

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

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.

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

We identified continued concerns with the safe management of medicines at the service and were not assured that medicines were administered to people safely and as prescribed. Staff had not been assessed as competent to administer medicines.

There were gaps in the provider's infection prevention and control processes at the service which placed people and staff at risk of harm. The provider had not fully assessed the risks associated with the COVID-19 pandemic.

During this inspection we found that the management team did not have adequate oversight at the service which meant that care was not being delivered in line with the current government guidelines and legislation.

There were enough staff on duty to keep people safe, however we found that some staff worked at the service infrequently which meant that people did not always receive care from a consistent staff team. Staff were safely recruited.

Risks associated with people's care needs were assessed and guidance was in place for staff to keep people safe. We have made a recommendation to the provider about staff training.

Staff understood their role in safeguarding people from harm from others. There were appropriate accidents and incidents procedures in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 December 2019) and there was one breach of regulation around the safe management of medicines.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management, infection control and good governance at this inspection. The registered provider was served with a warning notice for breach of Regulation 12 (Safe Care and Treatment).

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 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.

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

Inspection team

This inspection was 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 a 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 announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We reviewed the action plan submitted by the provider following the last inspection and we reviewed contacts made to CQC related to this provider from members

of the public and whistle-blowers. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service via phone about their experience of the care provided. We spoke with seven members of staff including the registered manager, care co-ordinator, general manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. A variety of records relating to the management of the service, including policies and procedures, training records and audits were reviewed. We received feedback from one professional who regularly worked with the service.



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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider did not always manage medicines safely to ensure people received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We found repeated concerns with the safe management of medicines at the service.
- We were unable to reconcile stocks of medicines with medicines administration records (MAR's). We were not assured that staff were completing MAR's when medicines were administered. Some MAR's contained gaps with no explanation of why. We asked that these errors were investigated.
- Systems were not in place to ensure Controlled Drugs (CD's) were administered or stored appropriately. Controlled drugs are medicines that the law requires are stored, administered and disposed of in accordance with the Misuse of Drugs Act 1971. We found one instance where a controlled drug was administered to a person without being appropriately documented on a MAR.
- Storage of controlled drugs was not in line with legal requirements.
- Guidance was not in place for staff on the use of medicines with specific administration requirements, for example, the use of a body map for a prescribed patch medicine.
- At the last inspection, we found that competency assessments were not in place to ensure that staff were administering medicines safely. This had not been acted on.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager sent information to evidence that they were complying with legislation around the use of CD's.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the hygiene practices of the premises. Documented regular cleaning of frequent touch areas was not carried out.

- We were not assured that the provider was making sure infection outbreaks could be effectively prevented.
- We were not assured that the provider's infection prevention and control policy was up to date.
- We were not assured that all staff had adequate training in infection control in response to the additional risk posed by the COVID-19 outbreak.
- We were not assured that the provider had robustly assessed the risks associated with staff working across different services or in other employment, the use of agency staff or the risks posed to individual staff or people using the service arising from the pandemic.

We found no evidence that people had been harmed. However, sufficient systems were either not in place or robust enough to ensure people were fully protected from COVID-19 outbreak. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The person we spoke with told us they felt safe and would report any concerns they had to staff. Staff were knowledgeable around safeguarding procedures and where to report and escalate any concerns they had.
- Accidents and incidents were documented and reviewed by the management team. One health professional told us they had been kept updated on events within the home and that the staff team were proactive in seeking advice if they had concerns.

Assessing risk, safety monitoring and management

- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety.
- The home was overall clean and well maintained. Following the last inspection, bedrooms had been redecorated.
- Risk's associated with people's care and support needs were assessed and guidance was in place for staff to support staff to manage these risks. A professional told us that staff communicated well with them when they had concerns around people's wellbeing.
- We noted that one incident had occurred before the inspection which placed other service users and staff at risk of harm. Staff told us that they felt they that they needed additional training in de-escalation and supporting people who may experience certain behaviours. The management team told us that they looked into this training, but the coronavirus pandemic delayed this.

We recommend that the provider seeks training from a reputable source to support staff to manage incidents that may require de-escalation or managing a person's behaviour safely.

Staffing and recruitment

- There were enough staff on duty to ensure that people's care needs were met.
- There was a core team of staff who worked at the service on a regular basis. However, on review of staff rotas, we saw that some staff worked across the provider's other services and only worked at Keevan Lodge infrequently. For example, some staff worked once or twice in the two-week period at the time of the inspection, overall 14 different staff worked over a two-week period.

- We also found that on the night before the inspection, an agency care worker worked alone on a night shift, despite not having worked at the service in over 10 months. We discussed this with the provider who advised that they were not administering medicines. We were not assured that people were being supported by a consistent staff team who had an appropriate induction prior to working with people.
- Staff were safely recruited with required checks carried out. A staff member told us they underwent a full background check when they returned to work at the service following a period away.



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 requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- At the last inspection, we identified concerns around the provider's procedures and oversight of medicines management. Following that inspection, we received an action plan from the provider outlining how they would improve.
- At this inspection, we found repeated concerns around medicines processes at the service with errors in administration, record-keeping and the overall audit processes. This meant that the provider could not effectively demonstrate continuous learning and improvement.
- We also identified concerns around the provider's understanding and implementation of procedures to protect people and staff from the risks associated with the spread of coronavirus in areas such as staff training, risk assessments and care planning.
- We identified concerns around the validity of some of the records seen on inspection, for example, a staff member signed off a cleaning record for a shift they were not working in the home, which was subsequently signed off by the manager.
- We found care plans had not been updated to reflect how the COVID-19 pandemic impacted people's care needs, for example, around activities and access to the community.
- Since the last inspection, the provider had recruited a manager to manage care in the provider's three Enfield based care homes. We were not assured of the oversight the registered manager and provider had of the care delivery in the service.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team was responsive to the concerns raised throughout the inspection and provided assurances that the concerns identified would be addressed.

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

- People had lived at Keegan Lodge for many years and had developed good relationships with the staff

who supported them. One person told us, "I like the staff."

- A staff member told us, "We have people with different personalities and backgrounds, and we like to explore that. We all celebrate religious festivals and [Person] likes to try Hindu food."
- A professional told us, "Care staff are very nice, caring, approachable and good communicators with both the residents, and all visitors in my experience."
- The provider understood their legal responsibility to be open and honest with people, families and professionals when issues arose.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff spoke positively of the support they received from the management team. One staff member told us, "It's all going really good. The management are quite flexible."
 - There were residents' meetings and we saw people were involved where possible. People talked about the COVID-19 pandemic, activities, food and personal care amongst other topics.
 - People's cultural and religious identifies were embraced and promoted. We saw people supported to decorate their bedrooms with artefacts, maintain contact with religious services and were supported to eat culturally appropriate foods.
 - Where people had contact with their families, this was documented in their care records.
- Staff worked well with health professionals and feedback was positive with one professional telling us, "I find the staff and management very transparent and accessible."
- The provider had systems in place to engage with people, the public and staff. We saw actions had been taken based on this feedback.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17(1)</p> <p>The registered persons had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The registered persons had failed to assess, monitor and improve the quality and safety of the service.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12 (2)(g)(h)</p> <p>The registered person had not ensured care was provided in a safe way for service users because: They had not assessed the risk, and prevention, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>They had not ensured processes were in place to ensure the safe management of medicines.</p>

The enforcement action we took:

We served a warning notice on the registered provider on 25 January 2021.