

Conifers Care Limited

Elm House

Inspection report

7 Osbourne Road
Enfield
Middlesex
EN3 7RN
Tel: 0208 804 5093

Date of inspection visit: 6 November 2015
Date of publication: 12/01/2016

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?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 6 November 2015. The home opened in June 2015 and had not been inspected before.

The home had a registered manager. 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.

The home is registered to provide care and support for five people with mental health issues and learning disabilities. On the day our inspection there were three people using the service.

People told us that they felt safe within the home and well supported by staff. We saw positive and friendly interactions between staff and people. People were treated with dignity and respect.

Procedures relating to safeguarding people from harm were in place. However, not all staff understood what to do and who to report it to if people were at risk of harm. Staff had received training in the Mental Capacity Act

Summary of findings

(2005) and the Deprivation of Liberty Safeguards (DoLS), although some staff were unable to explain how this would impact on people when we spoke with them. There are concerns around how management ensure that staff understand training they have received.

Risk assessments were detailed and gave guidance on how to mitigate risk in the least restrictive way. However, we saw that one risk had not been mitigated against. This put people at risk of harm. Following the inspection, we spoke with the registered manager to discuss this issue. The registered manager told us that he would address the problem as soon as possible.

Care plans were person centred and reflected individuals preferences. There were regular recorded keyworking sessions.

People told us that they felt safe within the home. Relatives said that they felt their loved ones were safe. People were well supported by staff who had the necessary skills. Staff received on-going training and support from the manager. People were treated with respect and dignity and relaxed around staff.

People were supported to maintain a healthy lifestyle and had healthcare appointments that met their needs. Staff were aware of how to refer people to healthcare professionals when necessary. There were records of appointments and reviews in people's files.

People were supported to have enough to eat and drink. People had individual weekly menu plans and staff supported people to prepare their own food.

People were supported to have their medicines safely and on time. There were records of medicines audits and staff had completed training on medicine administration. The home had a clear policy on administration of medicine which was accessible to all staff.

There was a complaints procedure as well as an accident and incident reporting. Where the need for improvements were identified, the manager used this as an opportunity for learning and to improve care practices where necessary. There was evidence of audits around medicines and health and safety which helped identify areas for improvement or good practice.

We were saw that there was an open culture within the home and this was reflected by the staff. Staff felt safe and comfortable raising concerns with the manager and felt that they would be listened to.

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?

Some aspects of the service were not safe. Some staff were unable to tell us what safeguarding was or how to report it if they thought people were at risk.

One known risk had not been mitigated against. This put people at risk of harm. Overall, risks for people who used the service were identified and comprehensive risk assessments were in place to ensure known risks were addressed.

There were sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely.

Requires improvement



Is the service effective?

Some aspects of the service were not effective. Most staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). However, some staff were unable to explain what the MCA or DoLS was.

Staff had on-going training to effectively carry out their role.

Staff received regular supervision.

People's healthcare needs were monitored and referrals made when necessary to ensure wellbeing.

People were supported to have enough to eat and drink.

Requires improvement



Is the service caring?

The service was caring. People were supported and staff understood individual's needs.

People were treated with respect and staff maintained privacy and dignity.

People were encouraged to be as independent as possible and supported to make decisions about the care they received.

Good



Is the service responsive?

The service was responsive. People's care plans were presented in a way that was person centred and tailored to individual care and support needs.

Staff knew the people well and were knowledgeable about each person's support needs, their likes and dislikes.

People has individual activity plans according to their preferences.

People were encouraged to have full and active lives and be part of the community.

Good



Summary of findings

A system for complaints was in place. People and relatives were aware of how to complain.

Is the service well-led?

The service was well led. There was good staff morale and guidance from management.

The home had a positive open culture that encouraged learning.

Complaints, incidents and accidents were used as an opportunity to learn and change care practices where appropriate.

Good



Elm 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.

The inspection took place on 06 November 2015 and was unannounced. A single inspector carried out the inspection for one day. The home opened in June 2015. This is the first Care Quality commission (CQC) inspection of this service.

Before the inspection we looked at information that we had received about the service and formal notifications that the home sent to the CQC. We looked at three care records and risk assessments, five staff files, three people's medicines charts and other paperwork that the home held. We looked at policies in place at the service. We spoke with three people who use the service, two relatives and four staff. The registered manager was not present during the inspection. Following the inspection, we spoke with the registered manager of the service.

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, “Yeah, safe? I do, it’s alright here.” Another person said “Yeah, I do feel safe.” Records showed that staff had recently completed training in safeguarding. Two staff that we spoke to were able to explain how they would keep people safe and understood how to report it if they thought people were at risk of harm. One staff said, “Safeguarding is to make sure the service users are safe from abuse and things that could harm them.” However, other staff we spoke with was unable to tell us what safeguarding was or who they would contact if there was a risk of harm. One staff said “I don’t know.” Another told us, “I have no idea.”

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of whistleblowing and knew who to contact if they needed to.

We looked at three people’s risk assessments. Risk assessments were person centred and addressed known risks adequately. Risk assessments were detailed and gave guidance for staff on how to support people in the least restrictive way. They were updated monthly and when changes occurred. However, we saw one risk assessment that did not address a known risk adequately. There were no window restrictors in place on the first floor. This put people at risk of harm. We spoke with the registered manager following the inspection to discuss this. The registered manager told us they would be putting appropriate safeguards in place to ensure this is addressed. Risk assessments had not been signed by people and there was no evidence that people had been involved. Staff told us that people had input into how risks were managed and mitigated against and that risk assessments were written with people.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. The team leader told us that when an accident or incident occurs, the team use it as a learning opportunity and, where appropriate change care practices.

There were sufficient staff to allow person centred care. We saw that there were two staff throughout the day with one waking night staff. The service followed safe recruitment practices. We looked at five staff files which showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

The home had a clear medicine administration policy which staff had access to. People’s medicines were recorded on medicines administration record (MAR) sheets and used the blister pack system provided by the local pharmacy. A blister pack provides people’s medication in a pre-packed plastic pod for each time medicine is required. It is usually provided as a one month supply. We saw that people’s medicines were given on time and there were no omissions in recording of administration. One person told us, “They [the staff] give them [medicines] to me every day.” Some people had injections as part of their medicine regime, provided by a local clinic. We saw records that ensured that the person had received their medicine and when their next one was due.

Each person had a medicines folder. These detailed people’s medicines and what they were prescribed for, possible side effects and any changes to medicines. Staff that we spoke with were able to tell us what individual’s medicines were and why they had been prescribed.

We saw that the home had a policy for administering ‘as needed’ medicines. As needed medicines are medicines that are prescribed to people and given when necessary. The policy stated that as needed medicines were ‘used as a matter of last resort when all interventions have been attempted such as diversion techniques and the service user has still not responded’. This means that staff used other techniques, such as talking and distraction, to help calm people down before giving as needed medicines.

Homely remedies were stored separately in a locked cabinet. Records showed when people had received homely remedies and what they had been given for. We saw that the GP had authorised specific homely remedies to be used within the home. This included remedies for coughs, colds and constipation.

Is the service safe?

Two people's files noted the home that they had lived in previously as their address. People's personal details had not been updated to reflect changes.

The home was clean and tidy on the day that we visited. Staff told us that cleaning was part of their daily routine. People were encouraged to keep their bedrooms clean. One person told us, "I keep my room clean."

There were records of regular, on-going, maintenance checks including, fire, gas and electrical safety.

Is the service effective?

Our findings

People were supported by staff able to meet their needs. Staff told us and records confirmed that they were supported through regular supervisions and yearly appraisals to look at people's on-going care needs and identify training and development needs. We looked at three staff appraisal records and five supervision records. Staff had input into their supervisions and appraisals and told us that they have regular supervision that helps them be clear on the best way to support people. One staff member said, "We can talk about whatever we want to in supervision. It's about doing the best for the service users."

We saw that staff had a comprehensive induction when they started work to ensure that they understood people's needs. This included meeting and getting to know people, and understanding local policies and procedures. Staff told us that they shadowed more experienced staff before being able to work alone. Where staff had transferred between services, we saw records of comprehensive local induction.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA). One staff told us, "It is to deprive someone of their liberty such as the front door. People have the right to go out but if they are not safe we need to apply for a deprivation of liberty to restrict them for their safety." Another staff told us, "We may have someone who is at risk of absconding so if we lock the door we would need to make sure that there is a DoLS in place and that their capacity has been assessed." However, one staff said "It's when they're aggressive and you bring them down." This means that some staff did not understand what the MCA meant and how it impacted on the people they cared for.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people's capacity had been noted in their care files and on their care plans. However, there was some confusion around what the MCA meant in practice. For example, we were told one person had capacity but staff had asked a family member to sign consent forms for keyworking, medicine administration and finances. For another person, their relative had power of attorney for their finances but not health and welfare. The relative had

signed documents around health and welfare. We asked the team leader how management ensure that training is understood and implemented by staff. The team leader told us this is done in staff meetings.

We saw that three people had DoLS in place or applied for. Where a DoLS had been applied for and not yet authorised, we saw that staff had followed up with the local authority.

Staff were trained in restraint techniques. The team leader told us, "Restraints are only to be used if it is a part of their care plan. It is not restraining but safe holding." She explained that staff were trained in safe holding and breakaway techniques but that staff would talk to people and try to calm them down before using restraints. The team leader told us, "We use breakaway and PRN [as needed medicines] as a last resort. We have not needed to use the training at all to be honest." Other staff we spoke with said that they had been trained but that physical restraint had never been used in the home. This means that although staff were trained in physical restraint they used other techniques, such as talking and as needed medicines, to support people when they became distressed.

Staff had monthly supervision that helped them to be clear on the best way to support people. The staff team were new and had not yet received an appraisal. The team leader told us that appraisals had been booked for January 2016 and that staff would be fully involved in the process.

We looked at three weekly menus. Each person was supported to create their own individual weekly menus using recipe books. Staff told us that people are supported to cook their own menu choice each evening. Once a week the home has a group meal that everyone sat down to. However, people were given the choice to refuse if they wanted to. People told us, "Food is good, tasty" and "Staff help, they ask us what food we like." Staff said that snacks and drinks were available throughout the day when people were home. One person said, "We can have snacks whenever we want." Staff told us that after planning menus, a weekly shop was done according to preferences. Fridges had food labelled with when it was opened or cooked and when it should be discarded.

We looked at three people's care records. Each person had a 'health action plan'. This included all healthcare needs of the individual including communication from healthcare professionals. We saw that there were up to date records of

Is the service effective?

healthcare appointments and any follow up required. One care file we looked at had carried through advice from the occupational therapist (OT) into the person's care plan. We also saw that there was documentation when people had not attended or refused to attend an appointment and what action had been taken. One person said, "Staff help me go to appointments."

Staff were knowledgeable about people's healthcare needs and knew how to refer people for further healthcare assessment. There were 'healthcare passports' for each person noting their medical history and how they like to be treated in case they are admitted to hospital.

We looked at three people's bedrooms and found that they were personalised according to individual preference. We saw that people had family photographs, artwork and games consoles that they had chosen. We looked at two vacant rooms. The team leader told us that when someone was referred they would be able to choose the colour and what furniture they wanted. The downstairs vacant bedroom was an en-suite wet room and adapted for a person who may have a disability.

Is the service caring?

Our findings

People were treated with dignity and respect. One person said, "Staff are good, they talk nicely to me." Another person told us, "Staff are kind." One relative told us, "The care is excellent, I walk away with peace of mind. I feel when I go to visit he gets the care I expect him to get." Another relative said, "I am happy with the care there." Staff told us, "The residents are important here."

Each person had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. We saw that staff knew people's likes and dislikes and how they liked to be treated as individuals. There were recorded weekly keyworking meetings that ensured people were being appropriately supported. Each recorded session noted that staff had asked for consent of the person to have their key work session and asked where they would like to meet. Staff told us that key working sessions were always conducted in a private area to maintain confidentiality. People told us, "I have a keyworker, we talk about laundry and helping me", "I like my keyworker, they help me when I need it."

We saw that people's care files noted if they had a faith. Staff told us that people attended church and mosque on a regular basis and were supported to go. One person told us, "I go to church." Religious and cultural needs were supported and understood by the home.

We asked staff how they would work with lesbian, gay or bisexual people. One staff member said, "It doesn't make a difference in how we would treat them, everyone is equal."

We saw that people were treated with respect. Staff knocked on people's bedroom doors and waited for consent before entering. During the inspection, staff asked people if we could look in their rooms. This showed that staff respected people's personal space. We saw that staff communicated well with people, asking how they were and what they were doing that day.

Each person had a communication plan. This told staff the best way for them to talk to people when they became distressed. One person's said, 'If I am upset, use a one to one approach with me. Prompt me to go for a walk in the local park. Never bully me or shout at me'. Staff were aware of how to support individuals when they showed behaviour that challenges.

There were up to date, weekly recorded resident's meetings. People told us that they could talk about anything they wanted to. The team leader told us that resident's chair the meetings help decide the agenda. This meant that people were given the opportunity to express their views and contribute to how the service was run.

People and staff told us that friends and family could visit whenever they wanted. One relative said, "They [staff] are very approachable; I can visit whenever I want." Another relative told us, "I don't visit often but it's ok when I do."

We 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.

Is the service responsive?

Our findings

We looked at three people's care plans and saw that staff responded to people's needs as identified. Care plans were reviewed regularly and updated as changes occurred. This meant that people were supported by staff who had up to date information about their care needs. People had signed their care plans.

Care records showed that people and their relatives had been involved in the initial assessments and on-going reviews for people. As part of the initial assessment, people were able to spend time at the service so staff could become familiar with their needs. This also allowed people to become familiar with the staff and the service. We saw that when people moved between services in the same organisation, there was a further assessment. This ensured that people were supported and staff understood their needs.

People had two types of care plans; person centred plans and support plans. Plans were detailed and person centred and encouraged people to improve and maintain their independence. One person told us, "Staff encourage me to be independent." The person centred plan had a section written from the point of view of the individual that noted; 'I do this', 'We think it means this', 'We should'. For example, if a person was noted to begin mumbling when becoming distressed. Staff were to be aware of when this was happening and spend one to one time with the person. Support plans stated what people wanted to achieve in the short, medium and long term.

Care files noted what people's like and dislikes were in all aspects of their life including, food, activities and

household chores. One noted that the person 'liked gardening and playing computer games but did not like hoovering and dusting'. Staff were able to tell us about each person's preferences.

We saw that each person had a weekly activity timetable that noted things people enjoyed doing in the community and at the home. Each person's activity plan included things that helped them relax, such as, playing computer games, watching films and gardening. On the day of our inspection we observed three people getting ready to go to the day centre. Staff told us that people went to the day centre between three and five days a week. One person said, "We do activities in the house and I go to the day centre three days a week." Another person said, "I've got friends at the day centre, I like it." A relative told us, "He's got a full life since he's been there." The team leader told us that people do different activities at the day centre including cooking, day trips, literacy and numeracy. The team leader also told us that, because the home had a large garden, they host the gardening group from the day centre. We saw that the garden was being prepared for winter by the group.

The home had a clear complaints procedure. The team leader told us that relatives were given copies of the complaints procedure. We saw that complaints were responded to in a timely manner and resolved. People said that they were comfortable telling the staff if they were unhappy. Relatives told us "I have the right to make complaints if I want but I have never needed to", "If I've got a problem I have no concerns about telling the manager." There was a version of the complaints policy written in large font and pictorial format. This allowed people to understand how to complain.

Is the service well-led?

Our findings

Staff and relatives told us, and we saw, that the home had an open culture that encouraged good practice. One staff said, “The manager is very supportive. We are always encouraged to develop and update our skills.” Another staff said “The manager is good, always there if we need him.”

Relatives said that they were happy with the communication provided by the home and registered manager. One relative told us that, “Communication is good” and that the manager was always, “Approachable and helpful.”

There were records of regular staff meetings that allowed staff to discuss care needs and development of the service. Staff told us that they could talk to the registered manager at any time.

Training records showed that staff were encouraged to maintain and update care skills and knowledge. Some staff that we spoke with were able to tell us how they had put their training into practice. However, other staff was unable to explain how training was put into practice. There were concerns around how management check that training is understood by staff.

Staff told us that they knew how to whistleblow and who to report to. The team leader said that staff are encouraged to raise concerns within the service but also given information on how to whistleblow.

The registered manager was not present during our inspection. However, the team leader ensured that people were aware that an inspection was taking place and supported staff throughout the process.

There were weekly and monthly audits of medicines, health and safety and people’s care files. We saw a detailed annual audit that had been carried out by a senior manager. This was carried out according to the Care Quality Commission (CQC) fundamental standards prior to April 2015. Where an issue had been identified, we saw that action plans and timeframes were in place to address what had been found.

We reviewed accident and incident logs. It showed that the manager used accidents and incidents as an opportunity for learning and to change practice or update people’s care needs. Procedures relating to accidents and incidents were clear and available for all staff to read. Staff told us that they knew how to report and record accidents and incidents.

Records showed joint working with the local authority and other professionals involved in people’s care. The team leader told us that they work closely together to make sure that people receive a good standard of care.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Staff were unable to demonstrate that they had the appropriate competence, skills and experience to provide care safely. Management failed to ensure that training had been understood and carried through into practice. This was around safeguarding, The Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS)</p> <p>Regulation 12(2)(c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service failed to mitigate against a known risk. This put people at risk of harm.</p> <p>Regulation 12(2)(a)(b)</p>