Connifers Care Limited

Elm House

Inspection report

7 Osborne Road
Enfield
Middlesex
EN3 7RN

Tel: 02088045039
Website: www.pavilionleisurecentre.com

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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

This inspection took place over two days on 28 July and 1 August 2016 and was unannounced. At our last inspection on 6 November 2015 we found that the provider was not meeting all the standards that we inspected. We identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment for people was not being provided safely. Risk assessments to identify and mitigate one significant risk to people were not in place. At this inspection we found that the provider had addressed these concerns.

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 four 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.

Staff understood people's individual needs in relation to their care. People were treated with dignity and respect.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report it to if people were at risk of harm.

Staff had an understanding of the systems in place to protect people who could not make decisions and were aware of the legal requirements outlined in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Care plans were person centred and reflected individual's preferences. There were regular recorded keyworking sessions. There were focused keyworking session that looked at specific aspects of an individual's care. People were involved in writing their care plans and risk assessments and were able to express their care needs.

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.

People's views on how the service was run were listened to. There were regular residents meetings that allowed people to have their views and opinions heard.

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.

Staff training was updated regularly and monitored by the registered manager. Staff had regular supervision and annual appraisals that helped identify training needs and improve the quality of care.

People were supported to have enough to eat and drink. People were encouraged and supported to cook and plan their meals.

There was a complaints procedure as well as an accident and incident reporting system. Where the need for improvements was identified, the manager used this as an opportunity for learning and to improve care practices where necessary.

There were regular health and safety audits and monthly medicines audits. These allowed the provider to ensure that issues were identified and addressed. The provider undertook comprehensive six monthly audits that looked at all aspects of care provided and how it was managed by the home.

There were systems in place to identify maintenance issues. Staff were aware of how to report and follow up maintenance.

There was an open atmosphere within the home. The management encouraged a culture of learning and staff development.

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. Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

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

People were supported to have their medicines safely.

The risks to people who use the service were identified and managed appropriately.

Is the service effective?

Good

The service was effective. Staff had on-going training to effectively carry out their role. Staff received regular supervision and appraisals.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and the Depravation of Liberty Safeguards (DOLS).

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

People were supported to have enough to eat and drink. People had choice around what food they wanted to cook and eat.

Is the service caring?

Good

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.

Is the service responsive?

Good

The service was responsive. People's care was person centred and planned in collaboration with them.

Staff were knowledgeable about individual support needs, their interests and preferences.

People were encouraged to be independent, be part of the community and maintain relationships.

People knew how to make a complaint. There was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well led. There was good staff morale and guidance from the registered manager and team leader.

The home had a positive open culture that encouraged learning. Best practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

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 over two days on 28 July and 1 August 2016 and was unannounced. A single inspector carried out the inspection. 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 people's care records and risk assessments, five staff files, four people's medicines charts and other paperwork that the home held such as health and safety documentation, audits of systems and policies and procedures.

We spoke with two people who used the service, and four staff. The registered manager was present for day one of the inspection. We were unable to speak with relatives of people that used the service due to people's wishes and some relatives being unable to be contacted.

Good

Is the service safe?

Our findings

At our last inspection we found that people had not signed their risk assessments and a specific risk that may have placed people at harm had not been documented or mitigated against. There had been no window restrictors in place on the first floor of the home. The provider sent us an action plan telling us how they would ensure this was addressed. At this inspection, we found that the provider had addressed these issues. There were window restrictors in place on the first floor windows of the home.

Each person had an individual risk assessment called, 'My risk assessment and management plan'. Risk assessments were person centred and written in collaboration the individual. Staff told us that people had input into how risks were managed and mitigated. Risk assessments gave background history of the noted risks and gave guidance for staff on how to support people in the least restrictive way. All people had signed their risk assessments. Staff were able to explain how they would work with people's identified risks.

People told us that they felt safe. One person said, "Yeah, staff are kind. I'm safe." Another person told us, "Safe? Yeah, course." We spoke with three staff who explained how they would keep people safe and understood how to report it if they thought people were at risk of harm. One staff member said, "It [safeguarding] is for vulnerable people, to protect against abuse. If it happens, or we see anything, we have to report it to our managers. If they didn't do anything I would go to the company owners, the local authority or the Care Quality Commission."

Staff understood what whistleblowing was and how to report concerns if necessary. One staff member said, "It [whistleblowing] is where you see something wrong in the home. Sometimes it could be managers doing stuff and we need to be able to report it." Staff told us, and we saw that there was information in the office on how to whistleblow and who to contact.

There were sufficient staff to allow person centred care. We saw, and rotas confirmed, that there were two staff throughout the day with one waking night staff. The service followed safe recruitment practices. We looked at four 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. People's medicines were given on time and there were no omissions in recording of administration. People told us, "I get medication. They [the staff] give it to me" and "Yeah, I have medication in the evening and morning. I ask for them. I know what time they are." Two 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. Medicines information was included in people's care plans. People had signed a 'medicines agreement'. This was a document whereby people gave their consent to have their medicines administered by the home. Staff told us that they regularly discussed medicines with people to ensure that they understood why they were taking them.

There was 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.

Staff showed us specific medicines that were not appropriate to be in the blister pack and these were clearly labelled with the person's name and kept in separate sections in the medicines cabinet. 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.

No people in the home were currently self-medicating. The team leader told us that when people were ready to self-medicate, there were guidelines in place. An audit by the pharmacy that supplied medicines to the home had been carried out in April 2016. Following recommendations from audit, the home had purchased a small lockable fridge for medicines and been supplied with a separate controlled drugs cabinet by the pharmacy. The home did not currently use any controlled drugs. However, staff were aware of the procedures if a person were to be prescribed a controlled drug.

There was guidance for staff on how to complete accidents and incident forms. There were records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. We saw that the registered manager used information from accident and injury reporting to change care practices, where appropriate, to prevent issues happening again.

The home had a lone working policy for staff. The policy clearly detailed guidance for staff on how to ensure their safety when working alone. Information on lone working and keeping safe at work when working alone were included in staff induction.

The home was clean and tidy on the day of our inspection. Staff and people told us, and we saw, that they cleaned daily. People were supported to clean their bedrooms. This was included in people's individual care plans where appropriate. The team leader told us that there was a programme of works in place to redecorate some of the communal areas and bedrooms.

Good

Is the service effective?

Our findings

People were supported by staff that were able to meet their needs. Staff told us and records confirmed they were supported through regular supervisions. Staff told us that they received supervision every month. Staff members said. "I have supervision. When I started it was weekly but now I have finished my probation it is monthly. It makes sure I have sound knowledge of my job, constructive feedback and identifies any training" and "[Supervision] is so we know the polices of the company, and understand them. We are told how to whistleblow. It's also to look at my performance and if it needs improving. Training is identified." Staff received yearly appraisals. We looked at one staff member's appraisal as other staff had not been in post for a year they had not yet received an appraisal. However, we saw that these staff had their appraisals booked.

Staff had a comprehensive induction when they started to work at the home. Records showed that there was a detailed induction handbook that was completed when staff started working. This included, getting to know the people who lived at the home, understanding policies and procedures, medication training and specific mental health awareness. One staff member said, "The first week [of induction] we covered health and safety, local information, medication and manual handling. There was a lot of training. I shadowed [another staff member] for four days or so before working alone."

Staff training records showed when staff had completed training and when it needed to be renewed. All staff had received mandatory training in areas such as, manual handling, safeguarding, Mental Capacity Act 2005 and health and safety. Mandatory trainings are trainings that are considered compulsory and it is best practice to regularly refresh these trainings. The team leader told us that new staff were enrolled to work towards the new 'Care Certificate'. The Care Certificate sets out standards and competencies that health and social care workers should adhere to in their daily working life. Three staff had achieved Qualification and Credit Framework (QCF) in health and social care.

At our last inspection we were concerned around how management ensured that staff understood training and embedded it into their working practice. This issued had been addressed by the registered manager. The registered manager told us, "Following training staff have a questionnaire to fill in and knowledge is checked. We ask questions about their understanding. In supervision, we check what their [the staff member] most recent training was and ask them five points around what they have learnt." Supervision records showed that staff understanding of training and what it meant in theory and practice was checked and documented. Staff were able to tell us how specific training such as safeguarding, MCA and health and safety impacted on their working practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA). One staff member told us, "It [MCA] is an individual's ability to make an informed decision on their own. If they are not able they will need an assessment. An independent assessor would come and best interests meetings would be held." Another staff member said, "People have the right to make their own decisions. If someone is not able we would involve healthcare professionals who will complete an assessment."

Staff were also able to tell us what DoLS was and how it could impact on people's care. One staff said that DoLS was, "To help protect people when they may not have capacity to understand the consequences of their actions. It's about keeping people safe"

DoLS had been applied for four people and the home was awaiting the outcome of the assessment. Where a DoLS had been applied for and not yet authorised, staff had followed up with the local authority and documented any correspondence.

Staff were trained in restraint techniques. Restraint training was ensuring that staff understood, and could carry out, safe holding and breakaway techniques. Staff that we spoke with said that they had been trained but that physical restraint was not used within 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. One staff member said, "We avoid to use it [restraint training], we try to redirect their attention. Never used it [restraint] since I've been here although I have had the training."

People's personal files had details of healthcare visits, appointments and reviews. Guidance given by healthcare professionals was included in peoples care plans. Records showed that people had access to healthcare such as podiatry, opticians, and dentists. Staff had signed to say that these visits had been attended by people. Staff were knowledgeable about people's healthcare needs and knew how to refer people for further healthcare assessment if necessary.

We looked at four 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. Staff said that snacks and drinks were available throughout the day when people were home. One person said, "I choose my food. They [the staff] order me what I want from [the supermarket]. I help cook though." Another person said, "Foods alright here. I sometimes cook myself but they do ask you what you want to eat." Staff told us that after planning menus, a weekly shop was done according to preferences. Fridges were clean and well stocked. Food had been labelled with when it was opened or cooked and when it should be discarded.

The kitchen had separate areas for meat and vegetable preparation and there were coloured chopping boards to prevent cross infection. Coloured chopping boards are used to ensure that food is prepared in a safe way. For example, red chopping boards are used for meat, green for vegetables and fruit.

Good

Is the service caring?

Our findings

People were treated with respect and their views about their care were understood and acted on by staff. One person said, "Yeah, I think the staff are kind." Another person told us, "Staff are nice here. It's good for me getting on with my life." We saw that staff took time with people to chat about their day and what people had planned. There was a relaxed atmosphere within the home and staff and people interacted well. One staff member said, "We are here for them [people] and want to help make their lives as good as they can be."

Care plans noted what people's interests were and people were encouraged in keyworking and daily by staff to go out and engage with the local community. Staff knew people well and were able to tell us what people's interests and hobbies were. One person commented, "The staff know me and what I like."

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. People were able to tell us who their keyworker was. One person said, "Yeah, I know who my keyworker is. He's alright. We have meetings." There were regular, monthly, recorded keyworking sessions in people's care files. Keyworking records were signed by staff and people.

Staff were aware of the importance of treating people with dignity and respect. Staff told us, "We give them [people] respect. Things may not be my way but I need to respect people's wishes and ways. We always knock on their door and not go in without permission. We are here to help people have a good life." We observed people being prompted with personal care. Staff were kind and caring in their interactions and allowed the person that was being supported to tell them what they wanted.

Staff that we spoke with had a good understanding of equality and diversity. People within the home had differing religions and cultures. One staff member said, "We respect everybody's differences because we are all individuals that deserve respect." Staff understood working with people that identified as gay, bisexual or transgendered. One staff member said, "It makes no difference, it's about the care that we are giving. Unless there is something specific the person wanted us to be aware of."

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. Religious and cultural needs were supported and understood by the home. The team leader told us that people were supported to go to church each Sunday and were accompanied by staff where necessary.

Staff treated people calmly and with respect when they became anxious or showed behaviour that challenged. Staff told us that they knew people well and understood each person's individual needs when they became distressed. We saw staff supporting a person who was displaying behaviour that challenged. This had been recorded in the person's risk assessment and there was guidance for staff on how to work with the person. Staff observed the person and spoke in a calm encouraging voice whilst ensuring that they allowed the person space to calm down.

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 chaired the meetings and helped decide the agenda. This meant that people were given the opportunity to express their views and contribute to how the service was run.

Peoples care files noted what peoples wishes were if they were to pass away. Where people did not wish to comment on this it had been documented.

Good

Is the service responsive?

Our findings

Since our last inspection, the home had developed new care plans called, 'My person centred care and support plan'. These had been developed by the team leader in conjunction with the local authority. Care plans were detailed and tailored to the individual. They were broken into sections including; my background, my healthcare needs, my medication, understand my behaviour and what I am telling you and how I like my day time routine. Care plans were written in collaboration with people and people's views and opinions were robustly documented. Care plans provided staff with guidance on all aspects of the persons care. People told us that they had been involved in planning their care.

Care files noted what people's likes and dislikes were in all aspects of their life including, food, activities and household chores. Staff knew people well and were able to tell us what individuals liked and enjoyed.

Care plans noted what time people generally got up in the mornings and went to bed. Some people had specific night time routines that had been clearly documented. Staff were able to tell us what each person's preferences were around their morning and evening routines. People's medicines were noted on their care plans. One person received medicine to help control diabetes. The care plan provided detailed guidance for staff on the person's condition, how it could affect them, warning signs of the person becoming unwell and what to do if the person became unwell. Where people had a history of behaviour that challenges, there was guidance for staff on what triggers there were for that specific person and things that helped to calm the person down. Staff were able to tell us how they would work with individuals that may display behaviour that challenges.

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 were encouraged to maintain relationships that were important to them. People's care plans noted how people wanted to maintain relationships with family and friends and how often they saw people that mattered to them. One person said, "I see my mum, the staff know that and check."

Each person had a tailored weekly activity timetable that noted things people enjoyed doing in the community and at the home. Activity plans were discussed and reviewed weekly in response to people's wishes that specific week. One person had a specific interest in films and enjoyed going to the cinema. This was facilitated by staff on a weekly basis. Another person's care plan noted that they enjoyed listening to music, watching Indian movies, dancing and playing instruments. The person's activity plan reflected what they said they enjoyed.

On the days 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, "Sometimes I go to

a recreation place, like an activity centre. It's interesting. I go to the library, cinema and sometimes bowling." Another person said, "I go to the [day centre] every day except Saturday and Sunday. I do art, cinema, music and the hydro pool."

All people at the home had recently been on holiday with the staff to Centre Parks for a week. People told us that they had enjoyed the holiday and helped plan it.

The home had a complaints procedure that was available for staff and people to read. One person said, "I'd tell staff or my keyworker." Another person said, "Not got any [complaints]." There had been no complaints since the home opened in June 2015. Resident meeting minutes showed that people were encouraged to complain and given information on how to complain. There was a version of the complaints policy written in large font and pictorial format. This allowed people to understand how to complain.

Good

Is the service well-led?

Our findings

Staff were generally positive about the registered manger. Staff said, "So far, I'm really pleased. If I don't know I can ask. Managers will phone and check on me. Not only about the clients, they ask if I am ok too. I'm very pleased with the way the management work", "He's [the registered manager] quite supportive. When I call him he always picks up and responds quickly to emails."

There were weekly and monthly audits of medicines, health and safety and people's care files. We saw a detailed audit that had been carried out by a senior manager which covered all aspects of the service and care provided. These were completed every six months and carried out according to the Care Quality Commission (CQC) essential standards and guidance. Where any issues had been identified, we saw that action plans and timeframes were in place to address what had been found.

There were systems in place to ensure that staff training was up to date. Training records showed when staff needed to refresh training. Supervision records showed that staff were able to identify and request training.

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. People were encouraged to complain and given information in residents meetings and keyworking session on how to complain if they felt they needed to. The team leader told us that complaints were not viewed as negative but a way to learn and change care practices.

The home has completed annual quality assurance questionnaires with healthcare professionals that worked with the service in October 2015. Feedback was positive and the team leader had created a report detailing the outcome that was made available to staff and people. The service also completed a service user satisfaction surveys one month after people moved into the home and then annually. Records showed that people were satisfied with the service that they received.

Records showed that staff had regular, monthly team meetings. staff told us, "We have them [team meetings] every month. We can raise what we want to. We talk about the service users. Team meetings are very comprehensive, very useful."

Each year, the directors of the company held a 'directors meeting'. This was open for all staff to attend. This allowed the senior management to receive feedback from the staff and for staff to understand changes or new directions of the organisation. The team leader said that staff used this as an opportunity to raise issues and encourage transparency. Records showed that following the recent meeting, an action plan had been put in place to ensure that feedback was acted upon where appropriate.

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 registered manager and team leader told us that they work closely together to make sure that people receive a good standard of care.