

Saivan Care Services Limited







Kellan Lodge

Inspection report

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Middlesex
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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	

Overall summary

This inspection took place on 24 August 2015 and was unannounced. Kellan Lodge provides accommodation and personal care to a maximum of four females with learning disabilities. At the time of our inspection, there were three people using the service.

The provider met all the standards we inspected against at our last inspection on 1 July 2014.

There was a registered manager in post at the time of our 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.

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. Relatives of people who used the service told us that they were confident that people were safe in the home. Systems

Summary of findings

and processes were in place to help protect people from the risk of harm. These included careful staff recruitment, staff training and systems for protecting people against risks of abuse.

Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

There were arrangements for the recording, storage, administration and disposal of medicines.

There were enough staff to meet people's individual care needs and this was confirmed by staff we spoke with. Staff spoke positively about the training they had received. Staff had the knowledge and skills they needed to perform their roles. They spoke positively about their experiences working at the home. Staff told us that they felt supported by management within the home and said that they worked well as a team.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were also reflected.

Staff received training in the Mental Capacity Act 2005 and were able to demonstrate a good understanding of how to obtain consent from people and action to take if people lacked capacity to make decisions for themselves.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had applied to the local authority for DoLS authorisations for each person.

Relatives spoke positively about the atmosphere in the home and we observed that the home had a homely atmosphere. Bedrooms had been personalised with people's belongings to assist people to feel at home.

The home had an open and transparent culture. Staff were encouraged to have their say and were supported to improve their practice. We found the home had a clear management structure in place with a team of care staff, the deputy manager and the registered manager.

There was a system in place to monitor and improve the quality of the service which included satisfaction surveys, staff meetings and a programme of audits and checks.

We found the premises were clean and tidy. The home had an Infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We saw that arrangements were in place in relation to the recording and administration of medicines.

Relatives of people who used the service told us that they were confident people were safe in the home.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Staff were aware of different types of abuse and what steps they would take to protect people.

The provider had appropriate systems in place to manage emergencies.

Good



Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers, the deputy manager and the registered manager.

People were provided with choices of food and drink. People's nutrition was monitored.

Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and its importance.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

Care plans provided details about people's needs and preferences.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. Care preferences were reflected in the care plans.

Activities were available and people had opportunities to take part in activities they liked.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. Staff were supported by management within the home and felt able to have open and transparent discussions through supervision meetings and staff meetings.

Good



Summary of findings

The home had a clear management structure in place with a team of care staff, the deputy manager and the registered manager. Staff said that the managers were approachable and helpful.

The home had carried out an annual satisfaction survey. We saw that the feedback was generally positive.

Systems were in place to monitor and improve the quality of the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 24 August 2015 of Kellan Lodge. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

People who used the service were unable to communicate with us verbally and we therefore observed interaction between people who used the service and staff. We reviewed three care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with three relatives. We also spoke with the deputy manager, three members of staff and one healthcare professional who had regular contact with the home.

Is the service safe?

Our findings

People who used the service were unable to communicate with us verbally and were therefore unable to tell us if they felt safe. Relatives of people told us that they were confident that people were safe in the home. One relative said, “[My relative] is 100% safe in the home and around care staff.” Another relative told us, “Yes it is very safe there.” One healthcare professional told us that he thought the service was safe and people were well cared for.

Staff we spoke with were able to identify the different kinds of abuse that could occur in a home and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had occurred. They said that they would directly report their concerns to management. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC. We saw evidence that staff had received training in how to safeguard adults and training records confirmed this. Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people and contained the necessary contact details.

The service had a whistleblowing policy and staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Individual risks to people had been identified and actions were in place to reduce the risks. Risk assessments contained action for minimising potential risks such as such as falls, epilepsy, use of hoists, challenging behaviour and being underweight. The assessments included details of significant hazards, people affected, existing controls, the level of risk and details of further action required. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed every six months or more frequently if required and were updated when there was a change in a person's condition.

Through our discussions with staff and management, we found there were enough staff to meet the needs of the people living in the home. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. The deputy manager explained to us that people had complex needs in the

home and therefore there was consistency in terms of staff so that people who used the service were familiar with staff and staff were familiar with each individual's needs. We looked at the staff duty rota and saw that this correctly reflected the staff on duty on the day of our inspection.

We looked at the home's recruitment process to see if the required checks had been carried out before staff started working at home. There were recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for four members of staff and found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

There were appropriate arrangements in place for managing people's finances which were monitored by management and we saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire or damage to the building.

Systems were in place to make sure people received their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicines storage facility in place. The facility was kept locked and was secure and safe. We noted that regular temperature checks had been carried out to ensure that medicines were stored at the right temperature.

At the time of the inspection, we found that controlled drugs were not stored in the correct cupboard despite the service having the necessary cupboard. Instead the controlled drugs were stored in a locked box. Controlled drugs are medicines that the law requires to be stored in a special cupboard fixed to the wall. We raised this with the service and following the inspection the deputy manager confirmed that controlled drugs would be stored in the

Is the service safe?

appropriate cupboard. They sent us evidence to confirm that this had been done. We saw evidence that the administration of controlled drugs were being recorded appropriately.

The home had a policy and procedure for the management of medicines to provide guidance for staff. We saw evidence that this policy was reviewed annually, to ensure that it provided up to date information on safe handling of medicines.

We viewed a sample of medicines administration records (MARs) for people who used the service. These were accurate and were up to date.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

There was evidence that comprehensive medicine audits were carried out weekly to ensure medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed.

The premises were well-maintained and clean. The home had an Infection control policy and measures were in place for infection control. We visited the laundry room and discussed the laundering of soiled linen with staff. They were aware that soiled and infected linen needed to be washed at a high temperature. We also saw that the home had a cleaning schedule to ensure that all the necessary cleaning was carried out.

Risks associated with the premises were assessed and all relevant equipment and checks on gas and electrical installations were documented and up-to-date.

Is the service effective?

Our findings

Relatives spoke positively about the service. One relative told us, "I am happy with the care." Another relative said, "Staff do a remarkable job. People are well cared for and staff are caring." Another relative told us, "I am very pleased with the care. Staff are lovely. They are very good."

A training matrix was available and contained the names of all staff currently working at the service together with relevant training they had completed. Training records showed that staff had completed training in areas that helped them when supporting people living at the home. Topics included safeguarding, medication, the Mental Capacity Act 2005 and DoLS, infection control, moving and handling, epilepsy and food safety. The deputy manager explained that staff had received their training in house and externally and this was confirmed by staff we spoke with. Staff spoke positively about the training they had received and said that it had been helpful.

Staff told us they felt confident and suitably trained to support people effectively. They told us they had completed an induction when they started at the home and said that the induction had been beneficial. One member of staff said, "The training has been helpful and it helps us do our job properly."

All staff we spoke with told us that they felt supported by their colleagues and management. One member of staff told us, "Staff are good here. We are a little home but like a family. We work as a team." Another said, "Management deal with issues promptly and professionally. Team work is effective." We saw evidence that staff were supported to fulfil their roles and responsibilities. Staff told us they received regular supervisions. However we noted that supervision sessions were not recorded consistently. We raised this with the deputy manager and she explained that management met regularly with staff on a one to one basis but these were not always documented. She confirmed that such meetings would be documented consistently in the future.

We saw evidence that staff received annual appraisals about their individual performance and had an opportunity to review their personal development and progress. Staff we spoke with confirmed this.

Care plans contained information about people's mental state and cognition. When speaking with the deputy

manager, she demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that all staff received training in this area. Staff we spoke with had knowledge of the MCA. We noted that the service had liaised with the local authority in respect of people's mental capacity and necessary assessments had been carried out.

The CQC monitors the operation of the DoLS which applies to care homes. Appropriate policies and procedures were in place. The service had applied to the local authority for DoLS authorisations for each person who used the service to ensure that any restrictions on people's liberties were in their best interests. We saw that the necessary documentation was in place.

During our inspection, we were unable to observe people having lunch as they were out. We looked at the food menu and noted that there was a variety of food available to people. The deputy manager told us that the menu was put together based on what people liked as well as recommendations from the dietician. Two people at the home were at risk of choking and were therefore on pureed diets. Appropriate referrals had been made to speech and language therapists (SALT) when needed to help ensure that people's nutritional needs were met.

The kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in the kitchen and saw they were all within their expiry date. Food in packaging that had been opened was appropriately labelled with the date they were opened so that staff were able to ensure food was suitable for consumption.

People's weight was monitored and recorded monthly so that staff were alerted to any significant changes that could indicate a health concern related to nutrition. We saw evidence that one person had previously been at risk of weight loss. As a result, staff had completed a detailed record of their food intake and consulted with their GP and dietician so that they could monitor this person's nutrition and ensure that they were eating sufficient quantities of food.

Care records showed how people's health and well-being were monitored and calls to the GP were made swiftly in response to changes. People had good access to

Is the service effective?

healthcare professionals including GPs, opticians, chiropodists and dentists. People were supported to maintain good health and have access to healthcare services and received on going healthcare support.

Is the service caring?

Our findings

People who used the service were unable to communicate with us verbally and were therefore unable to tell us if they thought the service was caring. However we spoke with relatives and they told us that they were confident that people were well cared for. One relative said, “[My relative] is well cared for in the home. Staff are pleasant. They are good people.” Another relative told us, “Staff are very caring. I am very pleased with the care.” Another relative said, “Staff are very thoughtful. They remember birthdays and special events.”

We observed that staff were pleasant and communicated with people in a friendly manner. They interacted positively with people, showing them kindness, patience and respect. Staff interacted well with people and people appeared relaxed and comfortable around staff. People appeared well looked after. One relative told us, “[My relative] always looks smart and tidy.”

People’s relatives were consulted and they helped identify people’s care preferences. This was confirmed by relatives we spoke with. One relative said, “I feel involved with [my relatives] care. They always ring me and tell me what’s going on.” Another relative told us, “Staff keep me informed of progress and decisions always.”

Staff had a good understanding of the needs of people and their preferences. They were also able to tell us about people’s interests and their backgrounds. This ensured that

people received care that was personalised and met their needs. Care staff were patient when supporting people and communicated well with people. Staff used verbal communication which was clear and positive. Staff made good use of short closed sentences and used vocabulary adapted to the needs of each person. One member of staff told us that whilst people were unable to communicate verbally, they used other ways to communicate with people such as gestures.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One member of staff said, “I always knock on people’s door before entering and make sure their privacy is protected when doing personal care.”

Care plans set out how people should be supported to promote their independence. Care plans were individualised and reflected people’s wishes.

One relative said, “It’s a nice place. It is very homely and warm.” Another said, “The home is lovely. Bedrooms are beautiful.” All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

Relatives of people who used the service told us they were happy to raise any concerns they had with the staff and management at the home. One relative we spoke with said that they were kept involved with their relatives care and staff provided them with updates. Another relative told us, "I've never been unhappy with the care. I am fully able to raise concerns if I need to." One healthcare professional told us that they felt comfortable raising concerns with the home if they had to.

The deputy manager told us that dealing with, and learning from people's feedback had led to a more "open" approach and culture within the home. She explained that the service encouraged relatives and healthcare professionals to speak to them about any concerns and they confirmed this.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences and there was written evidence throughout the care plans of the families' involvement. Relatives confirmed that they were involved in care planning. Care plans contained detailed information that enabled staff to meet people's needs. They included details of people's personal preferences and routines and focused on individual needs. We noted that care plans were written in the first person and were person centred. There were appropriate risk assessments and detailed guidance for staff so people could be supported appropriately.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to

comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home.

Information about how to make a complaint was on display in the home and relatives we spoke with told us that they felt able to complain if they needed to. We noted that the service had a book for recording complaints. The deputy manager confirmed that the service had not received any complaints since the last inspection.

People who used the service were able to lead social lives that were tailored to their needs. Each person had an activity plan which detailed what activities they liked to participate in. Activities included going to the day centre, shopping, to the park and baking. During our inspection, we observed that people were out throughout the day. We saw photos of recent events and parties displayed around the home and people were observed to be engaging with staff in a positive and lively manner.

Staff responded promptly when people's needs had changed. Staff told us that they were made aware of changes by communicating with one another through daily handover meetings. When changes occurred, care plans were reviewed and changed accordingly and we saw evidence of this.

There were systems in place to ensure the home sought feedback about the care provided at the home. We saw evidence that a satisfaction questionnaire had been carried out from December 2014 to June 2015 and the feedback obtained was positive. We also saw evidence that management had analysed the feedback received in order to learn from any areas of improvement identified.

Is the service well-led?

Our findings

Relatives spoke positively about management at the home. They told us they found management at the home approachable and felt comfortable raising queries with them. One relative told us, "I can ask them questions. They are very open to listening to suggestions." Another relative said, "Management are very good. I can't fault them." One healthcare professional told us that he thought management at the home was good and had no concerns in respect of this.

There was a clear management structure in place with a team of care staff, the deputy manager and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not worry about bringing any concerns to the deputy manager. One member of staff said, "I am happy here. I can raise queries with the manager. She does listen." Another member of staff told us, "I am confident to raise issues."

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Staff also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues during daily handovers and felt able to speak with management at any time.

The home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. We saw evidence that the service carried out maintenance and health and safety checks in respect of the premises and equipment. Audits were also carried out in respect of medication, policies and procedures and care plans. Accidents and incidents were recorded and analysed to prevent them reoccurring.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.