

Saivan Care Services Limited

Saivi House

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 well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Saivi House is a residential care home providing personal care for up to 5 people who have a learning disability. At the time of the inspection, there were 4 people living at Saivi House which is in 1 adapted building. The provider, Saivan Care Services Ltd, operates 3 local care homes. Staff work across all 3 homes.

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

Right Support

Recruitment practices were not consistently safe as some required checks had not been completed before staff worked at the service.

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.

Staff supported people to take their prescribed medicines and to access healthcare services.

People could choose how they wanted to spend their time, whether they wanted to be with other people or in their own space and what and when they ate. Staff provided support and guidance where people needed this with arranging their chosen activities and appointments and with personal care and food preparation.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

The staff team had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs.

Right Care

There was a relaxed atmosphere in the home where staff were respectful and supportive in their interactions with people. Where people required support with personal care this was provided in a discreet way that promoted people's dignity and privacy. People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well.

People were relaxed and confident in approaching staff for support.

Right Culture

Staff demonstrated a positive person-centred attitude to their work and promoted people's rights and autonomy. They also were proactive in ensuring people had equal access to local services.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff told us they enjoyed working at the service and we saw they had formed good relationships with people they supported.

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

Rating at last inspection

At the last inspection we rated this service good. The report was published on 12 September 2018.

Why we inspected

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

This inspection was a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

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.

Recommendations

We have made a recommendation. We recommended the provider improve their recruitment practice in line with best practice.

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. Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective. Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our well-led findings below.

Saivi House

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

The inspection team consisted of 1 inspector.

Service and service type

Saivi House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Saivi House is a care home without 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

We carried out the inspection visit on 6 October 2022. It was unannounced.

What we did before the inspection

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

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 also used information from relatives, a person living in the home and a staff member which we obtained in a remote monitoring exercise a few months before the inspection. We used all this information to plan our inspection.

During the inspection

We spoke with a team leader and a senior care worker. We met the 4 people living in the home. We were able to speak with 2 people and for the 2 people who were unable to speak with us, we observed their wellbeing. We also spent time observing staff interactions with people to help us understand the experience of people who could not talk with us. We looked at 3 people's care records and medicines records for all four people; we also looked at various documents relating to the management of the service.

We completed a tour of the building and looked at medicines' management and food safety. We spoke with a relative and 2 professionals on behalf of 2 people living in the home to get their views on the service. We had a meeting with the registered manager and human resources director.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were generally managed safely.
- All medicines were refrigerated which was not usual practice in care homes and there was no risk assessment about this decision with details of any medicines which if prescribed should not be refrigerated. The registered manager sent us an email from their pharmacist stating that the medicines in the home were safe to be stored in a refrigerator.
- Staff did not administer medicines until they were trained to do so. The registered manager told us that they were planning more comprehensive face to face medicines training with a pharmacist.
- Staff were assessed regularly for their competence at administering medicines and were knowledgeable about the medicines prescribed for people in the home.
- There were suitable arrangements for ordering, receiving, and disposing of medicines.
- Medicines were clearly recorded within people's medication administration records. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.

Staffing and recruitment

- Staff were effectively deployed but not consistently recruited in a safe way.
- Although pre-employment checks were carried out, the company recruitment policy did not specify the requirement to obtain evidence of satisfactory conduct in previous employment in health or social care. We checked 2 staff recruitment files. 1 staff file had no reference requested from their previous employer in care, another had 1 from their last employer but none from a previous care role where they worked for a few years.
- We discussed this with the registered manager and Human Resources manager. We received a revised policy, but this did not specify that references must be sought from previous employers in health and social care.

We recommend that the recruitment policy and practice is reviewed in line with best practice in terms of references.

- There were always 2 staff on duty. Staff said this was enough to meet people's needs and to support them to go out when they wished. Staff on duty during the inspection knew people's needs and wishes well.
- Staff worked across the provider's 1 local care homes however if there was a COVID-19 outbreak they worked in 1 service only which was to safeguard people.
- 1 resident told us, "I like all the staff, I don't have favourites. They are all nice." They also said staff were available to them whenever they needed support or a chat which suggested they thought there were

enough staff on duty.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Systems were in place to safeguard people from abuse and avoidable harm.
- The safeguarding policy was displayed for staff to access easily and staff knew what to do and how to report any concerns about people's safety.
- Staff had completed training in safeguarding people and told us they were able to raise any concerns to the management team.
- Regular safety checks of the building and equipment took place, including fire safety equipment. There were no checks of shower water temperatures taking place to ensure these were a safe temperature to prevent risk of scalding. When we pointed this out, staff immediately started testing shower temperatures and included this in their regular safety checks.
- Fire drills were regularly held, and people had individual personal emergency evacuation plans in place to guide staff in the event of a fire.
- There were risk assessments in place detailing risks to people's safety and advising staff on how to mitigate the risks. There was one specific environmental risk for one person that had not been recorded as assessed, but the registered manager told us this would be done immediately after the inspection.
- We were assured that staff knew people's individual risks well and were minimising the risks in practice. They were vigilant about 1 person's safety as they were at risk of falls. Staff went to check on them and support them whenever they heard the person moving.
- 1 person told us that staff helped them with any tasks they needed help with so that they wouldn't hurt themselves. They said, "They always help me when I ask them."

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 not assured that the provider was using PPE effectively and safely. Although staff wore required PPE when supporting people with personal care, they were not wearing masks in their other interactions with people during our inspection. We saw one person's COVID-19 risk assessment which explained why staff would not wear masks at all times for communication reasons.
- We were assured that the provider was accessing testing for people using the service and staff
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visting in care homes

- Staff assured us that people could have visitors at any time. A relative told us they were able to visit when they wanted to. There were no restrictions in place.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and the registered manager was able to explain how they used them as learning opportunities to prevent future incidents.

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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs before they started to use the service were completed by the registered manager to ensure the service could meet the person's needs before they made the decision to move in.
- Care plans detailed people's needs and preferences and guided staff to ensure people's needs were met.
- 1 person told us they liked being in this home, that they felt staff knew them well and said, "I'm used to it here, I like it and if I move it might be worse than here and I might regret it."
- Another person said the home was "alright" and appeared to be content and enjoying their day. 2 other people were not able to tell us their views, but we observed them in interactions with staff and they both showed signs of positive wellbeing. People appeared to be comfortable with staff. People were engaged in doing things they liked, such as listening to music in their room, chatting to staff or looking through their photographs.
- People's preferences were recorded and were known by staff who were able to tell us people's needs, likes and dislikes.

Staff skills, knowledge and experience

- Staff had undertaken training in topics relevant to the job. They were suitably experienced and skilled to meet people's needs.
- Most staff had previous experience in care work.
- Staff had regular supervision to discuss their practice. Staff were reflective in their approach and talked to and about people with respect.
- Staff told us they felt well supported and worked well as a team.

Supporting people to eat and drink enough with choice of a balanced diet

- People were given the required support to meet their nutritional needs.
- 2 people had been assessed as at risk of choking. Referrals were made to appropriate professionals such as Speech and Language Therapists and dieticians to seek guidance and support with managing people's dietary needs safely.
- Staff had a good understanding of people's individual dietary needs.
- There was a 4-week planned menu displayed in the kitchen which had been discussed with some people who lived at the service.
- 1 person told us all their favourite meals and we saw that all these meals were on the menu. They said, "I like all the food. All the staff make nice food." Staff asked people what they wanted for their evening meal and did not stick to the planned menu if people wanted other meals.
- Staff told us that they ensured 1 person had the cultural foods they liked.

- Some people were advised to eat snacks between meals to increase their weight and staff offered those snacks, recorded their weight and BMI regularly to monitor their weight and inform relevant healthcare professionals of any weight loss.

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

- People had support with their health and staff worked with other professionals to ensure best care.
- Health care plans contained information on people's health conditions and how they might impact them. Some health conditions were not recorded in people's health care plans despite them taking medicines for the conditions. The registered manager said they would ensure all health conditions would be recorded in the care plans immediately after the inspection.
- People were supported with their health needs and to attend health appointments. Staff were proactive in making health referrals.
- People's care plans had details of their GP and any other health professional's involvement.
- Information available showed people experienced positive outcomes regarding their health and wellbeing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- There was a lack of written evidence of consent and involvement in care plans. 2 documents had been signed by staff only. We advised that if a person was not able to be involved in any way, families, advocates or social workers could have an input and a record made that they were involved. Staff told us that 1 family had been involved in planning their relative's care. The registered manager said they would ensure this was recorded.
- Mental capacity assessments were completed for people.
- Staff had undertaken training in relation to the MCA and told us they asked people for consent before supporting them with any personal care.
- 1 person told us, "I know my own mind. I can make my own decisions. They ask me and I say what I want to do." This person was able to contribute and consent to their care plan.

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

- The environment met people's needs.
- The service had a ground floor ensuite room suitable for a person with mobility needs. Other bedrooms were upstairs.
- There was a choice of bath and shower. There was enough communal space for people to socialise or have their own space.
- There were suitable facilities for people to be able to assist with doing their laundry and with preparing meals.
- People could personalise their own rooms and we saw that people had displayed their own photographs and artwork and each room was different according to the person's needs and wishes.

- We noted information displayed in public areas such as outside the front door, inside front door and in the corridor. Some of the information displayed did not protect the dignity and privacy of the people living in the home. We discussed this with the registered manager after the inspection, who told us they had removed it.

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 remained 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

- There was a good governance framework in place. This included a selection of audits and checks carried out regularly and shared by the senior team.
- There was an experienced team leader in the home to support the registered manager who managed three services.
- Staff kept comprehensive records, but people's confidential care files were on a shelf. The registered manager assured us these were about to be moved into a secure cupboard.
- The registered manager had good knowledge of regulatory requirements.

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

- The management team and staff were motivated to provide person-centred care and support for people.
- Staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions. Comments from staff included, "She is a good manager and very helpful."
- 1 person told us they felt very comfortable at the home, staff supported them, and they would not like to move. They said staff listened and talked to them and that staff treated everyone well.

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; Continuous learning and improving care

- The registered manager knew the requirements of the duty of candour. They said they wanted to ensure there was a culture of continuous learning and improvement.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff felt well supported and said they could approach the registered manager for advice when needed anytime.
- 1 professional gave good feedback about the home. They said the service was client centred and they are kept well informed and involved in decisions about the person's care.
- 1 person living in the home said staff always asked their opinion, listened to them and never told them what to do.

- Care plans included information about people's diverse needs and how these could be met, including supporting people with cultural needs.
- The home promoted an LGBT+ welcoming culture with LGBT flags decorating the home.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others;

- Staff worked well with people, their relatives and professionals to ensure people were supported in the way they wanted.
- Records showed people were supported to get access to services such as specialist professionals and leisure services to promote people's health and wellbeing.
- We saw staff contacting other professionals to ask for their involvement where this would benefit people and staff acted on the advice of specialist health professionals such as dieticians and speech and language therapists.