

Conifers Limited

44 Broad Green Avenue

Inspection report

44 Broad Green Avenue
Croydon
Surrey
CR0 2ST

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29 June 2016

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26 July 2016

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 on 29 June 2016 and was unannounced.

44 Broad Green Avenue (known as Conifers) provides accommodation and personal care for up to six people with learning disabilities. At the last inspection in August 2014 the service was meeting all the regulations that we assessed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service felt safe and well cared for. There were clear safeguarding procedures in place; staff were trained and competent in following these. Staffing numbers on each shift responded to individual and collective needs and helped make sure people were kept safe. Risks to people's safety and welfare were identified and support plans were in place to manage these appropriately. Safe practice was followed for managing and administering medicines to people.

Staff had the knowledge and skills to meet people's care needs. They attended relevant training to ensure their skills were up to date. Staff received the support required and had regular supervision and appraisal meetings to support them in their role. Staff worked within the principles of the Mental Capacity Act 2005 (MCA) which meant that people received assistance to make their own decisions when needed.

The service had a stable staff team and experienced few changes to personnel. People had developed excellent relationships with staff based on trust and reliability. Staff respected the feelings of the people and supported people to develop positive relationships. Staff knew people's preferences and supported them to make choices according to what they wanted.

People chose what they wanted to eat and drink, and staff supported them with shopping for and cooking meals. People were supported with health appointments and received professional support as appropriate from health professionals.

The service had a suitable system for dealing with complaints which people were familiar with.

People integrated well in the local community and were encouraged to attend activities of their choice. Staff encouraged people to learn new skills and helped them to maintain the skills they already had.

The service was well led by an experienced manager who monitored the quality of care provided for people and made changes to improve where appropriate.

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 familiar with individual needs; they had risk management plans in place to support people's individual needs.

People were supported by staff that were knowledgeable on safeguarding procedures, staff received safeguarding training and aware of the correct procedure in reporting suspected abuse and harm.

There were sufficient numbers of staff available to meet people's needs. Only suitably vetted staff were employed to work in the home.

Is the service effective?

Good ●

The service was effective. People were supported by skilled and knowledgeable staff. Staff received on-going training and development and were supported to undertake their roles effectively.

People were supported to access services which met their healthcare needs. Good nutrition was promoted with people offered support with shopping for and preparing healthy meals of their choice

People's consent was obtained prior to care being delivered. People were protected from having their liberty restricted. The service had policies and procedures in place to ensure people were not unlawfully deprived of their liberty.

Is the service caring?

Good ●

The service was caring. The service had a person centred approach to delivering support and people were placed at the heart of the service. People were encouraged to maintain positive relationships with people important to them.

Staff were caring and sensitive, and respected people's dignity and privacy. Staff were aware of the need to maintain people's confidentiality and knew the impact to people if this was breached.

Is the service responsive?

Good ●

The service was responsive. People received support that was person centred and met their changing needs.

People's needs were assessed and appropriate plans were in place for people to receive care that was personalised and individual to them.

Individuals were supported to integrate into the community, and take part in a range of hobbies and interests they enjoyed.

The service made people aware of how to make a complaint and raise their concerns. The service responded to people's concerns in a timely manner.

Is the service well-led?

Good ●

The home was well led. The home benefited from the consistent leadership of an experienced manager. The registered manager operated an open door policy whereby people could speak with her at any time.

People were supported to play an active role in their local community wherever possible.

The culture of the service was person centred and forward thinking, feedback on the service provision was sought by quality assurance systems including questionnaires and meetings.

44 Broad Green Avenue

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 29 June 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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. We also considered notifications made to us by the provider, and information we held on our database about the service and provider. A notification is information about important events, which the service is required to send us by law.

During the inspection there were five people living in the home, we spoke with all of them. We also spoke with a senior support worker and the manager. We observed practice and interaction between staff and people using the service. We reviewed risk assessments and care records for three people. We also reviewed medicine administration recording sheets [MARS] for these people, accident and incident reports, management records including audits and surveys. We also examined personnel files for three staff that included recruitment and training records.

Is the service safe?

Our findings

People using the service said they felt safe and well cared for. One person using the service said, "Perfectly safe here, I have shared a home with most of the people here for 20 years, we all feel safe."

Medicine procedures were safe. All medicines were stored safely and securely and the medicines supplied to the home were received in sealed dossett boxes. Staff completed assessments to determine if people could self-administer, these assessments reflected what staff support was needed with administering medicines. Checks of medicines and of medicine record sheets showed medicines were administered correctly. Medicine audits were completed to ensure safe practice was followed.

People who were vulnerable were safeguarded from the risk of abuse or neglect. The manager regularly reviewed the service policies and procedures which includes safeguarding, health and safety and infection controls. The manager told us they did this to help ensure that they were consistent with relevant national guidance. Staff were aware of safeguarding procedures and had completed training in this important area. Staff training was kept refreshed in this area. There had been no safeguarding concerns at the service since the last inspection. People using the service were regularly surveyed with each person consistently responding that they felt safe.

People were protected against avoidable harm. The manager told us, "We undertake risk assessments which give us information on risks people may come across and how to help them". Records showed that staff identified hazards and risks presented both in the home and out in community. In response to findings they developed with the person an individual risk management plan. The manager made every effort to improve people's perception of personal safety when out in the community. All five people went out independently due to skills they had developed since moving to this home. People had travel training with staff to develop their skills to travel independently; they also attended training run by the transport service in Croydon. Each person had a mobile phone which they were encouraged to take when going out in the community for use in emergency. People told staff when they should expect them to return back home. They told us there were no rules about return time but they felt staff should be informed in case there was an emergency. One person experienced seizures, staff had developed a plan to support the person safely when they had a bath; staff did not compromise their privacy and remained outside to ensure they were safe.

People said there were enough staff around to help them when they needed assistance. People did not require support with going to activities or using community facilities however some individuals received support from staff to attend hospital appointments. Staff said there were enough staff on each shift to meet people's needs and additional staff were provided when required. One staff member said "Yes there are enough of us."

Staff were only employed if they were suitable and safe to work in a care environment. We looked at three recruitment records and saw that all the necessary checks and information required by law had been obtained before they were offered employment in the home.

People lived in a safe environment. The main entrance door was kept locked at all times and visitors rang the door-bell on arrival to gain access. All visitors were asked to sign in the visitor's book. This helped to ensure the home was safe and secure for people using the service. There were systems in place to ensure the building was adequately maintained. Regular servicing and maintenance checks were carried out to make sure equipment and essential services functioned properly, such as heating, electrics and water supply. There were also regular fire checks, including regular testing of the fire alarm. The maintenance records demonstrated the health and safety of people was promoted. For example regular fire safety and hot water checks were undertaken. Food was stored safely and fridge and freezer temperatures were monitored. Hot water temperatures were maintained within safe limits. People had personal evacuation plans which were displayed in their rooms in easy read format. Where risks or concerns were identified the manager acted promptly to call in a maintenance person.

Is the service effective?

Our findings

The service had a stable staff team who provided consistency of care. People received support from staff that were knowledgeable and skilled. People told us staff were trained and knew how to care for them. Staff received a comprehensive induction programme upon employment. One staff told us, "I had my induction many years ago. It lasted a couple of weeks and we spent time meeting people." Staff received on-going training in all mandatory courses. This included, autism, health and safety, medicines management, fire safety, safeguarding, Deprivation of Liberty Safeguards [DoLS] and Mental Capacity Act 2005 [MCA]. Staff undertook training relevant to their role and responsibilities, recently staff were enrolled for epilepsy training. Records were maintained of the training that staff had completed and to identify when courses needed to be repeated.

Staff said they were well supported in their role, records showed the frequency of supervision was adequate for staff. The manager told us observations made of staff practice were also a method used to support staff with best practice. We saw that schedules of planned supervision were in place.

People's consent was sought prior to support being delivered. People told us, "My key worker asks my permission." People were not deprived of their liberty unlawfully. 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 when this is in their best interests and legally authorised under the MCA. At the time of the inspection the service did not have anyone subject to a DoLS authorisation. People went out independently. One person was unable to manage their finances independently, a person was appointed to hold Power of Attorney to oversee their finances. The manager liaised with the learning disability team about best interest decisions, and both the manager and staff had a good knowledge of their responsibilities within the legal framework.

Throughout the inspection we observed how staff sought people's consent before delivering support. For example, one person was cooking in the kitchen and staff recognised the person required some more support; this was done discreetly as the staff member asked permission to help.

People were provided with a choice of suitable and nutritious food and drink. A person told us fellow users made decisions about what food they liked to eat at resident's meetings. We saw there was a menu on a board in the hallway, so people knew what meals were on offer each day. Meals were well balanced and offered lots of different options through the week. One person using the service had diabetes; their condition was managed by ensuring they had a healthy diet. Their dietary needs were recorded in the care records. People told us, "I like to cook myself; the staff are present and tell me the healthy options I can choose." Another person told us, "I sometimes go to the shop to buy the ingredients and staff support me when I do the cooking." Staff were aware of people's cultural needs and preferences and reports from people were they provided well for people's needs. At the time of the inspection we observed people

preparing nourishing suppers of meat and rice. There was a selection of drinks and fruit available in the fridge for people to help themselves throughout the day.

Staff were aware of the importance of supporting people to access health care services, and records of visits were held on file. People told us, "I go to my GP. I have regular check-ups." Another person told us, "I sit on the patient's panel at my GP surgery, I enjoy attending all the team meetings throughout the year." Records held by the service, showed that people had access to various professionals including the mental health team, district nurse, GP, the optician and the dentist. Staff had developed a hospital passport with each person. This information was a summary of the individual's needs together with their medicine profile. This was provided when the person used hospital services and ensured that there was no breakdown in communication with the service.

Is the service caring?

Our findings

People described staff as caring and compassionate, and of being sensitive to each individual's need. One person told of the emphasis the home placed on valuing people. They said, "When my parents died I needed support and luckily I came here, staff are lovely and it is a very happy home." People told us they were pleased with the care they were receiving. They said staff were respectful, knocking on doors before entering and offering them privacy. One person who experienced seizures told us staff were discreet but showed they cared, they made sure they came to no harm when having a bath and waited outside to make sure they were safe.

The atmosphere was relaxed with staff present in the main lounge/dining area. The relationships developed between staff and people using the service were based on trust and reliability. People were supported to form friendships and personal relationships in their homes and in the community. One person told us of the emotional support received from staff when dealing with a personal relationship. They said, "When my partner developed dementia it was a testing time for me, but staff were there to support and guide me through the difficult times." Another example of the perseverance of staff was seen in how staff supported one person to trace a relative they had not seen for more than 20 years. Staff had helped them research the relatives last known whereabouts. They then supported the person to go to a coastal town to help them achieve their goal and make contact with the relative.

One person had a befriender visit every week that supported them engage with their hobby of train spotting. One person told us of personal touches in the home that demonstrated the person centred culture of the service. They celebrated when a person had a birthday which included getting a birthday card and having a special cake to celebrate with staff.

People's confidentiality was maintained and respected. Staff were aware of the importance of maintaining people's confidentiality. People's confidential records were kept secure in a locked office, only those with authorisation could access them. Staff were observed maintaining people's confidentiality and closing the office door when discussing topics of a confidential nature.

Staff showed a good understanding of people's individual needs and preferences and used people's preferred names. Staff were aware of the importance of supporting people to become independent and rehabilitating into the local community. Staff told us, "Individuals have made good progress in their time here." Reports from individuals and from progress reports demonstrated staff gave people the platform to integrate and be part of the local community, lead meaningful lives by learning daily living skills. We observed how staff prompted people to try new things for themselves and reassured and complimented them on achievements. We observed that staff recognised and encouraged the progress people made, and success was acknowledged and celebrated.

Staff ensured people were kept up to date on activities taking place within the service and in the community. Equality and diversity was integral to the scheme and played a major part in how the service operated. People's self-esteem and rights were promoted irrespective of their backgrounds. All the people

using the service had voted in recent elections.

Is the service responsive?

Our findings

People experienced care and support that met their needs and protected their rights. The service actively supported people to be independent, and to be socially included in the community. People were encouraged to develop basic practical skills such as shop, cook and help keep their home clean and tidy, manage their money. People told us they were supported to make choices and try new experiences.

People were consistently supported to follow their own interests and take part in educational, leisure and social activities. Feedback from people was they led fulfilling lifestyles and had plenty to do each day. People had weekly activity planners which they developed with staff. They were supported in promoting their independence and community involvement, on the day we visited all five people went out to events.

People were supported to different levels to reflect their individuality. For example, people were encouraged to participate in meal preparation, laying tables, cleaning, and washing up according to their ability and choice. People told us they enjoyed the many varied activities they took part in at the home and in the community. All five people undertook daily practical tasks such as laundry, washing up, cleaning their room. One person said "I go to pop in club once a week. I work at a large supermarket twice a week and I also go to college". Another person said "I go to a resource centre four days a week." Another person, a train enthusiast, said "I go to a railway club or trainspotting with my befriender every week." The person had a large model railway displayed in the bedroom which they enjoyed. Another person spoken with said they had been to the south coast to a holiday camp and enjoyed it very much.

People had their needs assessed and from these appropriate support plans were developed with the person. The support plans had detailed important information about the person and their needs. For example, their history, medical needs, preferences, likes, dislikes and support needs required. Care records held information and advice from external health care professionals, which gave staff guidance on how to support people. Support plans were reviewed and updated regularly to make sure any changing needs or wishes were identified and addressed.

Staff were skilled in supporting people to be involved in developing their own support plans. On staff member told us they discussed ideas about what would make a positive difference to the person's daily life and help them achieve their goals. One person could experience anxiety attacks. The manager helped them deal with this, they attended workshops and had psychology input. As a result of the interventions the issues were no longer impacting on the quality of the person's life and they could manage symptoms of anxiety more effectively.

We saw many examples of the responsiveness of the service. We saw how staff responded by taking practical steps when a person had experienced more falls in the community, staff identified it was due to unsuitable footwear. They encouraged the person to wear the most practical footwear for going out. We saw that staff referred back to care management when there were significant changes in a person's needs. One person told us they sat down with their key worker and discussed how things were going. Staff wrote daily records about each person's health and wellbeing, their daily experiences, activity participation, and any other

issues that arose and needed to be responded to. This helped the manager monitor if the planned care and support was appropriate and responded to people's needs. Daily diaries included information about each person's food and drink intake, overall mood and what activities they had undertaken or declined to participate in. One person told us, "I like going on holidays where I can participate in different activities, we went to the holiday camp recently." Another person told us, "I like going to my job and using the bus."

People were supported in attending church or other religious establishments if they wanted to. Staff practice demonstrated the responsiveness of the service on a day to day basis. Staff made themselves available to talk with people who arrived home from activities and were eager to share with them stories and the day's events.

People were aware of the complaints system. This was provided in a format that met their needs. People told us if they had any concerns they would tell staff or the manager and they would do something about it. The home's complaints procedure was displayed in the hallway. The complaints file showed there were no complaints received since the last inspection.

Is the service well-led?

Our findings

The service benefited from stability and the clear leadership given by the registered manager. She was experienced and skilled. The registered manager shared with us the core values of the service, for people to be supported to lead as full a life as possible, and for staff to be fully supported in their role.

People told us they could talk to the registered manager whenever they wished. Throughout the inspection, we observed people at ease speaking with the registered manager. The manager told us, "I have an open door policy, staff and people have access to me throughout the day for whatever reason, I am also present at weekends when I pop in to see everyone."

People received support from staff that were effectively supported by management. Staff told us they felt listened to by the registered manager. A staff member said, "Always visible and supportive. She will come in even at weekends, and see what's happening. Anytime there's a change in policy or some new guidance comes out she shares it with us, it makes us feel involved."

People told us they were supported by a "hands on manager." One person told us, "The manager really listens to me and I feel very reassured by her approach." A support worker told us, "A really hard working manager. She spends time with us all, and is happiest working with people." During the inspection, the manager was observed listening to people about their plans for later and helping arrange what activities they planned. People had a strong presence in the community and, through staff and management support, had been successfully supported to integrate in their local community.

The manager carried out quality assurance audits of the service to question practice and drive improvement. We found regular health and safety checks were carried out by the manager and evidence that any findings for attention were acted upon. We reviewed quality assurance questionnaires the manager had sent to people, their relatives and staff. The questionnaires sought people's feedback regarding all aspects of the service including, dignity and care, staff, food and drink, environment and management. The manager analysed the results, which were then developed into a plan to drive improvement of the service.

There was a system for staff to follow in reporting adverse events or incidents, including what action needed to be taken to minimise further occurrence. We reviewed the incident file and saw records were detailed and included where necessary action to be taken by an identified responsible person. Staff were able to describe how they reported adverse events or incidents and told us they had been trained in this area.