

# Saivan Care Services Limited

## Keevan 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 

#### Overall summary

We undertook an unannounced inspection on 25 November 2014 of Keevan Lodge. This care home provides support to three people with learning disabilities. People at the home were unable to verbally express their views. At the time of our inspection three people were using the service.

At our last inspection on 8 October 2013 the service met the regulations inspected.

The service had two registered managers 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. One registered manager at the home was responsible for the operational side of the service and the other registered manager was responsible for the daily running of the service.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful manner. We saw that people who used the service appeared comfortable around staff and with the registered managers.

We saw staff communicate with them in other ways such as using specific body language, gestures, facial expressions and key words.

# Summary of findings

There was a safe environment for people who used the service and staff. The majority of staff had received training in how to recognise and report abuse. Staff we spoke with were knowledgeable in recognising signs of abuse and the associated reporting procedures. Medicines were securely stored and administered.

We found the managers were aware of the recent Supreme Court judgement in respect of Deprivation of Liberty Safeguards (DoLS) and confirmed that currently nobody at the home needed applications made to deprive them of their liberty. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Care plans were in place to reduce the risks identified.

Staff had the skills and knowledge to support people who used the service. There were enough staff available at the service and staffing levels were determined according to people's individual needs.

The registered managers at the home were familiar with all of the people living there and staff we spoke with told us they felt supported by the management team. Regular staff meetings were held by the service and we saw evidence of this.

# 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?

The service was safe. Staff were aware of different types of abuse and what steps they would take to protect people.

The service identified when people were at risk. Comprehensive risk assessments had been completed and they were individualised.

There were enough qualified, skilled and experienced staff to meet people's needs.

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

Good



### Is the service effective?

The service was effective. People were cared for by staff who felt they were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

Staff completed relevant training to enable them to care for people effectively. Staff were supervised regularly and felt well supported by their peers and the registered managers.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interests meetings were held which involved family members, independent mental capacity advocates, and healthcare professionals.

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 using the service. The atmosphere in the home was calm and relaxed. Care staff communicated well with people and responded in a caring way.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were being 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 and their needs. People's care preferences were reflected. People were consulted and activities reflected people's individual interests, likes and dislikes. Religious and cultural needs were accommodated.

We saw evidence that reviews were being held between people, their families and healthcare representatives.

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

Good



### Is the service well-led?

The service is well led. Staff were supported by the registered managers and felt able to have open and transparent discussions with them through one to one meetings and staff meetings.

Good



# Summary of findings

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring.

The home had a clear management structure in place with a team of care support workers and the registered managers.

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

# Keewan 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 25 November 2014 of Keewan 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 and incidents affecting the safety and well-being of people. The provider also completed a

Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During this inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during the day. 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.

People who used the service had a learning disability and communicated by using key words, gestures and nods. We spoke with the relatives of two people and spoke with the registered managers, three members of staff and one healthcare professional.

# Is the service safe?

## Our findings

A relative of a person who used the service told us, “The home feels safe.” There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. We saw that people moved freely around the house and were able to make choices about how and where they spent their time.

The risks of abuse to people were minimised because there were clear safeguarding policies and procedures in place to protect people. The registered manager informed us that all but one member of staff had received training in how to safeguard adults and we saw training records which confirmed this. The one member of staff who had not yet received safeguarding training had it scheduled for December 2014. One registered manager also informed us that staff received safeguarding training as part of their induction and all staff had received this. Staff we spoke with were able to identify different types of abuse that could occur. We asked staff members what they would do if they suspected abuse. They said that they would directly report their concerns to the registered manager. They were also aware that they could report their concerns to the local safeguarding authority or the CQC.

Comprehensive risk assessments had been completed and they were individualised to people’s personal, behavioural and specific medical needs. They included preventative actions that needed to be taken to minimise risks and to help support people and keep them safe. We found the provider had also completed risk assessments for various areas such as epileptic seizures, challenging behaviour, mobility issues and smoking. Staff were provided with information on how to manage these risks and ensure people were protected. Each risk assessment had an identified hazard, people who were deemed to be at risk and control measures to manage the risk. Staff were familiar with the risks associated with people’s support and knew what steps needed to be taken to manage them. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions with staff, we found there were enough staff with the right experience

and training to meet the needs of the people living in the home. One manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed that there were sufficient staff on shift at all times. One registered manager told us staffing levels were assessed depending on people’s needs and occupancy levels. One relative we spoke with said, “There are enough staff. They look after [my relative] well enough.” Staff we spoke with told us that they felt that there were enough staff.

We saw there were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being looked after by people who were unsuitable. We looked at the recruitment records for four care support workers and found appropriate background checks for safer recruitment including criminal records checks had been undertaken to ensure staff were not barred from working with children and vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained. We noted that references did not include the date that they were obtained and therefore it was not evident whether these references were obtained before a member of staff commenced employment. We raised this with the registered managers and they confirmed that references were always sought before a member of staff started working at the service. They also advised that they would amend the references template so that it included the date.

During our inspection, we saw arrangements were in place in relation to the recording and administration of medicines. We viewed all three people’s medicines administration records (MARs) for the period of 3 November 2014 up to the date of our inspection. We saw that these had been signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time. The home had appropriate arrangements in place in relation to obtaining and disposing of medicine appropriately with the local pharmacy. We saw monthly medicines audits had been carried out by the provider. Records showed that care support workers had received regular medicines management training and medicines policies and procedures were in place. There were appropriate systems in place to ensure that people’s medicines were stored and kept safely. The home had a separate medicines storage facility in place. The facility was kept locked and was secure and safe.

# Is the service effective?

## Our findings

We found people were cared for by staff who felt they were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care support workers spoke positively about their experiences working at the home. One care support worker told us “This is a nice place to work. All staff are very supportive and helpful.” Another said, “I feel supported by my colleagues and management staff are helpful.”

We spoke with the managers about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting people living at Keewan Lodge and these included manual handling, epilepsy, infection control and health and safety. Staff we spoke with told us they were happy with the training that they had received. One member of staff said, “Training has been good and very helpful. It gave me the confidence to do my role well.”

We spoke with staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff told us they received supervision every two months. One manager confirmed staff received supervision six times per year. We looked at sample of staff records and we saw that staff received supervision on a regular basis and had received an annual appraisal.

We saw evidence that staff received a four week induction when they started working at the service. All staff we spoke with said that the induction had been beneficial. One member of staff said, “The induction was excellent. It also allowed me to shadow staff so that I gradually got into it.”

Information in the support plans showed the service had assessed people in relation to their capacity to make decisions. Where people were able to make their own choices and decisions

about care, they were encouraged to do this. People and their families were involved in discussions about their care and support and any associated risk factors. Individual choices and decisions were documented in the support plans. This showed the person at the centre of the decision had been supported in the decision making process.

People who did not have the capacity to make decisions independently had their legal rights promoted because staff had received appropriate training. Staff had received

training in the Mental Capacity Act 2005 and the (DoLS). Staff we spoke with had an understanding of how to offer people choices. The registered managers told us that they involved personal and professional representatives if a person was unable to make a decision for themselves. We saw evidence that best interests meetings were held when an important decision about their care needed to be made. We also saw evidence that the local authority had carried out mental capacity assessments for all people who used the service.

CQC is required by law to monitor the operation of the DoLS. We found the provider to be meeting the requirements of DoLS. People were not restricted from leaving the home. We saw evidence that people went out and we observed this to be the case during our inspection. People identified as being at risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. The registered managers were aware of the recent Supreme Court judgement in respect of DoLS. They confirmed that at present nobody needed applications made to deprive them of their liberty. The registered managers we spoke with were aware of the procedures for making a DoLS application and liaising with the local authority DoLS lead to ensure that people who used the service were not unlawfully restricted.

People were supported to be involved in decisions about their nutrition and hydration needs in a variety of ways. The registered manager told us that they did not have a set weekly menu for people who used the service. Instead, people had different menus depending on their preferences. We also observed that people who used the service ate their meals when they wanted to and there were no set times for this.

We saw evidence that people's weight were monitored and one manager explained that food and fluid charts were completed for people if there was an identified risk in relation to their food and fluid intake. We noted that in one person's care plan there was evidence that the service had communicated with a dietician in respect of their diet and introduced a low fat diet for them.

Staff we spoke with were knowledgeable about the individual needs of people and followed the guidance given. One member of staff told us, “I always listen to people and offer them choices. I ask people what they would like.”

## Is the service effective?

We saw records that showed healthcare professionals had been consulted over people's care and welfare. A record was included of all healthcare appointments. This helped staff identify any areas of concern and take swift action. We spoke with the community nurse about the service and she told us that the service communicated well with her and they would ask and listen to advice. She had no concerns about the care.

We also saw that each file included a hospital passport which included essential information about the person should they need to go to hospital or for medical appointments.



# Is the service caring?

## Our findings

Relatives of people who used the service told us that they were satisfied with the care and support provided at the home. Some of their comments included, “Staff are caring and respectful. I have no concerns about this” and “Generally I am satisfied with the care.”

During our inspection we saw that positive, caring relationships had developed between people who used the service and staff. Staff were knowledgeable about people’s likes, dislikes and the type of activities they enjoyed. Staff told us and records confirmed that review meetings were held regularly between people who used the service and staff, which helped to develop positive relationships.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people living in the home. People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support where they were able to do so. Care plans were individualised and reflected people’s wishes. People had the opportunity to make their views known about their care, treatment and support through review meetings. Relatives of people who used the service were involved in their care through updates from the service.

Staff were aware of the importance of treating people with respect and dignity. Staff 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 encourage people to be independent as much as they can be.”

We looked at three care support plans for people who used the service and found that these were person centred. People’s needs were assessed and care and support was planned and delivered in line with their individual support plan. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people’s needs, included a profile of the person and clear guidance for staff on how to care for people’s needs.

# Is the service responsive?

## Our findings

One relative of a person who used the service told us that if they were not happy they would speak with the registered manager. They said, "I am able to raise issues with the manager. They always keep me informed of developments." Another relative told us, "It is sometimes difficult to get hold of the management straight away. I do manage to get hold of them eventually."

People who used the service were encouraged to lead social lives that were tailored to their needs. We found that people had their individual needs assessed and consistently met. During our inspection, we saw people leaving the service throughout the day. People were able to take part in individual activities based on their preferences.

Care records we looked at were in an easy read format and contained pictures to help people understand more easily. Care records also listed specific body language, gestures, facial expressions, key words and objects of reference the person also used to communicate. Care plans encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. This demonstrated that the manager was aware of people's specific needs and provided appropriate information for all care support workers supporting them. When speaking with care support workers, they were able to tell us about each person's personal and individual needs.

The service encouraged feedback from people and relatives through a number of different ways including review meetings and questionnaires.

There was a weekly activity programme for all people which was personal to each of them. We saw evidence that staff spent time with people on a one to one basis to ensure they were able to take part in activities which matched their interests.

One registered manager we spoke with explained that she always ensured that people had one to one time with staff as people had different interests. The registered manager explained that there was flexibility in terms of the activities timetable as it depended on what people wanted to do on a particular day depending on their mood.

The home had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. However we noted that the policy did not make reference to the local government ombudsman. The registered manager said that the policy would be updated to include this. When speaking with care support workers, they showed awareness of the policies and said they were confident to approach the managers. Care support workers felt matters would be taken seriously and the manager would seek to resolve the matter quickly.

We looked at the complaints records and saw that these had been investigated and responded to.

# Is the service well-led?

## Our findings

Staff told us that the registered managers were approachable and supportive. One member of staff told us, “All staff get on well. There is a good relationship.” Another said, “I feel supported by staff and all management staff are helpful.”

Staff told us they were informed of any changes occurring within the home through monthly staff meetings, which meant they received up to date information and were kept well informed. Staff understood their responsibility to share any concerns about the care at the home.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were confident about raising concerns about any poor practices witnessed. They told us they were very happy working at the service and felt very supported. One care support worker we spoke with said, “The managers are very supportive and helpful. If I have any questions, I can ask.” Another said, “The managers recognise our work and there are opportunities for staff to progress.”

The provider had effective systems to monitor incidents at the home and implement learning from them. We saw that the incidents were recorded accurately and people’s care records had been updated following these incidents to ensure that the most up to date information was available to staff. The managers explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these and so that staff could all learn from them.

We saw evidence that weekly residents’ meetings were held so that people could discuss any issues and have a general discussion about any queries. We noted that no major issues had been discussed. One registered manager told us they encouraged people and relatives to communicate with her at any time about any concerns they may have.

One registered manager told us they were responsible for undertaking regular audits of the home. Records showed that the provider regularly carried out health and safety audits which covered fire safety, electrical checks and fridge temperature checks. We viewed a sample of equipment servicing and maintenance records. These showed that equipment such as the gas appliances, electrics and the fire alarm had been checked and maintained at the required intervals, to minimise the risk to people and staff.

The provider sought feedback from people who used the service, relatives and healthcare professionals through questionnaires which we saw were in people’s care files. We saw evidence that the provider had reviewed the information gathered from the questionnaires. The feedback from the questionnaires was generally positive.

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks were being carried out by the service which detailed outcomes and any further action that needed to be taken to make improvements to the service. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medicines, staff records and supervisions.