# Saivan Care Services Limited

# Saivi House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Saivi House is a care home that provides accommodation and care to a maximum of five people who have a learning disability, a mental health issue or a dual diagnosis. On the day of the inspection there were four people residing at the home.

At the last inspection on 4 November 2015 the home was overall rated Good.

At this inspection we found the home remained Good.

People in the home had complex needs and some people were unable to provide us with verbal feedback. On the day of our inspection, we spoke with two people. Following the inspection we spoke with one relative and one social care professional to obtain their feedback about the service. They told us they were confident people were safe in the presence of care workers and in the home.

During the inspection we observed people were treated with kindness and compassion. It was evident that positive caring relationships had developed between people who lived in the home and staff.

People who used the service spoke positively about staff and the care provided at the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm. Staff were knowledgeable about people's individual care needs and were aware of the triggers and warning signs which indicated when people were upset and how to support people appropriately.

There were enough staff to meet people's individual care needs and this was confirmed by staff we spoke with. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. People who used the service told us that staff always had time to speak with them. The registered manager explained that there was flexibility in respect of staffing and staffing levels were regularly reviewed depending on people's needs and occupancy levels.

There were arrangements for the recording of medicines received into the home and for their storage, administration and disposal. However, we found that medicines were not always stored at the appropriate temperature and we made a recommendation in respect of this.

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

Staff demonstrated that they had the knowledge and skills they needed to perform their roles. Staff spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine administration, health and safety, basic life support aid and moving and handling. We noted that staff had received some supervision sessions. However, we noted that these had not taken place consistently since our previous inspection and raised this with management. The registered manager explained that they had recently employed a care supervisor who would be responsible for ensuring these were carried out consistently.

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 documented and staff we spoke with were aware of people's likes and dislikes. People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly and were updated when people's needs changed.

The registered manager explained to us that they encouraged people to be independent as much as possible but provided support where necessary.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005).

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 registered manager informed us that one person who lived in the home was subject to DoLS and we saw that relevant documentation was in place.

People spoke positively about the food arrangements in the home. People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition.

People 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.

Each person had their own activities timetable which was devised based on their interests. Activities included attending the local leisure centre, going shopping and movie nights.

We found the home had a management structure in place with a team of care workers, care support worker and the registered manager. The home had an open and transparent culture. Staff told us they were encouraged to have their say and were supported to improve their practice. Staff told us that the morale within the home was good and that staff worked well with one another. They spoke positively about working at the home. They told us management was approachable and there was an open and transparent culture within the home and they did not hesitate about bringing any concerns to management. Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred monthly and were documented.

There was a quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The home undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. These audits included health and safety, infection control, medication, fire safety and care documentation.

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

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were arrangements place in relation to the management and administration of medicines. However, we noted that medicines were not always stored at the appropriate temperature.

The home was clean and infection control measures were in place. There was a record of essential inspections and maintenance carried out.

### Is the service effective?

Good

The home was effective. Staff had completed training to enable them to care for people effectively. Staff were supervised and felt well supported by the registered manager.

People's nutritional needs were met.

People were supported to make their own choices and decisions.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

### Is the service caring?

Good

The home was caring. Staff were aware of the importance of being respectful of people's privacy and dignity.

Care plans included information about people's individual needs including their spiritual and cultural needs and the service supported people to meet these needs.

The atmosphere in the home was calm and relaxed.

Staff had a good understanding of people's care and support needs.

## Is the service responsive?

Good

The home was responsive. There were various activities available for people to participate in at the home.

Care plans were person-centred, detailed and specific to each person's individual needs.

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

## Is the service well-led?

Good

The home was well-led. Checks and audits had been undertaken.

People told us that the registered manager was approachable and they were able to raise concerns with him if they needed to.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions.

# Saivi House

**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 26 July 2018.

We previously inspected the home on 4 November 2015. During the inspection we rated the home as "Good" and there were no breaches of regulation.

The inspection carried out on 26 July 2018 was carried out by one inspector.

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

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.

We spoke with two people during the inspection. We were unable to speak with all the people in the home because they could not communicate with us verbally. We therefore observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

During the inspection we spoke with five members of staff which included care workers, care supervisor and the registered manager. We also reviewed two care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

After the inspection we spoke with one relative and one care professional to obtain their feedback regarding

the home.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and secure in the home and in the presence of care workers. One person said, "I feel safe. I don't like going out on my own but I feel safe going out with staff." Another person told us, "It is fine here. I feel safe." When asked if relatives were confident that people were safe in the home, one relative said, "Yes [my relative] is safe. Staff are all pleasant and kind. This relative and one care professional we spoke with raised no concerns about the safety of people in the home.

A safeguarding policy and procedure was in place to help protect people and minimise the risks of abuse to people. The contact details to report safeguarding concerns were clearly displayed in the home. We also found that an easy read safeguarding policy was clearly displayed on the front door of each person's room and this included relevant contact details. The registered manager explained that this ensured people always had important information available to them. Training records indicated that staff had received safeguarding training. When speaking with care workers they were aware of safeguarding procedures. They told us how they would recognise abuse and what they would do to ensure people who lived in the home were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC.

There were comprehensive risk assessments in place. Risk assessments detailed the actions in place to minimise risks to people. They covered risks such as slips, obsessive behaviours, mobility equipment, self-neglect and behaviour that challenges. Risk assessments identified the level of risk, detailed control measures in place to mitigate the risk and the level of risk following the control measures. These were reviewed regularly and were updated when there was a change in a person's condition.

We discussed staffing arrangements with the registered manager and looked at the staff rota. We noted that during the day there were two care workers on duty along with the registered manager. At night there was one waking staff on duty. There was consistency in terms of staff and the registered manager confirmed that the home did not use agency staff. He explained that continuity of care was an important aspect of the care provided so that people were comfortable and familiar with staff. The registered manager discussed the arrangements for the night shift and confirmed that one member of staff was sufficient to safely meet people's needs. They also confirmed that there was always another member of staff on call in case of an emergency and that staff lived close to the home.

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 suitable medicine storage facility in place. The facility was kept locked and was secure and safe. However, on the day of the inspection we observed that the room where the cabinet was situated was warm and the thermometer stated that medicines cabinet temperature was 32 degrees Celsius. High temperatures could affect the potency of medicines. We discussed this with the registered manager who confirmed that he would purchase a cooler for use in the room to ensure that the room was kept at the appropriate temperature. During the inspection, we looked at the medication cabinet

temperature records for July 2018 and noted that the temperature was recorded daily in the morning. We noted that on 20 July 2018 the temperature was recorded as 26 degrees Celsius.

We recommend that the provider ensure that they have an appropriate system in place to ensure medicines are stored appropriately.

There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for people who used the service. These had been completed and signed with no gaps in recording when medicines were given to a person with the exception of one person. We noted that one person had been prescribed Capasal shampoo but there were occasions where there were gaps in the MAR in respect of this. We discussed this with the registered manager who confirmed that the shampoo was prescribed for use twice a week. He explained that he would ensure that this was clearly documented in the MAR.

Some people were prescribed PRN medicines and were therefore only to be prescribed it "when required". We found that there was clear guidance contained in the people's care documentation about the reason for administration, special instructions for administration and potential side effects. We also noted that when PRN was administered, the home recorded this on a separate PRN administration record sheet.

Staff had completed training and understood the procedures for safe storage, administration and handling of medicines. At the time of the inspection, the registered manager confirmed that nobody was using controlled drugs at the home.

The home had a monthly medication audit system which looked at medicines management such as storage, records, staff training, ordering and disposal. The most recent medication audit had been carried out in June 2018. Staff also carried out a weekly medication check which checked the number of medicines, expiry dates and PRN records.

There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out. We 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.

The home had appropriate fire safety arrangements in place. Each person had a personal emergency evacuation plan (PEEP) in place. This included information of what action to take in the event of an emergency. However, we noted that this did not include specific details relating to the person's individual needs and how to appropriately support them in the event of an evacuation. Following, the inspection the registered manager confirmed that they had revised people's PEEPs so that they included this information and provided us evidence of this.

There was documented evidence that the fire alarm was tested weekly and fire drills had been carried out. We noted that the most recent fire drill had been carried out in July 2018. Fire procedures were clearly on display in the home and were presented in an easy read format with clearly written words and pictures to help people understand it.

There was documented evidence to confirm staff had received fire awareness training. The home also had an emergency grab bag available for use if the home had to be evacuated in an emergency. We observed that one person in the home smoked. There was a no smoking policy in the home. There was a designated

area outside the home for people who smoked. The home had a smoking risk assessment in place.

Regular safety and maintenance checks of the premises were carried out to ensure they were safe. We saw evidence that the gas boiler had been inspected and the electrical installations inspection had been carried out.

The hot water temperatures were checked regularly and these were documented. The registered manager explained that the water temperature in the home was controlled on each water outlet. This ensured that the water temperature did not exceed the recommended safe water temperatures. This ensured that people were not at risk of scalding.

We found that window restrictors were in place. We looked at two rooms on the first floor and found that these were in place. The registered manager confirmed that there were window restrictors on all windows on the first floor.

There were appropriate arrangements in place for managing people's finances and these were detailed in people's care plans. People's finances were monitored by the registered manager. We saw people had the appropriate support in place where it was needed.

We saw evidence that accidents and incidents had been recorded. This included clear details about the incident and who was involved and action taken following the incident.

There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the premises was kept clean and regularly monitored. On the day of the inspection, the premises was clean and there were no unpleasant odours.

Good

# Is the service effective?

## Our findings

People told us they were satisfied with the care provided in the home and spoke positively about care workers. One person said, "Staff are fine." Another person told us, "It is alright here. We are lucky that we are in one of the nicest places. Other places might not be so nice."

People had an initial assessment of their needs with their involvement before they moved into the home and care documentation demonstrated this. This included a pre-admission assessment which detailed important information about the person's health and care needs. An individualised care support plan was then prepared using the detail from pre-admission assessments. This included details of the person's preferences, needs, and details of how staff were to provide the required care.

People's healthcare needs were closely monitored by management and care staff. Care records contained important information regarding medical conditions, behaviour and allergies and we saw these were well maintained. Care records included a record of appointments with healthcare professionals such as people's dentist, optician and GP. The registered manager confirmed that they liaised closely with healthcare professionals and we saw evidence of this.

Newly recruited staff had undergone a period of induction to prepare them for their role. The induction programme covered various areas which included policies and procedures, staff conduct and information on health and safety. Newly recruited care workers were in the process of completing the Care Certificate. This is a comprehensive course which sets an identified set of standards that care staff work through with support.

Training records showed that care staff had completed training in areas that helped them when supporting people. Topics included basic life support, safeguarding, infection control, fire awareness, manual handling, medicine administration and food hygiene. The training was a combination of internally and externally provided training. Staff spoke positively about the training they had received. They told us they felt confident and suitably trained to support people effectively.

We saw documented evidence that care workers had received some supervisions. However, we noted that these were not consistently completed since the previous inspection in 2015 and raised this with management. They acknowledged that there were some gaps and explained that they had recently employed a care supervisor who would be responsible for ensuring supervisions were carried out consistently and were documented. Care staff received yearly appraisals where they discussed their individual objectives, performance and learning and development action plan.

Arrangements were in place to ensure the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. This information was detailed in care support plans. Care records included details of what support people needed with eating and drinking, how they would like to be supported, the level of support required, risks associated with chewing and swallowing and details of restrictions of food including allergies

and preferences. We noted that one person was diagnosed with swallowing difficulties. This information was clearly documented in the person's care support plan along with guidance and relevant correspondence from care professionals.

The menu included a variety of foods which were freshly prepared daily. On weekends people in the home discussed what they would like to eat during the following week and a menu was devised based on people's preferences. The registered manager explained that this ensured people were able to eat a variety of foods. There was flexibility and if people wanted to eat something else, an alternative was always provided at their request.

People with specific dietary needs were supported to understand their condition and to plan their meals and this was clearly documented in their care support plan. The registered manager explained that two people had a high Body Mass Index (BMI). Staff had worked with these people to put a weight monitoring support plan in place which detailed their goals and included an action plan to help them reach a healthy weight. The registered manager explained that they helped support people by discussing their diet and opting for low fat and healthy options. People's weights were recorded monthly so that the home was able to monitor people's nutrition.

On the day of the inspection, we found the kitchen was clean and there were sufficient quantities of food available which included fresh fruit and vegetables. There was documented information in the kitchen which showed each person's specific dietary needs and preferences.

In August 2016 the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars, rating the service as "very good".

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care plans included information about people's capacity to make decisions. Where people lacked capacity, details of their advocates or people to be consulted was documented in care records. Care workers we spoke with had a basic understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity to make decisions then they should refer matters to the registered manager so that professionals involved and people's next of kin could be consulted.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people were unable to leave the home because they would not be safe leaving on their own, the home had made necessary applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the home had made necessary applications and relevant authorisations were in place.

Good

# Is the service caring?

## Our findings

People told us they were cared for in a respectful and dignified manner. One person said, "Staff talk to me and are helpful." Another person told us, "Staff are nice. Best staff here. Staff are kind. They do help us." This person also showed us their nails and said that staff had painted them for her and said she was pleased with this. One relative told us, "Staff are caring and patient with everyone."

During the inspection we observed interaction between care staff and people living in the home. People appeared relaxed and comfortable in the presence of staff and the registered manager. Staff interacted positively with people, showing them kindness, patience and respect. We observed the atmosphere in the home was homely and relaxed. On the day of the inspection, we observed that some people sat in the garden and appeared to be content. Another person spent time putting a puzzle together with help from the registered manager.

The registered manager explained to us that they encouraged people to be independent and where possible, to do things themselves. We observed care workers provided prompt assistance but also encouraged people to build and retain their independent living skills. For example; we saw people being encouraged to help prepare lunch. One person who lived in the home explained that they cleaned their bedroom with assistance from care workers.

Care workers and management had a good understanding of the needs of people and their preferences. Care support plans included information about people's interests and their background and used this information to ensure that equality and diversity was promoted and people's individual needs met. These included detailed information about people's individual cultural and spiritual needs. One person was supported to visit a Church monthly in accordance with their wishes.

Care workers and management 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 their care. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them. One care worker told us, "I always explain what I am doing beforehand. I ask people every time what they would like." Another care worker told us, "I always reassure and encourage people. It is about small steps. I talk to people and engage with them."

We discussed the steps taken by the home to comply with the Accessible Information Standard with the registered manager. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. We noted that various policies and guidance were available in an easy read format so that they were accessible to all people and these were clearly displayed in the home.

The service had a comprehensive service user guide which was presented in an easy read format. The guide provided useful and important information regarding the home and highlighted important procedures and

contact numbers. It also included information about the aims and objectives of the home which was to enable people "to live as independently as possible" and providing "consistency" in respect of their care and support. The home also aimed to support people "to help empower the individual to achieve their goals, dreams and aspirations".

People spoke positively about their bedrooms and communal areas. Bedrooms and communal areas had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Good

# Is the service responsive?

## Our findings

People who used the service told us care support staff listened to them and responded to their needs. One relative we spoke with said the home was responsive and that they felt able to raise any concerns they had with the staff and management at the home. This relative said, "I can always raise issues with the manager if I had to."

Care plans included information about people's needs including; health, care, communication, behaviour, personal care, mobility and daily routines. There was detailed information about how each person would like to be supported. These were specific to each person and individualised. Care plans were written in the first person and it was clear what the individual person wanted. Care plans contained personal profiles, personal preferences and routines and focused on individual needs.

People had a positive behaviour support in place. This is a behaviour management system used to understand people's challenging behaviours. These included positive behaviour support plans which detailed proactive and prevention strategies. These detailed primary and secondary prevention strategies for example, how staff should approach the person concerned, how to effectively communicate with them and what staff can do if the person felt upset. It also included reactive strategies which included clear instructions of what to do if person is upset or agitated.

People were supported to take part in activities. Each person in the home had their own activities timetable which was devised based on their individual preferences. The registered manager explained that people liked to do different things and therefore they did not have a generic timetable. Activities included attending the local day centre, going to the park, going out for lunch, movie night and shopping.

Some people in the home were unable to communicate verbally. The registered manager explained that staff encouraged people to tell them how they were through gestures, facial expressions and using pictures. People had completed a satisfaction survey in June 2018. This survey was in an easy read pictorial format so that it was accessible to all people. We noted that the feedback received was positive.

There was a complaints policy in place which detailed the 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. The complaints policy was on display in the home and was in pictorial form so that it was accessible to all people. The home had a system for recording and dealing with complaints appropriately.

Residents' meetings were held monthly so that people could express their views and be informed of any changes affecting the running of the home. We noted that these were documented. The registered manager also explained that weekly meetings were held so that people could discuss upcoming events on a weekly basis as well as discuss the weekly menu.

We noted that the home carried out regular reviews of people's care. The registered manager explained that

these were important to ensure that people received the level of care they required whilst also ensuring people were involved as much as possible in their care. We saw documented evidence that one to one monthly reviews were carried out with the involvement of people. This looked at various aspects of their care including their routine, activities, support and premises.

Good

# Is the service well-led?

## Our findings

People and one relative we spoke with expressed confidence in the management of the home. One person said, "The manager is good. He is funny." Another person told us, "The manager is really nice. He talks to me. He always makes time for me."

The home had a manager registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a management structure in place with a team of care workers, care supervisor and the registered manager. Staff spoke positively about working at the home and were of the opinion that the home was well managed. They spoke positively about the registered manager and said that he was supportive and approachable and had confidence in his abilities. They also told us that staff worked well together as a team. One member of staff said, "There is good teamwork here. Management are very good and very supportive. I can definitely talk to them." Another member of staff told us, "There Is a lot of support here. We communicate well. We teach each other and talk to each other."

There were regular staff meetings where staff were kept updated regarding the care of people and the management of the service. These minutes were available for inspection. Staff we spoke with told us that the communication in the home was good. They advised that they were kept fully informed of developments and were able to express their opinions and ideas.

There was a quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The home undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, cleanliness of the home, medicines and staff training. Where action was required, this was clearly documented along with what action the home had taken to make improvements.

The home had a "Residents' Charter" on display which included reference to respect, dignity, rights of the individual, self-esteem and independence. Staff were aware of these important values in relation to people's care and support. Staff told us that the registered manager encouraged staff to look at ways of maintaining people's independence and we saw that people were supported to carry out activities of daily living such as tidying their room or helping with meals. We saw that these values were identified within all aspects of people's care plans.

Care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and how to access them. People's care records and staff personal records

were stored securely which meant people could be assured that their personal information remained confidential.