

# Connifers Care Limited Cedar House

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected the service on 23 December 2015. The inspection was unannounced. At our last inspection on 14 May 2014, the service met the regulations that were inspected.

Cedar House provides residential accommodation for up to six adults with continuing mental health problems. On the day of our inspection there were five people using the service.

At the time of our 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.

People that we spoke with were positive about the service that they received and about the staff who supported them. We saw positive and friendly interactions between staff and people. Staff were aware of people's individual needs and how they were to meet those needs.

# Summary of findings

People told us they felt safe and relatives also confirmed that they felt that their relative was safe living at the service. Procedures relating to safeguarding people from harm were in place. Staff received regular training in this area. The registered manager and staff understood how to protect people from abuse and knew what procedures to follow to report any concerns.

The manager and staff had sound knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, at the time of the inspection we found that some people had aspects of their freedom restricted. It was unclear in some cases as to whether appropriate applications had been made in full compliance with the DoLS and relevant requirements of the MCA 2005.

Care plans were person-centred and reflected individual's needs and preferences. Consent to care was sought from the person using the service or their relative or advocate. However, the service had not completed their own mental capacity assessments where required and applications had not been submitted for people who may possibly have been deprived of their liberty.

There were systems and processes in place to protect people from the risk of harm. These included robust staff recruitment, staff training and risks assessments that considered the individual potential risk for each person using the service. However, on the day of the inspection we noted that there were no window restrictors in place in any of the rooms especially in bedrooms on the first floor. We told the registered manager about this who took immediate action to deal with this issue.

Staffing levels were determined based on level of need assessments which had been completed for each person living at the service. However, a recent visit by the local authority had recommended that the service make provision for an additional member of staff in the morning. The service had taken on board this recommendation and were in the process of recruiting an additional support worker.

Medicines were administered safely and staff had received appropriate training. The home had a clear policy on the administration of medicines which was accessible to all staff.

People were supported to eat and drink where appropriate. Staff supported people to attend healthcare appointments and ensured that people were supported to access the GP and other health professionals where required.

Staff had the appropriate skills and knowledge to carry out their role effectively. All staff received a comprehensive induction when they first started work with the service followed by regular training. All staff received regular supervisions and were given the opportunity to discuss strengths, their performance and any training needs. As all the staff at the service were relatively new, none had received an appraisal but the registered manager informed us that most staff will be completing one year over the coming months and so an appraisal would be scheduled appropriately.

The management team were accessible and approachable. People and their relatives knew who the manager was and felt able to speak with the manager if they had any concerns or issues. Staff also told us that the manager was approachable. A complaints policy was available and all complaints that the service had received were recorded within a complaints folder.

An incident folder was in place which recorded all incidents that had occurred within the home, the action that the service had taken and any learning that had taken place so that care practises could be improved upon where appropriate.

Monthly audits were carried out across various aspects of the service which included medicine administration audits, health and safety and compliance audits which covered several aspects of the overall management of the service. Where these audits identified improvements that were required, actions had been taken to make those improvements and these were recorded.

At this inspection there was one breach of Regulation 13 which was in relation to depriving someone of their liberty without lawful authority. Please refer to the 'Effective' section of this report for details. You can see what action we told the provider to take at the back of the full version of the report.

# 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. Procedures were in place to protect people from abuse. Staff knew how to identify abuse that might occur in the service and knew the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and appropriate action was taken to manage these.

There was sufficient staff to ensure people's needs were met. Recruitment processes were robust and included background checks, reference verification, criminal record checks and visa verification.

People were supported to have their medicines safely.

Good



### Is the service effective?

The service was not always effective.

People were supported and enabled to make their own choices and decisions. The registered manager and staff members were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and how it should be applied. However, the service needed to ensure that these authorisations were reviewed on a regular basis and where a re-application was required an application was submitted for re-authorisation.

Staff were supported through training and supervision to develop their understanding and skills to meet people's needs. Staff were supported by managers to carry out their roles effectively.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People had access to health and social care professionals, when required, to ensure they received appropriate care and treatment.

Requires improvement



### Is the service caring?

The service was caring. People told us that they were treated with respect. Staff were aware of people's individual needs and how they were to meet those needs.

Staff were observed maintaining people's dignity and privacy.

People were encouraged to be as independent as possible and were supported to make informed decisions about their care and support.

Good



# Summary of findings

## Is the service responsive?

The service was responsive. People were involved in decisions about their care. Staff understood how to respond to their changing needs. Care plans were person-centred, detailed and specific to each person and their needs and requirements.

People and their relatives were involved in care planning, including providing information and attending reviews.

People, relatives and care professionals knew how to make a complaint. Complaints made were acted upon and steps were taken to resolve and learn from issues raised.

People had access to a variety of external activities. People of different cultures also had access to a variety of entertainment options including television channels which originated from the persons culture and country of origin.

Good



## Is the service well-led?

The service was well-led. There was confidence in how the home was managed.

There was a clear management structure in place and staff felt supported in their role by the registered manager and the senior management team.

The quality of the service was monitored. The registered manager and compliance director carried out regular audits which detailed any issues that were identified and the actions taken to resolve these.

Annual resident, relative and stakeholder surveys were carried out with the most recent in September 2015.

Good



# Cedar 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 23 December 2015 and was unannounced.

The inspection team comprised of two inspectors.

Before the inspection we reviewed information we had about the provider including notifications and incidents

affecting the service and well-being of people using the service. We also contacted Healthwatch Enfield, the local authority commissioning team and social workers for their views about the home.

During the visit we spoke with three people who used the service, two relatives, six staff members including the registered manager and a visiting district nurse. We spent time observing care and support in communal areas. We also looked at a sample of four care plans of people who used the service and four staff records. Other documents we looked at included risk assessments relating to the care people received, medicine records, relatives, residents and staff meeting minutes as well as health and safety documents.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe at the home. One person told us, “I feel safe; the staff are good they help us.” We observed staff engaging with people living at the service. The atmosphere was relaxed and interactions between staff and the people were polite and friendly.

Staff had completed training in safeguarding people and knew what action they would take if they had any concerns about people. One staff member told us, “I would report it to the manager. I would have to record it and the manager would refer it to the safeguarding team.” We spoke with a team leader who also knew what to do if staff referred concerns to them while in charge of the home. They team leader told us, “We have procedures for safeguarding. I would also probably phone the manager to let her know about the concern.” A safeguarding poster was on display in the hallway to let people know what they needed to do to report any abuse. Staff were also aware of whistleblowing and knew who to contact if they needed to.

Staff knew the risks associated with people’s care and how to manage and minimise risk. On one care plan, where a person had developed a pressure sore in hospital, their care notes had been updated to reflect the care and support they now required. A visiting district nurse also confirmed that the service had responded to their advice. Risk assessments on file covered areas such as falls, abuse, physical health, inability to self-care and finance.

We saw there were sufficient numbers of staff to support people living in the home. On the day of our visit there were two staff on duty to support five people who used the service. The registered manager told us that the staffing ratio was worked out using each person’s level of need assessment. However, following a recent visit from the local authority, they had recommended that an additional member of staff be added to the rota especially during the morning which would increase staffing levels to three staff. The registered manager told us that they were currently recruiting for these hours. The service did not make use of any external agency staff but were able to call upon staff from other sister homes when required.

The service had a clear medicine administration policy which staff had access to. We checked the administration of medicines and found medicines were stored securely. Administration records showed people received their

medicines as prescribed. We saw that people’s medicines were given on time and there were no omissions in recording of administration. Where appropriate, people’s medicines were monitored closely using monitoring charts and the results of monthly blood tests.

Each person had their own medicine profile folder which included the person’s medical profile, their photo, any noted allergies, prescribed medicine protocol and an ‘as and when required’ medicine protocol. ‘As and when required’ medicines are medicines that are prescribed to people and given when necessary.

The service had three locked medicine cupboards. One was for all daily medicines for each person living at the service. Within the cupboard each person had their own shelf which contained their own medicines. The second cupboard was for all controlled medicines and the third cupboard was for all homely remedies. At the time of the inspection the service did not hold any controlled medicines. Staff had undertaken training to administer medicines and had their competency checked to ensure they continued to do this safely.

We looked at four staff files and saw that the service had safe and effective systems in place to manage staff recruitment. The files contained the necessary documentation including references, proof of identity, criminal records checks and necessary visa checks which confirmed a person’s eligibility to work legally in this country. Where the service employed a person with visa restrictions, we saw that the service had appropriate paperwork on file confirming each person was legally entitled to work in the UK. Where a working permit was due to expire, the service had letters on file requesting an update and the provision of further documentation that a person was able to continue working legally in this country.

We looked at records of accidents and incidents that had occurred over the past year. Incident reports recorded the details of the incident and what actions were taken. Following on from the accident the registered manager and staff team would hold a post incident meeting to discuss how to avoid any future re-occurrences and for the team to make any suggestions for future learning and where appropriate change care practices. We also saw that as part of the compliance meeting held every month the analysis of all incidents and accidents would be discussed as part of the agenda.

## Is the service safe?

It was noted during a tour of the home that window restrictors were not fitted to bedroom windows. This meant that people who had a bedroom upstairs could be at risk of falling or stepping out of the window. We informed the registered manager of our concerns and the following day the registered manager provided us with evidence that all bedrooms were fitted with window restrictors as per guidance provided by the Health and Safety Executive.

We looked at maintenance records for the home which included yearly, monthly and weekly fire checks and weekly smoke alarm checks. These were completed to ensure staff and people knew what to do in the event of a fire. Each person had a clear evacuation plan which included people's needs and requirements in the event of an emergency situation. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and

evacuated from the building in the correct way. We also saw records of regular, on-going, maintenance checks including gas, electrical, equipment, water temperature and food temperature checks.

The home was clean and well maintained. An infection control policy was in place. The registered manager and staff demonstrated a good understanding on how to maintain cleanliness and infection control within home. Correct hand washing technique posters were visible around the home especially beside a hand washing basin. All chemical cleaning products were kept in a locked cupboard and a laundry protocol for soiled laundry was on display in the laundry area.

Food preparation areas were clean and there was a specific area allocated for the preparation of meats and poultry and another specific area allocated for the preparation of vegetables. We looked in the fridge and freezer and found that it was not overstocked and that all opened food items had opening dates recorded on them.

# Is the service effective?

## Our findings

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. Although the registered manager had made an application for authorisation to deprive someone of their liberty which had not been authorised, this may need to be reviewed based on recent changes within the law.

On the day of the inspection we found that people who used the service did go out. The manager told us that people were accompanied by staff and did not go out alone. The front door was kept locked. This meant that some people using the service may have had their liberty restricted without appropriate authorisation. The provider had not submitted any DoLS applications for most of the people who were living at the service and where the above applied. We also found that, for one person, a DoLS authorisation had been transferred from one service to the current service and that this had not been reviewed. The registered manager was not aware that a DoLS authorisation cannot be transferred and that a reapplication needed to be submitted.

This was a breach of Regulation 13(5) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff understood the importance of obtaining consent. Care plans that we looked at were signed by either the people using the service or their relatives and had paperwork completed by

an external professional on assessing capacity and making best interest decisions. However, the service did not complete its own capacity assessment and relied on assessments completed by external professionals. We spoke to the registered manager about this who told us that they would contact the local authority immediately to look into developing and using their own capacity assessment tool.

People were supported by staff that were appropriately trained and supported. Staff told us and records confirmed that they received regular supervision meetings with the registered manager or team leader. We found that work performance, learning and development needs, safe practices, people's care files, task allocation were discussed at supervision meetings, as well as knowledge based questions which staff would answer on the providers policies and procedures.

Each staff member had their own personnel file which included a book about their personal development plan and a book for new staff induction. This included a thorough six week induction programme which was signed off by the registered manager on completion. Files also had a third book which contained a four day induction programme for staff who moved around different locations under the same provider.

We saw that staff had a comprehensive induction when they started work to ensure that they understood people's needs. This included getting to know people and understanding local policy and procedure. Staff received training in mandatory subjects which included fire safety, first aid, medication, safeguarding and manual handling. Staff also received specialist training in areas such as equality and inclusion, break away techniques, MCA/DoLS, challenging behaviour and mental health awareness. Staff were also given the opportunity to suggest other areas of training which they felt would benefit them in relation to supporting people with specialist needs which the service considered.

People were involved in shopping and choosing their own meals with support from staff. Staff told us people were able to choose their meals, which were mostly prepared by staff. A staff member told us, "We complete a weekly choice sheet with people and use their choices to complete the weekly menu." We saw written information that reflected this. Staff said they checked menus to make sure people received a nutritious diet with fresh salad and vegetables. A



## Is the service effective?

weekly menu was on display in the kitchen. One person required their fluids to be thickened and we observed this taking place on the day of our visit. One person told us “The food is good and I can choose what I eat.”

We observed that people had access to snacks and drinks throughout the day. One person liked having a piece of fruit after lunch which was part of their routine. Staff members were aware of this and reminded the person that they would make sure they had the fruit they wanted when they were ready. It was also positive to note that one person was supported to observe a vegetarian diet for three days when their mother passed away, as a mark of respect.

People’s weights were monitored as part of the overall care planning process. This was done to ensure that people

were not losing or gaining weight inappropriately. We noted one person’s care file had identified a weight loss and as a consequence they had been referred to a dietician.

Each person had a health support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff to ensure that people had access to the relevant health and social care professionals. Records showed people were supported to attend health appointments and received care and treatment from health care professionals such as their GP, chiropodist, opticians, district nurses and psychiatrists when required.

# Is the service caring?

## Our findings

People told us that staff respected their dignity and privacy. People told us that they had their own room and their own key and could choose whether or not to lock the door so as to maintain their own privacy. Staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the person.

People were supported to maintain relationships with friends and family. People's relatives and those acting on their behalf visited at any time. One person told us, "my visitors are made to feel welcome."

One person told us that, "they can go out when they want and they just ask the staff and they go with them." People were provided with the choice of spending time anywhere in the service including their own rooms and communal areas. Throughout the inspection visit we saw people had freedom of movement around the home. We also observed people holding meaningful conversations with each other and they had developed positive relationships within the home.

We spent time during the inspection visit in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke with people considerately. We heard the registered manager asking one person "are you okay?" Staff were unrushed and caring in their attitude towards people. Where a person needed two staff to support them care staff engaged with the person sensitively. People were encouraged to maintain their independence as much as possible. We observed the registered manager encouraging someone to keep their room tidy by asking them to bring their dinner plate back down to the kitchen.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This helped staff to

gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Staff were responsible for completing daily records about how people had been supported and also recorded any issues which might affect their care and wellbeing. We also saw records of what people's wishes were if they were to pass away. This included their faith, and who they wanted to be contacted in the event of their passing.

A key working system had been implemented within the service. This meant that one member of staff held primary responsibility to ensure that all documentation related to the care received by a person was in line with their needs and preferences. One staff member told us "we are able to meet monthly with people we key work, so they can talk privately about anything they want."

People had access to advocacy service where required. The registered managers told us that they did try contacting an advocacy for one person who lived at the service. The advocacy service informed them that whenever the person required support they should be contacted. Information about advocacy services was available in the hallway.

Staff understood people's needs with regards to their disabilities, race, sexual orientation, religion and gender and supported them in a caring and respectful way. We spoke with the registered manager about how they would work with lesbian, gay, bisexual and transgender people. The registered manager told us that they used to support someone who was transgender. They told us, "we respected this, it was part of their life, it was their choice." The manager told us that this person would like to go and buy specific clothing items. Staff supported this person to do this.

The manager told us that all of the people who lived at the home were supported to go on holiday.

# Is the service responsive?

## Our findings

People were involved in planning and reviewing of their care and support needs and where appropriate people had signed their care plan to confirm this. Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service could meet the person's needs. People received personalised care that was responsive to their individual needs. Staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with their assessment of need. People's care plans included information relating to their specific care needs and provided guidance on how they were to be supported by staff.

Staff told us that some people could become anxious or distressed. There was clear and detailed guidance and instructions in place for staff on the best ways to support the person. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the person's safety and well-being and the safety and well-being of staff members and others during these times. The manager confirmed that external healthcare support was good and was responsive to people's individual needs.

Information about each person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

Staff knew what person centred care was and that people's needs were always changing and that they had to be aware of this. Staff also told us that they were key workers for people living at the home and a monthly keyworker meeting was held with each person which was recorded in detail as part of their care plan.

People were supported to engage in a range of activities that reflected their personal interests and supported their emotional well-being. One person told us, "I go to day centre and get lunch for free." Another person told us "I go to the day centre and was doing computing." The registered manager told us that a number of activities, day trips and holidays are planned which included swimming, birthday parties, attending well-being clinics, Asian day centre and the pavilion day centre. The service also has access to a company bus that they can book for trips and visits.

People from different religious and cultural backgrounds were supported to attend religious functions at their preferred place of worship as well as at the home. People also told us that they had access to a number of cultural and ethnic television channels so that they were able to watch their preferred television programmes. This meant that the service was responsive to the person's needs.

The provider had policies and procedures in place for receiving and dealing with complaints and concerns. The information described what action the service would take to investigate and respond to complaints and concerns raised. People felt confident about raising issues with staff and had the opportunity to discuss any concerns they had at regular meetings held for their benefit. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints.

# Is the service well-led?

## Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits. These included monthly and annual medicine audits, quarterly quality assurance compliance visits which are completed by the operations manager, weekly kitchen checks and a number of health and safety audits.

The registered manager told us that monthly medicine audits had recently been introduced in November 2015. The pharmacist also completed annual audit visits and then met with the service to discuss any identified issues.

The manager confirmed that they had listened to people who used the service and held formal regular meetings. Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and to speak openly. One staff member told us, “we are a close knit team and I look forward to coming to work.”

People and their relatives were very positive about the management of the home and thought that it was well run. They were complimentary about the registered manager in particular who they felt was approachable, supportive and demonstrated strong, visible leadership. The registered manager knew the people living at the service very well. One person’s relative said, “I mainly deal with the manager, she is very good, she keeps me informed and invites us to anything important.” Staff were also positive about the levels of support, guidance and leadership displayed by the manager. One staff member said, “the manager is very proactive, if you tell her something you know it is going to get done.” Another member of staff told us, “the manager is very supportive.”

The registered manager and senior managers presence was felt around the home. In the entrance hall there was a frame which had photos of each member of the senior management team. There was also a picture frame of all

support staff working within the service. The registered manager told us that members of the senior management team took it in turns to be on-call especially during evening and weekends.

Advocates, relatives of people living at the service and staff had completed satisfaction surveys in September 2015. These showed that they were generally satisfied with the overall quality of the service provided and enjoyed working at the service. One professional had written “care provided at the home is excellent” and another had written, “It is a very well run service.” The provider also carried out a detailed analysis of comments provided which generated an action plan for improvements. The results of this survey were displayed on the noticeboard in the hallway. A suggestion and compliment box was also available in the hallway for people and their relatives to share their ideas on how the service could be improved.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the provider. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice. Records showed joint working with the local authority and other professionals involved in people’s care.

During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

The service had a comprehensive range of policies and procedures necessary for the running of the service including a business continuity plan. This ensured that staff were provided with appropriate guidance and direction. A risk that was identified on the day of our inspection visit was treated very seriously by the manager who provided us with evidence the next day that controls had been put into place to minimise the risk.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**People who use services may be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13(5).**