

Saivan Care Services Limited

Windsor House

Inspection report

Kirkley Cliff Road
Lowestoft
Suffolk
NR33 0DB
Tel: 01502 566664

Date of inspection visit: 20 October 2015
Date of publication: 24/11/2015

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

Windsor House provides accommodation and personal care for up to 17 older people, some living with dementia.

There were 14 people living in the service when we inspected on 20 October 2015. This was an unannounced inspection.

There was a registered manager in post. 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 were procedures and processes in place to ensure the safety of the people who used the service.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were able to work in the service.

Summary of findings

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People's nutritional needs were being assessed and met. Where concerns were identified about, for example a person's food intake, appropriate referrals had been made for specialist advice and support.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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 knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately. There were systems in place to minimise the risks to people.

There were enough staff to meet people's needs. Recruitment of staff was completed to make sure that staff were able to support the people who lived in the service.

People were provided with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

Windsor 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 October 2015, was unannounced and undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). This 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.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 11 people who used the service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager and three members of staff, including care and catering staff. We also spoke with one visiting health professional. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, “I feel very safe, no one can come in here who should not.” Another person commented, “If you have a fall there is always someone here.”

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. Records and discussions with the registered manager showed that where safeguarding concerns had arisen action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service. For example, advising staff on their roles and responsibilities.

Care records included risk assessments which provided staff with guidance on how the risks to people in their daily living were minimised. This included risk associated with using mobility equipment, accidents and falls. These risk assessments were regularly reviewed and updated. When people’s needs had changed and risks had increased the risk assessments were also updated. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced. Where people required assistance to reposition to prevent pressure ulcers developing records showed that this was done. The communication book held an entry by the registered manager who reported that a visiting professional had praised the service on the pressure ulcer prevention in the service. One person who remained in bed said, “I have no sores, I can move myself and the staff help me with my cream.”

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the lift had been serviced and regularly checked so they were fit for purpose and safe to use. Following our visit we received information of concern regarding the electrical safety in part of the service. The local authority kept us updated and the provider had taken action to address the issue to ensure people were safe. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was

fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Regular checks were also made on mattress cleanliness and wheelchair safety.

People told us that there was enough staff available to meet their needs. One person said, “They are always around and if I need anything I just have to ask.” Another person commented, “I have my bell here, they [staff] answer it quickly.” Staff were attentive to people’s needs and requests for assistance, including call bells, were responded to promptly.

Staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. The registered manager told us about how the service was staffed each day and this was confirmed by the records we reviewed. These were assessed and were reviewed if, for example, people’s needs increased.

Records and discussions with the registered manager showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. Risk assessments were in place where there had been issues identified throughout the recruitment process.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, “In my point of view this is the most important thing. Before, I didn’t know what I was taking and what for. They [staff] come round with a trolley and remind me what they [medicines] are for. I don’t have to worry about that now, it makes life much easier.”

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People’s medicines were kept safely but available to people when they were needed. Medicines management was audited and where shortfalls or improvements were identified actions were taken to ensure that people were safe.

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, “They know what they are doing, they get training, they are doing some today.” Another person commented, “They are all trained, they are doing some today in there,” pointing to the room where staff were attending training. Another said that the staff were, “Very conscientious.”

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. As well as providing care related training to care staff this was also provided to other staff including domestic and catering staff. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. Staff were knowledgeable about their work role, people’s individual needs and how they were met.

Staff were provided with the training that they needed to meet people’s requirements and preferences effectively. On the day of our inspection some of the staff team were doing their annual training updates. One staff member told us that they were not due to do this training yet, but were booked on it for the beginning of the following year. This told us that staff were provided with regular training to ensure that they were kept up to date with how to meet people’s needs effectively.

The registered manager told us about their plans for the new care certificate when new staff started working in the service. This showed that they had kept up to date with changes to training requirements in the care sector. The registered manager and another staff member were booked to attend training in the care certificate and how to complete effective assessments of new staff.

Staff felt supported in their role and had one to one supervision meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people’s consent before they provided any support or care,

such as if they needed assistance with their personal care needs. For example a staff member asked people if they wanted the curtains drawing to stop the sun shining in their eyes and the window open. One person commented when the staff member left, “They always ask before they do it.” Another person said, “I had never thought of if they asked my permission, which means that they do. If it had been a problem I would have thought about it.” Another person told us, “It is a mutual understanding, they know what I need and have agreed to.”

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. The registered manager told us that there were currently no people living in the service who did not have the capacity to consent to their care and treatment. However, they were in the process of seeking advice and guidance from health professionals and the local authority regarding DoLS to ensure that there were no unlawful restrictions on one person because there were concerns that their ability to consent had changed. From our discussions with the registered manager we were assured that they were knowledgeable about DoLS.

Care plans identified people’s capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, “The food is very good, my [relative] says it is a good standard which you would get at home.” Another person said that if they wanted an alternative to what was on the menu, “All you have to do is ask and they will serve you something different.”

During lunch people sat together and chatted and the staff on duty ate their meal with people. This provided a positive social occasion. One staff member told us that they always made sure that at least one staff member was in the dining room because two people were at risk of choking. We saw that they offered assistance when people coughed during their meal. People who chose to eat in their bedrooms or remained in bed were supported by staff. People were provided with hot and cold drinks throughout our visit, this included people who chose to stay in their bedrooms. One

Is the service effective?

person said, "I have always got plenty to drink." Another person who was in their bedroom pointed to their jug of squash and laughed, "They won't stop filling it up." Staff were knowledgeable about people's specific and diverse needs relating to their dietary needs.

People's records showed that people's dietary needs were being assessed and met. Where issues had been identified, such as weight loss or choking, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with drinks to supplement their calorie intake and appropriate foods for those who required a softer diet.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "The nurse comes in a couple of times a week and I can speak with the doctor if I need to. They [staff] sort it all out." Another person told us about how they had fallen and the nurse came out to dress their injury. They said that they were happy with this. Another commented, "Medical people come in and see me."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “They are all [people and staff] like my family. I get on with the staff and they are all kind.” Another person commented, “I settled in straight away, the staff are so kind, I felt at home.” Another said, “The staff are very very good.” Another commented, “They are very good to me.”

Staff talked about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling and chatting to them. People were clearly comfortable with the staff.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. We saw life stories that people had completed themselves. The registered manager and a person told us how they had worked together in writing their care plan.

Another person said that before they started using the service one of the staff had spoken with them about their needs. They told us that they trusted this staff member who they felt knew them well, “The others know me know but [staff member] was the one who settled me in.”

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way. We visited one person in their bedroom and saw that their bedroom door was open, we asked if this was their choice and if they felt their privacy was respected, they said, “If it is open they know they [staff] can come in, if it is shut they know to knock.”

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids.

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, “They look after me good, I have no complaints. They know what I need and how I like to be looked after.” Another person commented, “I am looked after well, all is fine.”

Staff were knowledgeable about people’s specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. Staff knew about people’s diverse needs, such as those living with dementia, and how these needs were met. This included how they communicated their needs, mobilised and their spiritual needs.

Records provided staff with the information that they needed to meet people’s needs. Care plans and risk assessments were regularly reviewed and updated to reflect people’s changing needs and preferences. The registered manager told us that they sat with people and discussed their care plans and if they were still up to date. If any changes were identified these were included in the records. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said, “They arrange lots of things to do, the church people come in and tell stories and sing. We have got the children coming in to sing, all from the local community.” They told us about other activities they participated in including going to the zoo, a trip on the river and games, “There is a nice relaxed atmosphere.” They also commented about how they had Freeview television and they could watch it in the communal areas or, “I can go up to my room if I want to watch sports or quiz programmes.” One person told us that the local library visited and

brought them books to read, which they liked. Another person told us how they helped the gardener with the gardening and staff showed us photographs of this happening.

Records showed when people had participated in activities in the service and there were records which identified when people had said they did not want to take part. One person who chose to stay in their bedroom told us, “I don’t want to go down [communal areas for activities]. I don’t get lonely I have got everything to hand and the staff come up and see me.” Another commented, “I am a loner, I don’t get lonely, I like to watch my TV, I’ll occasionally go downstairs.” Another said, “I prefer the peace of my bedroom, my family visit and I can go down if I want to.”

People could have visitors when they wanted them. One person said, “[Relative] comes when [relative] likes.” This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

All of the people told us that they knew who to speak with if they needed to make a complaint. One person said, “I can approach a member of staff any time and I am sure they would sort it out if I was not happy.” Another person said, “It is easy enough, if there is a problem you bring it up with the staff, they will do something.”

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. In regular meetings attended by the people who used the service, they were reminded of how to complain and asked if they had any concerns they wanted to discuss. Where complaints were received they were responded to and addressed. For example the registered manager had spoken with the person and their family about comments they had made. The person’s relative had written to the service and stated that they and the person was happy with the care provided.

Is the service well-led?

Our findings

There was an open culture in the service. People and relatives gave positive comments about the management and leadership of the service. People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were always listened to and acted upon. One person said, "That is the manager there, I can speak with her when I want to. I think it is well led. Equally I can speak to any of the staff and can rely on them." Another person commented that their relative had, "Good contact," with the registered manager who kept their relative up to date with the person's wellbeing. Another person told us, "[Registered manager] come up [to their bedroom] to talk to me."

People were involved in developing the service and were provided with the opportunity to share their views. Regular satisfaction questionnaires were provided to people and their representatives to complete. An action plan was in place to show how people's comments were used to improve the service. People also attended meetings, one person said, "We have meetings once a month and you can make suggestions. I think they listen to me." There were also meetings held for people's relatives, we saw from the minutes that they were encouraged to share their views and ideas for improving the service.

Staff told us that the registered manager was approachable, supportive and listened to what they said. Staff understood their roles and responsibilities in providing good quality and safe care to people. One staff member said about working in the service, "I love it." They told us that they had regular staff meetings and if they needed to speak with the registered manager they could.

Staff attended regular meetings where they were provided with updates in the care industry, for example the Care Act, changes in people's needs and a forum to share their comments about the service provided.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, infection control and records. Where shortfalls were identified actions were taken to address them. For example, providing further training for staff. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

The registered manager told us about groups that they were involved with, including, 'My Home Life,' which was funded by the local authority. These supported managers to share experiences and ideas to drive improvements across services. They had also formed an informal support group with two other local services, where they shared resources and ideas. The registered manager told us about how they had kept up to date with changes in the care industry and how they planned improvements. They were knowledgeable about the changes which showed that they were committed to keep the service provided up to date and continually improving.

The registered manager was attending training to be the service's dementia care coach. They were also working on a relevant management and leadership qualification and had used their learning to drive improvements in the service. This included monitoring payments from the local authority and developing an auditing tool to analyse incidents such as falls and weight loss. This showed that the registered manager was proactive in finding out about changes and took action to implement these in the care provided to the people using the service. This meant that the service continued to improve and develop.