Islington Social Services

Islington Social Services - 4 Orchard Close

Inspection report

4 Orchard Close
Morton Road
London N1 3AS
Tel: 02073549436
Website: No website

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

4 Orchard Close is a residential care home providing care for up to seven people with learning disabilities. Some people using the service also had a range of physical disabilities and healthcare needs. This meant staff were required to work with other health and social care providers to provide specialist care and support.

At the time of our inspection a registered manager was employed at the service. 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.

From our observations of interactions between staff and people using the service and our conversations with relatives we found that people were usually satisfied with the service. Relatives we spoke with were confident about

Summary of findings

approaching the manager and staff to talk about the things that they wished to and felt that there was openness in the way the service communicated with them.

We saw that there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These systems ensured that people who could not make decisions for themselves were protected and not unlawfully deprived of their liberty. We saw that the service was applying these safeguards appropriately and making the necessary applications for assessments when these were required.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way. People using the service had complex needs and we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe. However, we found that in some cases these risk assessments had not been updated regularly.

During our observations we saw that staff knew how to support people in ways that were most appropriate to their needs and known wishes. On the day we inspected we found that sufficient numbers of staff were being provided to meet people's needs.

Staff had the knowledge and skills they required to support people. They received training to enable them to understand people's diverse needs and work in a way that was safe and protected people. However, we found that staff supervision was not as regular as expected by the provider.

Staff respected people's privacy and dignity. They knocked on people's doors and explained to people what they were going to do where it was possible for people to have an understanding of this. Where it was not staff were able to describe how people made it known if they were uncomfortable or in other ways not satisfied, as well as when people were happy and contented.

Social and daily activities provided suited people and met their individual needs. People's preferences had been recorded and we saw that staff worked well to ensure these preferences were respected.

People and / or their representatives knew how to make a complaint if they had any concerns. We saw that where people had raised issues these were taken seriously and dealt with appropriately. People could therefore feel confident that any concerns they had would be listened to.

Relatives and health and social care professionals who had regular contact with the service all told us that they gave their views about the quality of the service to the manager or other staff. The service accepted that there was no internal way of doing this or any quality assurance report. However two other independent organisations were involved in seeking views of people using the service and relatives and we found that these views were acted upon. We found that verbal feedback was provided directly to the service by people, who told us this.

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?

Requires Improvement

The service was safe. Not all risk assessments were reviewed at least annually to ensure that people were kept safe. However we found that keeping people safe from abuse or harm, including the way in which medicines were managed, was successfully achieved.

Relatives felt that people were safe using the service and also felt confident about raising any concerns if necessary.

Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs). This helped to ensure that decisions were made in people's best interests.

Is the service effective?

Requires Improvement

The service was effective. The local authority expected that staff would have the opportunity for regular supervision but this was not happening as the provider expected.

We found that staff attended regular training updates which included refresher training on standard core skills that staff were required to have.

The provider had a chef who worked from 2pm each weekday and prepared the evening meal. We found that these choices were based on people's preferences and took account of their dietary needs whether these me culturally or health related.

Relatives we spoke with had no concerns with regard to the provider's ability to meet health care needs quickly and appropriately. Care plans showed the provider had established clear procedures and links with associated health and care professional.

Is the service caring?

Good

The service was caring.

Our observations of interactions between staff and the people they were caring for were polite, warm and showed regard for what people needed and how to respond to those needs.

Staff were able to describe and show to us how they worked in a way that ensured that people's dignity and privacy were maintained.

Is the service responsive?

Requires Improvement

The service was responsive. The people who were using this service each had a care plan. These plans were updated at regular intervals to ensure that

Summary of findings

information remained accurate and reflected each person's current care and support needs. However, we found that not all care plans were signed when updated by the manager, keyworker, relative or advocate of each person to confirm agreement

Relatives who we spoke with felt able to raise any concerns or issues about the service. We saw that issues raised were acted on. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

People took part in a range of activities and were offered the opportunity to try new things.

Is the service well-led?

Good

The service was well-led. The service had day to day systems in place to monitor the quality and safety of the service. However, we were told that there was not system for seeking feedback or carrying our surveys of people using the service, relatives or other professionals.

Relatives and other people we spoke with said they felt that the service was well led. There was no opportunity for regular meetings with people using the service, their families and the staff to discuss the general day to day running of the home.

The service had a long standing manager in post. Staff told us that the manager did a good job and they felt supported in their work.

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Detailed findings

Background to this inspection

This was an unannounced 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 was unannounced. This inspection took place on Monday 17 November 2014. The inspection team comprised of two inspectors who were accompanied by another inspector who was observing the inspection for training purposes.

Before the inspection, we asked the provider to complete 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. The PIR was returned and we took this into account when we made the judgements in this report. We also looked at notification s that we had received and communications with people's relatives and other professionals.

During our inspection we spoke with relatives of 6 people using the service, 4 members of staff, the registered manager, the deputy manager and 44 health and social care professionals who had involvement with the service. These included a social worker; GP, dietician and a district nurse.

We used a number of different methods to help us understand the experiences of people using the service. Most of the people using the service had complex needs and limited or no conversational communication which meant that not everyone was able to tell us their views. We gathered evidence of people's experiences of the service by observing interactions with care staff and by reviewing communication that staff had with these people's families, advocates and other care professionals.

We reviewed five people's care plans and care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records relating to the management of the service such as complaints information, quality monitoring and audit information, maintenance, safety and fire records.

Requires Improvement

Is the service safe?

Our findings

Relative's told us they felt that their family member's were kept safe. We were told the staff at the home had always kept relatives informed of any incidents. One relative told us“ I feel my relative is very safe, staff have done everything to keep it that way.” Another told us “I am aware my relative can be at risk when eating, I have seen their risk assessments which I agreed with.”

Staff had access to the organisational policy and procedure for protecting adults from abuse. We asked staff about how they would recognise any potential signs of abuse. They told us they had training about protecting adults from abuse and were able to describe the action they would take if a concern arose.

It was the policy of provider, to ensure that staff had initial training which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening.

At the time of this inspection there were no safeguarding concerns. However, those that had been raised had been investigated and actions for staff had been identified so that lessons could be learnt from these events to minimise the risk of recurrence.

People's needs were assessed taking into consideration general and specific risks. For example, we found risk assessments in people's files that covered areas such as eating and drinking, epilepsy, behaviour, activities and signs to look for that may show that someone’s health could be deteriorating. We saw clear and detailed examples of how these assessments were tailored to each person. However, we found in two people’s care plans instances that some risks had not been reviewed for over a year.

The provider had arrangements in place to deal with emergencies related to people's individual’s needs, or common potential emergencies such as risk of fire or other environmental health and safety issues. However, the procedure for testing the fire alarm system was not always followed. The procedure stated that this was to be done weekly. We found that in the last year this had occurred 30 times.

The home usually had two staff on duty overnight and this had been increased to three temporarily in response to additional night time care needs identified for one person. This showed that the service responded to staffing levels in light of changes to people’s care and support needs.A relative told us “there are, staff everywhere.” We looked at the staffing rota for the home for the last month and this showed that sufficient staff were on duty at different times of the day.

We spoke with three care staff with regard to the process for handling and administering medicine and all had clear knowledge of the correct procedures. The provider had a policy and procedure in place and staff were able to talk us through this. Medicines were prescribed by a local GP practice and when they were delivered they were checked by the senior person on duty at the time.

Each person had their medicines stored separately in a colour coded tray in a locked cabinet. The medicines administration record (MAR) sheet included each medicine, the dosage, known allergies and individual's photo to minimise the risk of medicines errors. The last two months records showed that these were being completed correctly. Medicine were only administered by staff if they could be taken orally. Injections or complex administration, for example via a PEG feeding tube (this is a tube that goes directly into a person's stomach), were performed by the district nursing service. We confirmed this by speaking with the local district nursing service manager.

There had been an error earlier this year where someone had received more medicine than was prescribed using this process. As a result of this incident medicine procedures had been adjusted to ensure that staff were aware of the dosage administered by district nurses so that they could identify and report any error.

All unused or expired medicines were taken away by the pharmacist to be destroyed. We looked at the written records which confirmed this.

Requires Improvement

Is the service effective?

Our findings

Training records showed that staff attended regular training updates which included refresher training on standard core skills that staff were required to have. This training included day to day care needs related to each person using the service, equality and diversity, keeping people safe from harm and care planning. Staff had a positive view of the way in which they were trained to do their work. A relative of someone using the service had been asked if they would help with staff training and share their knowledge about the way their care should be provided. They had agreed to do this and their involvement in making improvements to the service was seen by staff as being of real benefit in how they carried out their work.

The provider required that all staff had regular supervision to talk about their work and development. One member of staff told us "I haven't had supervision since I started here a little while ago, but my induction was ok and I have learnt a lot since working more on shift with people." Other staff said they had regular chats with the manager and other senior staff but didn't describe this as being formal supervision. When we asked the manager about this she accepted that supervision often lacked priority and did not meet the provider's expectation that this occur every four to six weeks. Although we found that staff communicated well the was a lack of a coherent and consistent programme of staff supervision which posed the risk that not all staff may be appropriately supported or have their performance monitored.

Regular staff meetings occurred, usually each week. However, we noted that many of these meetings were used for staff training. This included training directly related to people's care and support. However, we found there was little other specific regular time set aside in these meetings to allow in depth discussion about people using the service, their development and the day to day operation of the service.

We attended the staff afternoon shift handover. Staff shared relevant information about what support had been provided to people on the early shift and what people's plans were for the rest of the day. Staff on the evening shift then planned how the support would be managed among the team. This showed that staff planned their work and tailored this to the needs of each person using the service.

During our visit we talked with staff about their understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated that they had the necessary knowledge and awareness of both of these areas. They also showed awareness of changes that had occurred as the result of a Supreme Court ruling which directly influenced how this legislation was interpreted.

The manager had made DoLS applications for everyone living at the home. All but one had so far been granted and a decision was awaited on the remaining application. We were able to confirm this by looking in people's care and support files. These showed us 'best interests' decisions had been made using information gathered from relatives, associated professionals , advocates and where possible from the person using the service. This meant that the opportunity for people to make decisions for themselves and to exercise their right to freedom of liberty was not unduly restricted without reason. Relative's we spoke with had been involved in people's decision making as had associated professionals.

All seven people using the service had relatives who had power of attorney. Relatives were complimentary about the service stating "the staff have been great, they took care to ensure my relative gets what they want" and "we are always kept informed of all situations." Another relative said "we had attended a best interests meeting where staff had taken our views into account before decision's were taken."

Breakfast and lunches were prepared by staff. People could choose before each meal what they wanted and were offered a wide range of meal options based on their own preferences and dietary needs. There was robust evidence in care support files showing staff had liaised with Speech and Language Therapy (SALT), dieticians and relatives and communicated with each person to ascertain both choice and preferences. SALT and dieticians were involved in ensuring food was nutritious and provided safely, especially where people had difficulty swallowing safely. We spoke with a dietician and family members who confirmed this.

A chef worked from 2pm each weekday and prepared the evening meal. We found that these choices were based on

Requires Improvement

Is the service effective?

people's preferences and took account of their dietary needs such as culturally or health related needs. We found that all foods were stored safely and the chef had a system to ensure perishables and other foods were safe to eat.

We observed lunch and saw that staff ensured people were served the food they wanted and were supported to eat and drink in the most appropriate way. We saw that staff were courteous, helpful and respectful throughout the mealtime and supported people effectively. They were also patient with people and in one case a person who changed their mind about what they wanted to eat was offered something else instead.

People were offered snacks and drinks throughout the day and staff monitored how much people were eating and drinking in order to ensure they were appropriately nourished and hydrated. This was confirmed by relatives and recorded in report sheets in care plan files.

Relatives had no concerns about the provider's ability to meet their family member's health care needs. Care plans showed the provider had established clear procedures and links with associated health and care professionals. We spoke with a social worker, GP, dietician and district nurse who were complimentary about the service and told us the service always referred people for further healthcare assessments as and when necessary. The dietician told us staff liaised with them, took their advice and acted on it. They told us they had visited many times to provide advice on diet and to discuss issues around PEG feeding (feeding via a tube) for those who required it.

Good

Is the service caring?

Our findings

Staff were able to tell us about people's communication needs and all the methods used and were aware of how best to communicate with each person. Staff were able to explain how they used objects of reference, such as communication boards and pictures, Makaton, which is a form of sign language. We were able to observe this during our visit on a number of occasions and saw that staff communicated effectively with people.

We observed how staff communicated with people this during meal times and in the sensory room where we saw a person respond positively was when a staff member assisted them to use a computer. From these observations and our conversations with relatives and other stakeholders it was evident that staff knew the people they were caring for and were committed to meeting their individual needs.

The provider had organised training in 'PROACT SCIP' (Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention). Staff were complimentary with regard to this communication technique. Staff spoke positively about this communication technique. Staff told us the provider ensured all permanent staff were adept in various techniques of non-verbal communication. Our observations and conversations with staff showed that people were treated with kindness and compassion and supported to be involved in their care.

People's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. We found that staff knew about people's unique heritage and had care plans which described what should be done to respect and involve people in maintaining their individuality and beliefs.

Relatives had been involved in their family member's decision making as had associated professionals. We were told how the provider had always kept families informed. One person stated "I visit every week and staff inform me of everything that has happened." Another stated, "the manager often calls me." Staff told us that relatives could visit when they wanted to and the relatives we spoke with confirmed this.

Staff explained that they knocked on people's doors before entering their room and ensured people remained covered whilst providing personal care to ensure their dignity remained protected. They told us they paid attention to people's personal appearance and clothing to uphold people's right to be supported to maintain their dignity.

People's independence was promoted. On the day of the inspection there were seven people using the service. Some people were assisted to engage in activities both inside and outside of the home and others were attending a resource centre to take part in activities there. We found that the service placed a lot of emphasis on maximising people's right to maintain as much autonomy as they could.

Requires Improvement

Is the service responsive?

Our findings

Care plans covered personal, physical, social and emotional support needs. In addition to this the home had recently carried out assessments for people at risk of developing pressure sores in conjunction with local healthcare professionals.

Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs. However, we found that not all care plans were signed when updated by the manager, keyworker, relative or advocate of each person to confirm agreement. Therefore the service could not evidence in every case that consultation had taken place.

Relatives were happy with interaction from the staff at the home. They told us the provider was in constant contact with them and modified care plans accordingly.

Staff were able to demonstrate how the service supported people to maintain important relationships, particularly with members of their family. In one case a person's parent lived overseas and we saw that staff supported them to maintain contact by telephone calls and e mails. They also ensured that when their relative made visits they were given enough support to maximise their experience of these visits.

Relatives told us they felt confident that they could complain if they had any concerns, although most said they had never felt the need to. Relatives told us that they were aware of the provider's complaints system and who to contact if the needed to. We found that complaints had been responded to appropriately using the provider's complaints system. This system allowed people to make a complaint to anyone working at the home or to the provider directly. The complaints information gave details about what action would be taken to resolve a complaint, who would take the action and what people could do if the remained dissatisfied with how their complaint had been handled.

Good

Is the service well-led?

Our findings

All relatives and professionals we spoke with were complimentary about the manager, and said they felt the relationship was open and that there was good communication. We were told that the manager frequently contacted professionals and family members either with information or to seek advice. One relative commented "I can call her any time I like."

We asked relatives who they would talk to about any concerns and if they thought they would be taken seriously. The comments that people made ranged from "I have never had any concerns" and "If I did I would contact the manager immediately."

Meetings with people using the service and their families to discuss the day to day operation of the service did not happen. We were told that the manager was responsive to requests from families to discuss issues but there were no arrangements in place for more general meetings to provide feedback as a whole.

Staff demonstrated that they took their caring role seriously and felt personal responsibility for playing their part in delivering a high quality service.

The provider had a system for monitoring the quality of care, including carer's view and user led monitoring. The manager was required to submit regular reports about a wide range of events and checks made at the service as well as action that was taken to respond to any issues that arose. However, we were told that there was no system for seeking feedback or carrying our surveys of people using the service, relatives or other professionals to inform improvements to the service.