Saivan Care Services Limited

Kellan 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 4 January 2018 and was unannounced. At the last inspection on 24 August 2015 the service was rated Good. At this inspection we found the service remained Good.

Kellan Lodge is a residential care home providing personal care and support for up to four people with learning disabilities. 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. At the time of this inspection there were four people living at the service.

We observed people to be happy and comfortable in the care of the care staff that supported them.

The provider and its care staff team demonstrated a good level of understanding of safeguarding and whistleblowing and were able to explain the steps they would take to protect people from abuse.

Care plans contained detailed and individualised risk assessments which gave clear information and guidance to care staff on how to support people by minimising or mitigating any risks associated with their care and support needs.

We observed there to be sufficient staff to be available to safely meet the needs of people living at the service. Safe recruitment practices were observed to ensure that only staff suitable to work with vulnerable were employed to do so.

The service had appropriate systems and processes in place to ensure the safe management and administration of medicines.

The provider ensured that all care staff received an in-depth induction and training as well as on-going training, development and support to effectively deliver in their role.

People were supported to eat and drink as per their choices, wishes and health requirements. Care staff clearly knew and understood people's specific requirements when preparing and supporting people with their meals.

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's needs and choices were assessed prior to their admission to the home. Where the service had assessed people's needs and confirmed that the service could appropriately meet their needs, care delivery was planned and recorded accordingly.

Care staff supported people to access a variety of healthcare services to enable them to lead an independent and healthier lifestyle.

Throughout the inspection we saw that people were treated with respect, kindness and compassion. People had built positive relationships with care staff that were based on mutual trust and respect.

Care staff ensured that people were always involved in making decisions about their care and support needs. This involved the use of different communication methods especially where people were unable to verbalise their needs.

Care plans were personalised and developed based on people's needs, requirements and how they wished to be supported in their day to day needs.

The service had not received any complaints since the last inspection. Relatives confirmed they knew who to speak with if they had any concerns or issues to raise.

The provider had processes in place to ensure that the quality of care was regularly monitored and checked 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**

Kellan 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 inspection took place on 4 January 2018 and was unannounced.

One inspector carried out this inspection.

Prior to the inspection, we reviewed the information that we held about the service and the providers including notifications affecting the safety and well-being of people who used the service and safeguarding information received by us. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During our inspection we spoke with two people and who used the service and one relative. We observed interactions between people and staff. We also spoke with the registered manager, senior support worker and four support workers. We looked at four 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 three 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, we saw that people were at ease with the care staff that supported them and were able to express their needs confidently which care staff understood and responded to appropriately. Relatives we spoke with were very positive about the service and felt that their relatives were safe living at Kellan Lodge. Relatives told us, "Yes I do feel [relative] is safe. There are measures in place to keep her safe. Very thoughtful" and "100% safe."

Care staff understood the importance of ensuring that people were supported to be safe and protected from any forms of abuse. Records confirmed that all staff had received appropriate training in safeguarding people and whistleblowing. One care staff explained, "Safeguarding is about keeping the service user safe whether in the house or out in the community. Maintain confidentiality. We talk about abuse, how to stop abuse and the signs of abuse." 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 without fear of recrimination.

People's care plans contained detailed risk assessments which identified a number of health, medical, physical and environmental risks associated with their health and care needs. Risk assessments covered areas such as mobility, pressure sores, bed rails, choking and moving and handling. Care staff were provided with information about the risk, the people affected by the risk, existing controls in place and any further actions required to mitigate or reduce the risk. Care staff knew about people's risks and told us that care plans provided them with the required information in order to ensure people's safety.

We saw that there were sufficient staff available to meet people's needs appropriately. Staff rota's were reflective of the staff that were on duty on the day of the inspection. Relatives and staff told us that there was always appropriate numbers of staff available which was flexible on a day to day basis dependent on people's needs and schedules for the day. One relative stated, "I have not seen anybody not receive the attention when they need it."

The provider continued to follow robust recruitment processes to ensure that staff members were assessed as safe and suitable to work with vulnerable people. This included criminal record checks, identification verification checks and obtaining appropriate references confirming potential staff member's previous conduct and suitability for the job that they had applied for.

All accidents, incidents and situations where people presented with behaviours that challenged were recorded with details of the incident, possible triggers or contributing factors and actions taken. The registered manager, senior support worker and care staff team all confirmed that team meetings and supervisions gave them the opportunity to review and analyse all incidents so that the service could learn and improve in order to prevent or reduce further re-occurrences. One care staff told us, "We discuss at team meetings how we can improve our ways of working and how all of us can work better as a team for our

service users." A second care staff said, "We are regularly reminded to read each person's epilepsy protocol to refresh and remind us of people's needs."

We observed that the home was clean and free from mal-odours. Cleaning schedules were completed to ensure all areas of the home were cleaned on a daily or weekly basis where appropriate. The service ensured that staff understood infection control and how to protect people from infection. Staff had been trained in infection control and had access to a variety of personal protective equipment including gloves, aprons and shoe covers. 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.

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety, legionella, lifts and hoisting equipment were undertaken.

Personal Emergency Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency.

Good

Is the service effective?

Our findings

Relatives told us that they found all care staff at Kellan Lodge to be competent and confident in the way in which they supported people. One relative told us, "As far as I have seen they [care staff] seem to be competent and confident around [person]." A second relative said, ""Oh definitely they are skilled and trained."

Care staff told us and records confirmed that each of them had received an induction prior to starting work and training in variety of topics including moving and handling, first aid, safeguarding, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The comprehensive induction 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. Care staff told us that the provider was very proactive and always ensured that all of them had received the required training to support them in their role. One care staff stated, "I feel I am growing. I do have lots to learn and I am willing to learn. I found a management course and I told [registered manager] about it. I got that course."

Care staff also confirmed that they were positively supported through regular supervision and annual appraisal. They told us that supervisions were meaningful where they got the opportunity to discuss various areas of their work which included training, what they do well, where they need to improve and matters relating to the people they support. Records we looked at confirmed what staff told us.

The provider ensured that a comprehensive pre-admission assessment was completed prior to the person arriving at the home so that the service could assess and confirm that they would be able to effectively meet the needs of the person. Care plans were then developed based on the information that they had been provided so that people received care and support according to their needs, wishes and choices. Care plans were reviewed every month, six monthly and annually so that changes to people's needs were always appropriately reflected within their care plan.

People's care plans reflected their likes and dislikes in relation to their meals and drinks. Healthy eating was also promoted within the home and this was also reflected within their care plan. A menu was available for guidance only but care staff told us and we observed that people were able to make choices of what they wished to eat on a day to day basis. Where people required specific intervention with their meals due to identified swallowing and choking difficulties, these had been risk assessed and specific guidance was available to staff on how the person was to be supported safely. Relatives confirmed that they had no concerns with the way in which their relative were supported with their meals. One relative explained, "[Person] has what he wants. If he doesn't like it he will tell them [care staff]." A second relative stated, "I believe, from what I have seen [person] likes the food. They [care staff] know what she likes and doesn't like."

Care staff told us that they worked closely as a team as well as in partnership with a variety of healthcare professionals which included the GP and psychiatrists to ensure that people received effective care and

support. Care staff completed daily handover records and also gave verbal handovers to all staff at the beginning and end of the shift about the person and any developments throughout the day. We saw correspondence between the service and a number of health care professionals specifically around people's health needs. For example, where people had been diagnosed with epilepsy, the psychiatrist had drawn up epilepsy protocols for the service to follow especially where specific medicine needed to be administered when a person suffered a seizure.

The service supported people to access a variety of healthcare professionals including GP's, dentist, opticians and psychiatrists. Care plans contained details of all professional visits that the person had attended or been part of. This included details of the visit and any actions that were agreed. Staffing levels were adjusted to ensure that where people required assistance to attend appointments that this support was available.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was meeting the requirements of the MCA 2005 and the Deprivation of Liberty Safeguards.

Care plans clearly documented people's capacity and the decisions they were able to make. Where people lacked capacity to make more complex decisions this was clearly documented with details of how the service and where appropriate family members were to support the person with decision that needed to be made. Due to people's disability they were unable to sign their care plans. Relatives confirmed that they had consented to care on behalf of the person however, the service had not formally recorded this. The service explained that sometimes family members, even upon request, had chosen not to sign the care plan, but that they would try to formalise the process going forward. 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 home had been adapted to meet each person's specific needs and requirements and especially in relation to people's moving and handling needs. The home had a lift that enabled people to access all areas of the home. Where specific moving and handling equipment was required including ceiling hoists, wheelchairs and adapted shower chairs and baths, these had been provided for each individual person. People's rooms were personalised with a photo of them on their bedroom door identifying their room.

Good

Is the service caring?

Our findings

Although people were unable to answer specific questions about the care that they received, throughout the inspection, we saw people to be happy, comfortable and at ease with the care staff that supported them. People knew the care staff well and we saw, through people's body language, how they responded to care staff when spoken to. People were spoken to with respect and kindness and we saw that people had developed positive and caring relationships built on trust and confidence. We asked one person whether they were happy living at the home. The person responded with a big smile and said, "Yes."

Relatives were very complimentary about the care staff and the care and support that their relative received. Comments from relatives included, "Care is very good", "They [care staff] are good people. They take a lot of weight off my shoulders. They care, they are not robotic. You can tell when staff enter the room [person] recognises them" and "Carers are caring – oh yes!"

During the inspection we saw that care staff always made sure that the person they were supporting were involved in all aspects of their care. People were asked their choice and preferences around food, things they wanted to do, movies they wanted to watch and activities they wanted to do. 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.

Relatives confirmed that they were always involved in the delivery of care and support for their relative and that the service always kept them updated on any developments and changes or where specific decisions needed to be made. One relative told us, "They [care staff] do call me when things are going on and if they don't hear from me for a while, they call me to check if I am okay."

We saw care staff respecting people's privacy and dignity especially where people required support with personal care. Where one person wanted to visit the toilet, they were supported to the bathroom by the care staff who ensured their safety and then gave them time and privacy. During this time the care staff waited outside the bathroom till the person indicated that they had finished.

Care staff gave several examples of how they supported people whilst maintaining their privacy and dignity. One care staff explained, "When giving personal we make sure that the door is closed, the curtains are closed, that people are appropriately dressed and also not discussing people's issues in public, maintaining confidentiality."

Care staff explained that promoting people's independence including giving people choice, explaining to the person what they are doing and getting the person involved as much as possible in all aspects of their care. One care staff explained that even though a person may be non-verbal you can, "Tell the person who I am, explain what we are doing and get them involved where possible." Another care staff told us, "[Person] likes going to the pub and discos. We support [person] to do these things."

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. We asked staff about supporting people who may identify themselves as lesbian, gay, bi-sexual and transgender (LGBT). Staff members responses included, "We have to respect everyone and their choices and needs. We have to be aware of their culture" and "People come from different backgrounds. When you get to know the service user you work on that and improve and adapt ourselves in the person's best interest."

Good

Is the service responsive?

Our findings

Each person's care plan was person centred and detailed and gave information on each area of support, what care staff must know in order to support the person, what the person's likes and dislikes were in that particular area and what care staff must know in order to keep the person safe especially in relation to identified area of support. Areas of support included rising for the day, evening and night time routine, day care, activities, religion, family and friends and health and medication needs.

Care plans were constructed in a way which was responsive to people's needs. For example where one person was non-verbal, prompts had been recorded on how to support the person to make decisions. The care plan stated, 'Showing me real objects to choose from (e.g. shoe or a cushion), always using simple language PLUS gestures and /or the actual object, speak slowly and give me sufficient time to respond, try several times before giving up, observe my non-verbal reaction/body language e.g. pulling away = don`t want, reducing background distractions e.g. turn the TV or radio down when talking to me and just because I usually like something, it doesn`t mean I will always like it!' During the inspection we observed care staff using these techniques enabling the person to make certain decisions about their care and support. One care staff explained how one person who used a particular form of sign language called Makaton was teaching them how to use this form of communication.

People's care plans also included detailed risk assessments and directions on how to support a person who presented with behaviours that challenged. These gave specific detail on 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.

People had allocated key workers who were 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 held monthly review meetings with the person on a one to one basis 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.

A second care file was also available for each person which contained daily monitoring records such as bowel movements charts, turn charts and night checks, daily care records and a hospital passport. 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 in order to provide care that was responsive to their needs.

People's care plans provided information on activities and hobbies that people enjoyed participating in. Based on people's preferences, likes and dislikes an activity timetable had been devised for care staff to follow. Care staff told us that activity schedules were for guidance only and that activities were planned on a day to day basis dependent on what people wanted to do. Examples of activities that people participated in included going out, attending day centres, going to the cinema, arts and crafts and listening to music.

People also enjoyed sensory interaction and received weekly visits from a masseuse. The provider also organised annual holidays and social events and pictures had been displayed around the home of people participating.

The provider's complaints policy was displayed in the main reception area for all people and visitors to access. The provider had not received any complaints since the last inspection. 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 told us, "I would be able to raise a complaint and I am confident that these would be addressed."

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.

There was an open and transparent culture at the service. People knew and recognised all of the care staff that supported them including the registered manager. We saw that people responded to the registered manager positively and were comfortable with the support that they received from the registered manager. Relatives also confirmed that they knew the registered manager and the senior management team who were approachable and available at any time. Feedback from relatives included, "Nice manager and nice care staff", "Staff listen to me and I can ring them up at anytime" and "They [service] communicate very well. Always in touch."

Care staff were positive about the registered manager and the provider and told us that they were very supportive and proactive with the management of the service. Care staff felt that they were listened to and were able to give ideas and suggestions on how people could receive good quality care. Records confirmed that care staff were supported through various processes including supervision, appraisal, team meetings and informal discussions. Feedback from care staff included, "What [registered manager and provider] have done for me is amazing. I wouldn't have been here so long", "Managers are really good. Very approachable and they listen to everyone" and "We see the owners very often. There is always a personal touch. Very open. We don't feel nervous or hesitate if there is something to say."

The provider had a clear vision to deliver high-quality care and support. Care staff were able to describe the values as set out by the provider which they were to follow in the day to day delivery of care. Care staff described the provider values as, "Safe environment, promoting independence, caring, safe environment and professional boundaries. I do think we deliver" and "I believe it's about promoting independence for the clients, giving them choice and respect. We try to deliver on these values where possible." The registered manager stated, "My paramount priority is the safety of my service users. People's life's come first."

The registered manager told us that they did not hold formal resident or relatives meetings and that discussions always took place on an informal basis. The service had noted that people were unable to participate in resident meetings in a meaningful way due to their disabilities and so as an alternative care staff always discussed various aspects of their care and support with people on as and when required basis. Relatives also confirmed that the service was always in communication with them and that someone was always available to discuss any aspect of their relatives care when they visited. One relative told us, "They [service] are very open to my opinions. They listen to me which gives me a lot of trust." Another relative said, "The carers are warm and I get on with them. They accommodate me at anytime. If [person] sneezes they call me."

Relatives confirmed that they had received or had been asked to complete quality satisfaction surveys as

and when they visited the home. Completed surveys were positive and no concerns had been noted.

The provider had a number of systems and processes in place to monitor and oversee the management and quality of care provision in order to learn and drive through further improvements where required. This included weekly medicine audits, spot checks, care plan reviews and health and safety checks. The registered manager confirmed that not all spot checks and provider visits had been recorded formally and that because they visited on a regular basis, any identified issues during their visit was addressed immediately. The registered manager said that all future visits or checks would be recorded formally with details of the actions taken.

The service worked in partnership with other agencies to support care provision. We noted that that the service maintained positive links with a variety of healthcare professionals including psychiatrists, the day centres that people attended, the local Mencap service and the GP.