

Connifers Care Limited

Hawthorn House

Inspection report

15 Linley Road
Tottenham
London
N17 6RP

Tel: 02088017192
Website: www.conniferscare.co.uk

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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 ●

Summary of findings

Overall summary

The inspection took place on 5 December 2016. This was an unannounced visit.

Prior to this inspection this service was inspected on 18 June 2014 where all standards inspected were met.

Hawthorn House is registered to provide accommodation with personal care to six people. The client group consist of people with mental health needs and learning disabilities. At the time of our inspection there were five people using the service. The home is located in a residential area of Tottenham.

There is 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.

Staffing levels were allocated based on people's level of need and planned activities. People's needs were assessed and care plans created for each person using the service. We observed good interactions between staff and people using the service and people were treated with respect.

Staff understood their role and responsibilities in keeping people safe from harm and knew how to raise any concerns. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. Risks were assessed and plans put in place to keep people safe.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people.

Care staff received supervision and a yearly appraisal. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care staff placed a high value on their supervision and support.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff understood the importance of treating people with dignity and respect. Although some people told us that staff did not always knock before entering their rooms. People were supported to maintain relationships with family and friends.

Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals. Although staff we spoke with told us that they had received training in assisting people with eating and drinking and knew how to assist people at risk of choking. The service did not seek healthcare professional advice from the speech and language therapist (SALT) in relation to people identified by them as being at risk of choking.

The service had a complaints policy. This included timeframes for dealing with complaints and provided external contact details. People told us that they knew how to make a complaint and felt comfortable approaching the registered manager with any concerns.

We have made a recommendation about engaging people in meaningful activities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

On the day of our inspection we saw that there were enough staff on duty to meet people's needs. However, staff felt that at times the service needed an additional staff member.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was mostly effective. People received support from staff who had the knowledge and skills to meet their needs.

The service was compliant with the Mental Capacity Act 2005 (MCA). Staff understood the importance of consent by asking people permissions before providing or assisting care.

People were cared for by staff who received regular and effective supervision and training.

People were supported by staff to access healthcare professionals to meet their needs. However, the service did not always sought advice from healthcare professionals in relation to people identified as at risk of choking.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect.

Care staff interacted in a caring and kind manner with people who used the service.

Staff recognised and promoted the role of family and friends in people's lives.

People's views were actively sought and they were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive. People and their relatives knew how to make a complaint.

People participated in various activities at the home and in the community. However, people expressed an interest in taking part in other activities of their choice.

People were encouraged to make their views known and the service responded by making changes.

Is the service well-led?

Good ●

The service was well led. The registered manager demonstrated good leadership and management. They had an 'open door' policy, people and staff were able to approach them with their concerns.

The service had a whistleblowing policy in place, staff were encouraged to express their concerns about poor care and treatment.

Quality assurance systems were in place to monitor the quality of the service. However, further improvements are required to ensure that people are referred to other healthcare professionals and staff training is up to date.

Hawthorn 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 5 December 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience who spoke with people on the day of our visit and telephoned relatives of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We spoke with four people who used the service and three members of staff, including the registered manager for the service. We spent time looking at documents and records that related to people's care and the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints and recruitment and reviewed care records for three people using the service. This included care plans, risk assessments and monitoring tools. Following our inspection we contacted relatives but were not able to speak with them.

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us, "I feel safe here because of the staff. The staff are always around, there is always someone to speak to if you have any concerns or anything, it's always very clean." Another person said, "I feel safer here, I don't feel bad at all here. It's always clean. It's much better than other places that I have been to. I have never had anything bad happen to me here, ever and I have never felt like I am in danger of anything." A third person told us, "I feel safe here. Because it is secure here, the door is locked and there are always people around."

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused including reporting any concerns to the local safeguarding authority or CQC. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff received training on keeping people safe. Staff knew about 'whistle blowing' to alert management to any poor practice and staff said they were encouraged by the registered manager to report any concerns or poor practice. One staff member told us, "I am protected, if the manager is not doing anything I can go to CQC or social services."

Staff followed the policies and procedures for the safe handling, storage and administration of medicines. Medicines were securely stored and records of administration were kept. People received their medicines as prescribed. Each person had a medicine profile detailing medicines prescribed. Some people were prescribed 'as required' PRN medicines. PRN protocols and guidance were in place for staff to follow. We reviewed medicine administration records (MAR) for two people and found no gaps. Staff and records confirmed that they had received training. One staff member told us about the medicine prescribed to one person, including some of the side effects.

Risks were identified and had been evaluated on monthly basis. Risks documented included risk of choking, falls, absconding, going out into the community and road safety. Risk assessments contained some guidance for staff and staff spoken with were knowledgeable of these. For example, following a choking incident staff were able to tell us the technique they applied to ensure the person's safety. Staff also contacted the emergency services. They knew where risk assessments were kept if they needed to refer to them. The service also had a fire risk assessment in place, including evacuation plans for each person living at the home.

There was a process for dealing with incidents and accidents. The registered manager told us that there had not been any incidents since August 2015. We saw that one incident involving someone who had a fall in August, included a post incident plan and meeting. These documented actions taken at the time of the incident and any further action required and learning which took place.

The environment was clean and there was a relaxed atmosphere. People using the service reported that the service was cleaned on a regular basis. They told us that staff were around, including at night. Staff

completed infection control training and was able to tell us how they ensured that this was maintained. The service received a five star food hygiene rating in January 2016. Gas safety checks last took place in November 2016 and clinical waste was collected on a monthly basis .

We reviewed the staffing rota for December 2016 and saw that the registered manager was at the home five days a week, except at the weekends. The registered manager told us that the service employed a total of seven care staff. We received mixed feedback from staff commented, "The staff is enough, the manager is always around," and "Would be nice to have a bit more; one more." This would allow staff to spend more one to one time with people living at the home. We saw from a director's meeting held in March 2016 staff shortage was mentioned. The registered manager told us that staffing levels were decided on the basis of need and people's healthcare appointments and activities. She told us that a staff member had resigned and another one had gone on maternity leave. We saw that the service had recruited two new staff members within the last three months.

Staff recruitment procedures were in place to help ensure that only suitable staff were employed by the service. Staff files included application forms containing their full employment history, together with reference checks. In addition, the service made checks with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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. Staff understood the importance of asking people for their consent before providing care and treatment. One staff member told us, "You talk to them [people using the service] while you are doing things, step by step." Another staff member told us about involving other professionals to make an assessment as to whether the person had capacity and the importance of giving, "Them [people using the service] a choice." We saw evidence on people's files of best interest assessments carried out by the local authority.

We saw evidence in care files that the registered manager had submitted standard DoLS applications to the local authority for people where their liberty had been restricted. Although some people were able to go out in to the community without supervision, other people were subject to continuous supervision and control for their own safety. Care records contained best interest decision reviews carried out by the local authority in August 2016. The registered manager told us that some people go out alone to the local shops. Each person has a key to their bedrooms, with the exception of two people due to the risks associated with smoking. The main door is kept locked due to people at risk of absconding.

People we spoke with felt the service was having a positive impact on their mental health. One person told us "I feel I have got better here. I am more calmer and less anxious now. I used to be very anxious all the time and now I am more settled."

Staff received supervision and a yearly appraisal. Staff told us that the registered manager was very supportive and listened to them. New staff completed a six week induction programme before working with people using the service. This covered areas such as, understanding the principles of care, infection control and safe handling of medicines, policies and procedures and understanding the experiences and the particular needs of people using the service. Staff personnel files contained certificates of training which included, first aid, challenging behaviour, autism, mental health awareness and infection control. We reviewed the service mandatory training matrix and saw that this included key training areas such as, health and safety, infection control, fire safety, medicine and safeguarding. We noted that other training described as 'statutory training,' included challenging behaviour, equality and inclusion, equality and inclusion and breakaway technique. Although staff told us that they had completed recent training in eating and drinking and mental health awareness, records showed that this was last completed in 2013 and 2014. Therefore staff may not be up to date with the latest guidance and practices in these areas to ensure that people received care from staff who were adequately trained.

We received mixed feedback about the food. Comments from people about the food included, "The food is average here but I am not involved in buying or choosing. The staff do all of the shopping, really we just have the lunch and dinner that they cook for us. Sunday, we have a full English [fried breakfast] and a roast sometimes which is always good but a lot of the time the food is frozen."

"I get to choose between two options of meals when coming to resident meeting and the food is okay but there could be more different types and it is frozen a lot of the time, it's just stuck in the microwave or the oven." "The food is okay, it could be better. There are some choices but not enough. Sometimes it is the same food a lot." The registered manager told us that the weekly food shopping for the home was due, as we noted very little food stored in the fridge. We saw that there were two freezers kept at the home, this contained various frozen foods.

However, the above feedback was in contrast with records reviewed. Following our inspection the provider sent further evidence of people's involvement in making choices about the foods they like. Weekly menu planning is carried with people using the service. Records showed that people had signed these and were involved in these decisions.

Care records showed that people attending appointments with healthcare professionals, including the community nurse, chiropodist, GP and dentist. One person told us, "I have been able to see a GP whenever I have needed to since being here and sometimes I get weighed and my height taken." We saw that one person had been assessed by the incontinence nurse in June 2016, and this was documented in their care plan. People using the service were identified by the service as being at risk. Staff were aware of the actions to take should people have a choking episode, this minimised the risks associated with choking. The registered manager told us that all had been seen by their GP and one person had been referred to a consultant. Another person had not suffered a choking episode since August 2013, this was historic information provided when the person joined the service. For two other people this is related to not having dentures, therefore unable to chew their food properly. The registered manager told us that they are working with the dentist to resolve the issue, however, the people involved are making the choice not to have dentures.

Is the service caring?

Our findings

People spoke of care staff as being friendly and kind. One person told us, "The staff here are very caring, they always ask me how I am feeling and if everything is okay which is nice, they can always tell when I am not doing very well and try to make me feel happier." Another person told us, "The staff are happy people. They look after us well here..."

People told us that staff were polite and friendly but they did not always knock before entering their room. One person told us, "They just walk into the bedroom without knocking but maybe it is because they don't want to wake us up in case we are sleeping. I have never had a problem with any of the staff here." Another person said, "The staff here are okay, they are polite and friendly but sometimes they do not knock on the door before coming into my room." On the day of our visit we observed staff knocking on people's doors and waiting for a response before entering.

Staff we spoke with understood the importance of treating people with dignity and respect. This included knocking on people's doors and waiting for their permission before entering, keeping the door locked when assisting with personal care and giving people choice. One staff member told us, "You have to respect their wishes, whatever they want you have to respect their rights."

We observed some positive interactions between staff and people living at the home. People were interacting with each other and staff with plenty of smiles and laughter. On the day of our inspection we saw that people were freely moving around between communal areas and their rooms. Staff knew people well and had a good knowledge of their needs. For example, we observed one staff member supporting one person when having a snack as the person was at risk of choking. The staff member reminded the person to chew slowly and ensured that she watched the person closely whilst also carrying out another task for another person.

People's independence was encouraged and we saw some people going out into the community. One person told us, "The staff do ask me what I would like to do or where I would like to go out in the community to see. And I get asked what programmes we should watch together on the television. I would give the staff 9 out of 10. They are much nicer than the staff in the last place where I was." We saw from monthly 'service users' meeting minutes that people were encouraged to give their views about their care and treatment.

The environment was clean and tidy and people were well presented. People's bedrooms were personalised and were neat and tidy with personal effects, such as photographs, posters and other personal belongings. We asked people whether they liked their rooms and they told us, "Yes." They also told us that people living in the house were kind to them.

People had care plans which had been reviewed. This documented people's preferences and likes and dislikes. People's cultural and diverse needs were recorded in their care plans. The registered manager was aware of the need to ensure that the language used in care plans was person-centred. Each person had a care passport for emergencies, this indicated 'things you must know to keep me safe,' 'things that are

important to me' and 'my likes and dislikes.'

Is the service responsive?

Our findings

The registered manager told us that people at the home participated in various activities. We saw from daily records and weekly activities programme that people had participated in activities in the community, such as attending an arts and crafts class and going to a disco. On the day of our inspection we saw people going out to the shops and attending medical appointments. We observed good interactions between staff and people living at the home and saw that people were comfortable approaching staff who responded in a positive manner.

Staff told us that people went out into the community to attend activities during the week days, at the weekends people did less outdoor activities as they preferred to stay in and relax. Staff told us that people chose the activities they wished to participate in. When people want to go out in the community this was accommodated. Some people went out to the local shops without support whereas other people were supported by staff to go out into the community. Staff knew people's preferences, likes and dislikes.

People told us that activities tended to include board games and watching TV. They were unsure whether they had been involved in developing their care plans and felt that they would like to participate in further activities, such as attending church for one person and gardening for another person. One person told us, "We play a lot of board games here but aside from that there is not much to do but watch TV and sit around. I don't think I have a care plan." Another person told us, "I do want to go to the church. But I haven't been able to, don't know why. I would like to go this Sunday if I could actually. I don't know what a care plan is but I do speak to staff sometimes about what I am doing here, why I am here and where I may go in the future." A third person told us, "I get a bit bored here sometimes. I fill in a lot of colouring books, I do like gardening and I wish I could do some more of that. I have asked the staff about gardening and visiting gardens like the well-known ones, but I haven't heard anything back and it has been a while now." Therefore people's individual needs in relation to some activities may not have been met. We recommend that the service seeks advice and guidance from a reputable source, such as the National Activity Providers Association about engaging people in meaningful activities.

The registered manager told us that people had a choice of the activities they wished to participate in, some people preferred not to go out and staff would often encourage them to come out. In one person's care plan we saw that following an incident in the community which left them feeling afraid to go out alone, staff encouraged them to go out by offering to go out with them. The registered manager told us that people also used keyworking sessions to discuss what they wanted to do and feedback to staff.

We saw that the service had a daily diary and communication book. This allowed staff to document details of people's medical appointments and any changes or concerns to be noted or followed up.

There was a complaints procedure in place. We reviewed complaints records held by the service and saw that the last complaint was made in 2010. The registered manager told us that there had not been any complaints since this time. We noted that a service monitoring audit completed in April 2016 stated that a complaint had been received and investigated to a satisfactory conclusion. People using the service felt able

to approach the registered manager with any concerns knowing that this would be addressed. One person told us, "The manager does listen to us, I'm not sure how to make a complaint but I haven't needed to." On the day of our visit we saw people approached the registered manager who responded to people in a positive manner.

Is the service well-led?

Our findings

People told us that the registered manager listened and she was nice. "The manager is here all the time she's very nice."

We saw that the registered manager was hands on. We observed that people felt comfortable to approach her and we saw some positive interactions. She knew the people living at the home well and was very knowledgeable about their individual needs. During our visit we saw that people entered the office to talk to the registered manager, who was patient and caring. She took the time to talk to people, in one example we saw that one person entered the office to ask for a pen as they liked to write things down, the registered manager took the time to look for a pen and we saw that the person responded positively.

People using the service were asked to express their views independently or with staff support. Feedback showed that people were satisfied overall with the service. This was confirmed by people on the day of our visit. Feedback and observations on the day of our inspection showed that people were not always happy with the food choices. The registered manager told us that people were involved in making food choices through resident's meetings and regular keyworking sessions.

Staff told us that they felt supported by the registered manager and felt able to approach her with any concerns. They told us that she kept them informed of what was happening in the service and shared any new policies or changes. Staff commented, "She is very good and very supportive," "The safety of service users is very important to her," and "Service users are very comfortable talking to her and opening up to her." Staff meetings allowed staff to discuss how the service is run, make suggestions and the standard expected from them, including CQC requirements. One staff member told us the registered manager lets them know that, "This is the new standard. It has become part of us." This showed that staff understood their role in ensuring that people living at the home received the care and support they needed.

The service had sought feedback from external stakeholders. Out of twelve questionnaires sent out eight were returned. This showed for example, that most stakeholders described the management of the service as good with some stating that it was, 'excellent.' Feedback on people's progress and involvement in care planning and structured activities were also rated as either excellent or good.

We noted that the service was registered with the information commissioner's office until March 2017. This ensures that personal/sensitive data about people are maintained in line with the Data Protection Act 1998 when sharing personal information with other organisations.

Compliance audits were completed to monitor the quality of the service. These were carried out by the director of compliance and head of audits on a yearly basis, the last had taken place in May 2016. This covered the fundamental standards as set out in CQC Regulations. We saw that this had indicated areas where improvements were required and these had been addressed. Audits also covered areas such as health and safety checks, medicine administration/MAR and infection control. However, further improvements were required to ensure that people have choice about the food, staff training is up to date

and appropriate advice is sought from healthcare professionals in relation to people's eating and drinking requirements.