbishment such as paintwork, the kitchen and communal areas.
- People had access to a spacious garden, shops, local amenities and public transport.
- We observed that people were able to personalise their rooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Staff understood the MCA and ensured that people were asked to consent before care was provided.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were treated with kindness and compassion. A person told us, "[Staff] are nice."
- We saw friendly and respectful interactions between people and staff. Staff knew people well and understood their needs and preferences. A staff member told us, "Staff are really patient. They always listen to them and take time. They do the one to ones. In here we are always talking."
- Staff knew people's life histories, were aware of people's diverse needs and understood how to support them. A professional told us, "The staff know them very well, have cared for them for years, and do their best to be sensible, sensitive, pragmatic and fair."
- Assessments and care plans took account of people's protected characteristics and staff could describe how they used this information to support people to meet their needs. For example, people's cultural and religious needs were documented and being met by staff.

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

- Staff supported people to make decisions about their care and daily lives. For example, the times they got up, went to bed, where they ate their meals, and how they spent their time.
- Where people did not have close family or visitors we saw that formal advocacy services were available to ensure that people had every opportunity to express their choices and wishes. Advocacy services help people to be involved in decisions about their lives, explore choices and options and speak out about issues that matter to them.
- People had freedom to move around the home as they wished and were not restricted. Where people preferred to spend time alone in their rooms, this was supported and respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain their independence. Care plans described how people were encouraged and supported to be independent. We saw how people were able to go out when they wanted to. People were also supported to go out and about on their own, if possible.
- People were treated with dignity and respect. Staff were able to describe how they protected people's privacy and dignity. Bedroom doors were closed so that people were not observed when having personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care plans were detailed and contained information for staff to enable them to support people in a person-centred way.
- Care plans showed how staff should support people effectively when they were distressed, anxious or in relation to specific support needs. These plans were clear and detailed.
- Professionals and relatives told us that the staff team were proactive referring people for specialist input if they were concerned about their health and wellbeing. A professional told us, "They do prepare for, and attend various reviews, they also seek timely advice for any concerns."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- Staff were observed communicating with people as per their support plan, for example speaking clearly and slowly.

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 attend activities of their choice. Records confirmed that people regularly went out and about into the community.
- People were encouraged to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- People and relatives knew who to complain to if they were unhappy. There was a complaints procedure in place and people had access to information about making a complaint.
- No complaints had been documented since the last inspection.

End of life care and support

- The service was not supporting anyone at the end of their life at this inspection. However, care plans contained information about how they wanted to be supported towards the end of their lives and steps staff should take in the event of their death, with specific reference to any cultural or religious rituals.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Checks and audits had been completed on the quality of the service. However, these had not been effective at identifying the shortfalls found at this inspection in relation to how medicines were managed.
- Routine weekly medicines audits had not been taking place for two months prior to the inspection.
- Following the inspection, the provider sent an action plan to detail the improvements made to how medicines would be managed moving forward.
- Other quality assurance checks in place completed by the provider included unannounced out of hours spot checks, annual questionnaires and regular health and safety checks.
- The provider was not fully aware of the requirements around notifying CQC of certain events, such as police incidents. Required notifications were submitted following the inspection for an incident which occurred one week prior to the inspection.

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

- Staff worked with people who had complex care needs and required a high level of support from staff. People were supported to exercise choice in their daily lives and regularly engage in activities of their choice.
- Staff told us they felt supported and valued. They also said they could talk to senior carers and management about anything. A staff member told us, "They are teaching me lots of things. I'm learning a lot. I can call them anytime."
- Relatives spoke very highly of the registered manager and the service. A positive was the length of time people had been living at the service and how well the staff and management team knew and understood their needs. A relative told us, "Overall we are satisfied. Particularly [registered manager] who makes sure everything is done right and [person] is okay."

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

- Staff were kept updated about the service and any improvements by attending regular meetings.
- People, relatives and professionals were asked for their views of the service through surveys. At the time of the inspection, the provider was awaiting responses for analysis and action.

#### Continuous learning and improving care

- The registered manager told us they looked for ways to continually improve the service people received.
- The service demonstrated a willingness to learn and reflect to improve the service people received when advised of concerns with medicines management and recruitment.
- Staff told us they were supported to continually learn and obtain nationally recognised qualifications. Staff were also supported to progress within the organisation.

#### Working in partnership with others

- The service worked in partnership with key stakeholders and other agencies to achieve positive outcomes for people. The positive feedback we received from a health professional confirmed this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not safely administered and managed.