

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 ●

Summary of findings

Overall summary

About the service

Keevan Lodge is a residential care home providing personal care to people with learning disabilities and mental health conditions. The care home accommodates three people in a terraced house and was fully occupied at the time of the inspection.

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

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

Right Support

People were supported to maintain their independence and lead full lives. Staff understood how to effectively support people as individuals. The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. People were encouraged and supported to attend routine healthcare appointments to ensure their wellbeing. The service worked in collaboration with people to help plan and review their care.

Right Care

People were supported by staff who understood their individual needs. We observed kind and caring interactions between people and staff. People were supported by staff who were well trained and had also received training in working with people living with autism and learning disabilities. Staff understood what was important to people and supported them to take part in activities that were meaningful to them.

Right culture

The service was well run and staff were passionate about working with people. The values of the service were reflected in the care people receive. The service ensure staff understood best practices around making sure people were treated as individuals. People's opinions were important and there were numerous systems of gaining people's feedback. Auditing systems and people's feedback ensured there was oversight of the care being provided. Where any learning was identified this was used to improve the quality of care.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 February 2021) and there were breaches of regulation around the safe management of medicines and management oversight of the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations (regulations 12 and 17).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-Led.

Details are in our well-Led findings below.

Keewan 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 Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed the action plan submitted by the provider following the last inspection.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, head of human resources, two care staff and three people who used the service. We reviewed a range of records including three staff files; recruitment, supervision, induction and appraisal. We also looked at one person's care plan and risk assessment, three people's medicines, health and safety records including accidents and incident and fire safety. We also observed people's interactions with staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed a variety of records relating to the management of the service, including policies and procedures. We also looked at another person's care plan and risk assessment. We spoke with two care staff and one relative.

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 now improved to good. This meant people were safe and protected from avoidable harm.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were effective systems in place to manage medicines. People received their medicines safely and on time.
- At our last inspection we were unable to reconcile stocks of medicines with medicines administration records (MARs). At this inspection there were robust medicine stock controls in place that were checked daily.
- At our last inspection we found controlled drugs (CDs) were not appropriately stored. Controlled drugs are medicines that the law requires are stored, administered and disposed of in accordance with the Misuse of Drugs Act 1971. At this inspection we found there was appropriate storage and administration systems for CDs.
- Where people required as and when required medicines, such as anti-anxiety medicines, inhalers and pain relief, there was clear guidance for staff on when to administer these medicines.
- Where people had been prescribed medicines for when they may become anxious, we saw these were not given on a regular basis. The registered manager told us staff would use other techniques such as talking and distraction before considering medicines. This meant people were supported in an effective way when they became anxious.
- People's care plans and medicine profiles provided clear information to staff on what support people needed with their medicines.
- Staff received training in medicines management and medicines administration. Following training, staff received a competency assessment to make sure they were safe to administer people's medicines.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Throughout the inspection we observed people were comfortable with staff and had a good relationship with them. One person told us, "They are nice to me. I like it!"

- Staff had training on how to recognise and report abuse and they knew how to apply it. Training was regularly refreshed to ensure best practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed thoroughly to keep people safe.
- There were detailed risk assessments for people's personal risks. Clear guidance was provided for staff on how to minimise known risks and keep people safe. Risk assessments were regularly reviewed. People's risks were linked in their care plans which provided a clear continuity of information.
- Accidents and incidents were well documented. Where an accident or incident occurred, it was well documented including immediate action taken, follow up and any learning. Where there was any learning, this was shared with the staff team in handovers and staff meetings. People were also involved if there was any learning through discussions and staff support.
- The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building.

Staffing and recruitment

- There were systems and processes in place to ensure robust recruitment and monitor staffing levels within the home.
- There were enough staff to meet people's care and support needs. As this was a small home, the registered manager told us they would rota on extra staff if a person had an appointment or required support with activities.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Preventing and controlling infection

- People were protected from the risk of infection by effective infection control processes.
- There were no restrictions on visiting. People were supported to see people that were important in their lives. Before visitors could enter the home, staff completed an infection control assessment. This included, COVID-19 testing, checking visitors' temperature and where necessary and appropriate, social distancing was encouraged. The home had a lounge and a garden that could be used for social distancing.
- Staff recognised seeing staff in masks and understanding the pandemic could be distressing for people. Staff worked closely with people to explain how they could keep themselves safe, using regular chats and support, hand washing demonstrations and using pictorial guides. The registered manager told us, "[People] are so used to it now they get their mask when they have got dressed if they are going out and get their hands sanitised!"
- The home was clean and fresh at the time of the inspection. There was a cleaning schedule in place to maintain cleanliness and help prevent infection.
- The provider owned several other locations and staff did not work across sites. This helped keep people safe from the risk of infection.
- Staff had access to Personal Protective Equipment (PPE), and we saw staff using PPE appropriately at the time of the inspection. Staff had been trained in infection control and confirmed the registered manager kept them up to date on relevant guidance. Staff were encouraged to receive their COVID-19 vaccination.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There were clear processes in place for new admissions. However, people had been living at the home for a number of years and there had been no new admissions.
- People's care was planned and delivered in line with standards, guidance and the law.

Staff support: induction, training, skills and experience

- Staff were fully supported and trained to enable them to carry out their role.
- Staff received a comprehensive induction including The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also worked under supervision of a more experienced member of staff before being able to work alone.
- Staff had also received training in specialist areas such as autism and learning disability awareness, positive behaviour support and epilepsy.
- Staff received regular supervision and appraisal to support them in their role.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink enough to maintain a balanced diet.
- People's likes and dislikes around food were clearly documented in their care plans. Staff we spoke with understood people's preferences.
- Where people had specific cultural needs around food, this was catered for.
- People were fully consulted around what they wanted to eat. We observed staff asking people what they wanted for breakfast and giving choices.
- There were records of people being encouraged and supported to attend routine healthcare appointments such as GP's, dentists and opticians. Where any recommendation or treatment was provided, care plans were updated to include this. A relative commented, "They do take [person] for his routine check ups. [Person] went recently for the dentist."

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

- The home's design and decoration met the needs of people living there.
- Where people had support needs around mobility, there were appropriate adaptations in place.
- People were able to decorate their personal space as they wanted. One person showed us their room

which had lots of personal items and was decorated how they wanted. The person said, "Staff helped me!"

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home was working within the principles of the MCA for the best interest of people. People were supported in the least restrictive way and encouraged to make decisions for themselves where appropriate.
- Where people's liberty was being deprived, there was appropriate documentation in place to ensure this was done lawfully. This included applications, assessments and authorisations.
- People's capacity was clearly documented in their care plans. This included information on decisions people were able to make.
- Staff understood the principles of the MCA and had received training. A staff member said the MCA was, "It's where people are assessed to see if they are able to understand things and make decisions. If not things are put in place in their best interest."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported, and their own cultural and religious support needs were met.
- One person had been supported to create an area for worship in their bedroom, staff who were of the same faith would pray with the person at the person's request. For another person of a different faith, staff also supported them to follow their faith when they wanted to. Where required, people were supported to attend places of worship.
- The home had ensured there were TV stations that showed programmes in people's first language. We observed a person sitting in the lounge and watching programmes in their language and nodding along.
- Staff understood people's dietary requirements around culture and food. People were supported to eat their cultural foods. One person had their own fridge to store their food in.
- We observed kind and caring interactions between people and staff. A person was talking with staff about an issue that was concerning them. Staff were patient and reassuring and we saw the person felt comfortable when explaining their concerns. A relative told us, "Overall, they [staff] are doing their best to look after [person], we are happy for it. They are doing their best to try and help [person] out, there are some good care staff."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their own care and supported to make decisions about their care.
- Each person had a keyworker. A keyworker is a member of staff that has responsibility and oversight of an individual's care and support needs. Keyworkers work with people to help set goals, understand people's support needs and how these can be achieved. This also allows people to build a rapport with staff and feel supported. The keyworking process was one way of involving people in their care and help people make choices and decisions.
- People were involved in reviews of care plans as well as any reviews with learning disability teams and other healthcare professionals.
- People were involved in regular house meetings where they were able to share ideas and discuss what they wanted from the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were recognised as vital parts of the care and support they received.
- People were supported to be as independent as possible and develop living skills. People were encouraged to take part in daily activities such as cooking, cleaning and laundry.

- People living with a learning disability and autism can have rituals or routines which are important to them. Staff told us about working with people's rituals around personal care and how they supported the people to feel comfortable and safe whilst maintaining their dignity and independence.
- Staff understood how important people's names were. When we were introduced to people, we were informed of what they wanted to be called. This showed staff respected people's wishes and individuality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff worked in collaboration with people when planning their care to meet their individual needs and preferences.
- Care plans were person-centred and focused on how people wanted to receive their care, what was important to them and what they liked and disliked.
- Staff created two care plans for people, one that was accessible for people and a more detailed one for staff.
- All people had a positive behaviour support plan (PBS). A PBS looks at a person's behaviours and how both people and staff can work effectively together around behaviours to create an inclusive and positive experience. PBSs were regularly reviewed and linked to people's care plans.
- Care plans were regularly reviewed in collaboration with people and updated when and if there were any changes to a person's care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's individual communication needs and supported people in the way that was effective for them.
- Each person's specific communication needs were documented in their care plans. Whilst people were able to communicate verbally, people also had needs around how information was presented to them. For example, 'Communication is an essential component for me. Staff need to be open and honest at all times, explain slowly to me what is happening'.
- Any information given to people was presented in a format they were able to understand. People had pictorial care plans written in easy read language and large font. Care plans were created with people and staff went through them with each individual to ensure they understood them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported to follow their interests and have a full life.
- People preferences and what they enjoyed were documented in their care plans.

- People had individual activity plans in their care files and clearly displayed in their bedrooms. Staff supported people to take part in activities both indoors and outdoors. One person told us, "I like to go shopping, go to [local] coffee shop." Another person had a daily ritual of where they went each day which staff supported them with. A person's care plan stated, "I plan my activities on one to one with the staff on Tuesdays"
- People's birthdays and milestone events were celebrated. We observed a person planning a birthday celebration with staff and other people in the home. They were excitedly chatting about options of where to go and who to invite. The registered manager also told us everyone had been at a party the day before the inspection and said, "People were dancing and eating, it was lovely!"

Improving care quality in response to complaints or concerns

- There were appropriate systems in place to monitor and manage complaints.
- Since the last inspection there had been no complaints about the service or care provided.
- There was information displayed on the house noticeboard for people, explaining how to complain. Information on how to complain had also been given to people and one person showed us the information and where they kept it in their room. The person told us they knew how to complain and understood the information. Residents' meeting minutes showed people were reminded of the process and encouraged to complain if they were not happy with something.
- Relatives told us they knew how to complain if there were any concerns.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staff structure in place and staff were aware of how to report concerns and understood the home management structure.
- There were numerous audits completed that monitored the quality and safety of care. These included medicines, health and safety and infection control. Where any issues were identified, these were documented and addressed quickly.
- The registered manager had good oversight of staff recruitment and training. There were systems in place to ensure robust staff recruitment and training was refreshed regularly.
- The service was in the process of going paperless. There was an electronic system where people's care records and information were documented. The registered manager told us there were plans to start using this for medicines administration and oversight.
- The registered manager understood their responsibilities and regulatory requirements and when notifications needed to be submitted to the CQC and the local authority.
- The registered manager regularly reviewed information from accidents and incidents, surveys and audits to help improve the quality of care.
- Staff were involved in identifying learning points and discussed any learning during staff meetings and handovers.

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

- There was a positive culture within the home which focused on people and ensured good outcomes for them.
- The service worked collaboratively with people to empower them in making decisions about their care and support. This included in care planning, reviews of care and keyworking.

- Staff knew people well. People had been living at the home for many years. We observed the homely and welcoming atmosphere. People were open with staff and chatted easily with them.
- People knew the registered manager and greeted them warmly, often having chats and smiling.
- Staff felt the registered manager was supportive and were able to talk to them at any time. A staff member said, "[Registered manager] is good, she's always there when we need her."
- Care was person-centred and tailored to each person. This meant people led full lives according to their wishes.
- The service recognised people's cultural and religious needs were important to people. People were empowered to be their authentic selves and equality and diversity respected.

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; Working in partnership with others

- The registered manager understood their responsibility to be open and honest with people and relatives if something went wrong.
- The home worked in partnership with healthcare providers to promote people's health and wellbeing.

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

- People, staff and relatives were engaged and involved in the service.
- There was an annual survey completed with the most recent one being collated in March 2021. Following any surveys, the staff produced information for people with what the results had been and what they were going to change or implement.
- Service user satisfaction surveys were also completed with people living at the home. This asked about life at the home and what people were happy with and what they wanted to change or put in place. People were also consulted during residents' meetings about their day to day life such as activities and food.
- Staff were encouraged and able to express their views and opinions during monthly staff meetings.