

North London Care (Havering) Ltd

Candover House

Inspection report

No 2, Candover Road
Hornchurch
Essex
RM12 4TZ

Tel: 01708471900

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Ratings

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

Summary of findings

Overall summary

About the service:

Candover House is a residential care home that provides personal care to six people with a learning disability. At the time of the inspection six people were using the service.

People's experience of using this service:

Most of the people who used the service were not able to tell us about their experience, but one person and three relatives we spoke with were positive about the service. Risks to people's health and safety were assessed and staff had guidance on how to manage any identified risks. Adult safeguarding procedures were in place and staff knew how to recognise and report incidents of abuse. Staff recruitment processes were robust which meant that staff employed at the service were checked to ensure they were safe to work with people who used the service. There were enough staff to meet people's needs. The registered manager had systems in place to ensure any errors in medicines were addressed and lessons learnt to avoid similar errors.

People and relatives told us staff had knowledge and skills to meet people's needs. Arrangements were in place to ensure staff received supervision and appraisal. Staff supported people to eat and drink. They also supported people to access healthcare. Staff received induction and training and felt supported by the registered manager. We have made a recommendation about staff supervision.

Staff supported people to live as independently as possible by giving them choices and encouraging them to make decisions about their care.

Staff were kind and caring. Relatives told us they listened to them and communication with the service was good. The service was inclusive, and staff had good awareness about equality, diversity and human rights.

Each person had a care plan which identified their needs and how they wanted staff to support them. People benefitted from a range of activities available to them within and outside the care home. The service's complaints procedure was available to people and their relatives.

The registered manager carried out a range of audits to ensure the service was running well, and areas of improvements were identified and acted on. Relatives and staff gave positive feedback about the registered manager. The registered manager confirmed that they were developing a new survey questionnaire to enable people and relatives to give feedback anonymously.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection on 15 September 2016, (report published on 27, October 2016), the service was rated 'Good'.

Why we inspected:

This was a planned inspection based on their previous inspection rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Candover House

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

Candover House is a care home. People in care homes received accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Our inspection was unannounced. This meant staff did not know we were visiting.

What we did:

- Our inspection was informed by evidence we already held about the service such as notifications. A notification is information about important events which the provider is required to tell us about by law. We also checked feedback we received from members of the public and local authorities.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- During the inspection we spoke with one person using the service and three relatives. Most of the people were not able to share their experience with us but we observed their interaction with staff.
- We spoke with two care staff and the registered manager.

- We reviewed two people's care records, three staff personnel files, audits and other records about the management of the service.
- We contacted health and social care professionals to request their views about the service.
- We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and staff received training which reflected this.
- People's relatives told us they thought the service was safe. One relative said, "I feel [person using the service] is safe in the care home." A social care professional stated that they had no concerns in relation to people's care and safety within the service.
- Staff were clear about what they needed to report and were confident that the registered manager would take their concerns seriously.
- People were protected from financial abuse and loss as there were good systems for recording and checking transactions.

Assessing risk, safety monitoring and management

- Each person using the service had a risk assessment which was reviewed periodically. This ensured that risks to people were identified and managed properly.
- Regular health and safety checks such as fire safety, electrical equipment, gas and the environment were undertaken to ensure the facilities and services were safe.

Staffing and recruitment

- Staff were recruited in line with safer recruitment processes. Staff files confirmed that pre-employment checks had been completed and new staff had induction training before they started work at the service.
- There were sufficient staffing levels to meet people's needs safely. Relatives told us, and staff rotas confirmed that there were enough staff at all times to support people.

Using medicines safely

- There was a clear process for administration and recording medicines, including the ordering of people's medicines. There were also guidelines in place for medicines which were given 'as and when needed'. These are also known as PRN medicines.
- However, we found a one-off error where a member of staff forgot to administer and record a morning tablet for one person on the day of the inspection. The registered manager reassured us that they would investigate this and take appropriate action to ensure similar errors were avoided.
- Staff who administered medicines received relevant training and did not administer medicines before their competency was assessed.

Preventing and controlling infection

- There were suitable measures to control infection. Staff had received infection control training and told us they had access to personal protective equipment.
- We saw good food hygiene was maintained, including the safe storage of food and cleaning of areas where

food was prepared.

Learning lessons when things go wrong

- The registered manager followed processes for reviewing and learning from incidents. The registered manager told us, and records showed that incidents were recorded, investigated and lessons learnt to ensure future incidents were prevented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. This ensured that people were admitted to the service only if their needs could be met and if the service was suitable for them.
- Assessments of people's needs included social care, personal care, leisure, mobility, personal relationships, cultural and religious factors. This ensured staff were aware of and able to meet people's needs.

Staff support: induction, training, skills and experience

- The service had systems in place to ensure staff received regular training related to their roles. These included infection control, moving and handling and food hygiene. Staff received training specific to meeting the needs of people, including positive behaviour support and epilepsy awareness.
- New staff members received a detailed induction when they joined the service. This included five-day induction process which was designed to familiarise them with the policies and procedures of the service and individual care files.
- There was a system in place for staff supervision and annual appraisal. However, some staff did not receive supervision regularly as planned. The registered manager told us they were aware of the lapse in supervision. They said they were reviewing the system to ensure that staff supervision was delegated to the deputy manager and senior staff. We recommend that the registered manager adopts best practice on staff supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- Relatives told us the service provided fresh and nutritious food that met people's needs. One relative said, "The food [at the care home] is very good. There are freshly cooked meals at the service."
- People were consulted about their meals. We noted staff knew people's likes and dislikes of meals. We observed people enjoyed their breakfast and lunch.
- Staff told us, and records showed that staff worked with people, relatives and professionals to encourage people to make healthy choices of meals.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager used a multi-disciplinary approach to plan and review people's care. This included working with the local learning disability team, the clinical commissioning group, psychology and psychiatry.
- People's risk management plans were reviewed by the multi-disciplinary team and the registered manager had acted on feedback to improve people's experience of the service.

Adapting service, design, decoration to meet people's needs

- The register manager had adapted the service to meet people's needs. This included a large, bright kitchen area where people could take part in preparing meals and engaging in social and leisure activities.
- Bedrooms were decorated and furnished according to people's needs and choices.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care in a timely manner. Staff supported people to attend their medical appointments and each person had a 'Hospital Passport' which contained information about people's support and communication needs to enable health professionals to be aware of how to communicate with and care for people.
- Relatives told us the service was good at supporting people with their health needs. One relative said, "The manager is particularly good at meeting people's health and medical needs. [The manager] has good knowledge of health care."

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and were aware of their responsibilities.
- People were often deprived of their liberty and subject to continual supervision in their best interests. Where this was the case the registered manager had met their requirement to apply to the local authority in line with DoLS.
- Mental capacity assessments had been completed for people and, where people lacked capacity, best interest meetings were organised for them so that decisions were made on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives of people using the service told us staff were caring. One person said, "[The person using the service] is always happy to go back to the service after visiting family home. [The person] is well cared for by staff."
- We observed positive interactions between people and the staff team. Staff communicated with people in a respectful manner and we observed people were confident approaching staff for support and reassurance.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they were closely involved in the care and wellbeing of people. People who did not have relatives were supported by independent representatives who advocated and spoke on their behalf at care plan reviews and in relation to management of their finances.
- Staff had developed communication techniques such as gestures and body language to interact effectively with people. Pictorial representations were used in service user's guide and the registered manager was undertaking work to change documentation within care files to a pictorial format to help make it more accessible to people.

Respecting and promoting people's privacy, dignity and independence

- The service promoted independence. For example, one person's care plan stated, "Before asking to assist me do anything consider if the task is something I can carry out doing or am able to do." A member of staff told us, "I let [people] have their own choice, ask and encourage them to do certain tasks such as washing hair and choosing breakfast for themselves."
- Care plans stated how people wanted to be supported and what they wanted staff to undertake to meet their needs. These included people's cultural, personal and dietary needs, and how they wished to be addressed and how they wanted staff to ensure their privacy.
- Staff knew how to ensure people's privacy and confidentiality. They told us, and we observed, that they knocked on the doors before entering bedrooms. People's personal information and care files were also kept securely within the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives felt they were involved in the planning and review of people's care plans. One relative said, "I am very happy with the placement [of person]. I have been involved in care plan reviews and all areas of [person's] care."
- People's care plans were detailed with information on how to support them with personal care in a way which met their preferences. These were reviewed regularly and changes in people's needs were recognised and met by the service.
- Each person had activity plans which suited their interests and preferences. People using the service had a good understanding of these and knew when activities were scheduled. These included activities within the care home and in the community.

Improving care quality in response to complaints or concerns

- The service had a complaints policy, which was presented in easy read and pictorial format. This helped people and relatives to understand the policy.
- Relatives told us that they knew how to make complaints. However, one relative told us they did not feel confident raising concerns with the registered manager. We mentioned this to the registered manager who told us that they would look into ways of reassuring people to be confident to raise their concerns. The registered manager said they would introduce a system which would include raising concerns anonymously.
- Where relatives had raised a concern, the registered manager had followed their procedure and had taken appropriate action.

End of life care and support

- The service did not support people with end of life care.
- However, staff had knowledge and understanding of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was meeting their responsibility to display the ratings of the previous inspection and to notify the Care Quality Commission when serious incidents had occurred.
- Relatives spoke positively about the registered manager. One relative said, "[The registered manager is marvellous. [The registered manager] is always available to speak to you." Another relative said the registered manager always informed them serious incidents.
- Regular assessments and audits of aspects of the service including environmental risk assessments, monthly food and safety audits, infection control, fire risk assessments, medication audits and health and safety audits had taken place to ensure the service was safe.
- There was a clear process for the record keeping and management of people's personal allowances.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they felt supported by the registered manager and senior staff. Comments included, "Managers are supportive", "This is a well-managed home", and "I like working here."
- The roles of the deputy manager and senior staff were clear. This ensured that there was a management cover on every shift.
- Staff communicated well using handovers, communication books and diaries, which enabled them to be clear about their responsibilities on each shift.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Key workers met with relatives and asked their views about the quality of the service people received. The registered manager was developing a survey questionnaire for people and relatives to give feedback about the quality of care.
- The registered manager and staff had a good understanding of equality and diversity, and human rights. They were able to discuss how they worked to identify and support people with their needs. For example, staff told us how they supported one person with their relationship with a partner.

Continuous learning and improving care

- The registered manager continued to update their knowledge and skills by attending care practice and management related training. This meant they were able to train their staff.

- The service worked positively and improved the quality of service and wellbeing of people. For example, one person's health improved and the number of incidents they had were reduced.
- The registered manager had plans to delegate staff supervision to senior staff. This would make staff supervision effective.

Working in partnership with others

- The registered manager had worked closely with the local authority to improve the service. This included regular visits from quality monitoring team and agreeing a plan for what needed to improve. The recent quality monitoring visit by the local authority did not identify any areas of concern.
- The registered manager told us, and records showed, that the service had good working relationships with healthcare professionals. One social care professional wrote, "We have good working relationship with Candover House."