

Connifers Care Limited

Oak House

Inspection report

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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:

Oak House is a residential care home providing personal care and accommodation to up to three people with a range of conditions including mental health needs, autism and learning disability. At the time of the inspection there were three people living at the service. The home is on a residential street in a community setting and designed to promote people's inclusion and independence.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People, relatives and a health professional told us staff were kind and caring. People told us they liked living at the service. They also said they felt safe there.

Staff were safely recruited and supported in their role through training and supervision. There were enough staff to meet people's needs.

People were safeguarded against the risks of abuse and harm by staff who understood what to do if people were at risk of harm. Risks to people were assessed and mitigated. Staff understood people's needs and preferences and were able to work safely with the range of risks presented.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in a range of activities within the community including attending college. The provider ran an activities centre locally to encourage vulnerable people in the local area to be involved in sports and hobbies. People from the service were able to use these facilities if they chose to.

People were supported to access external health professionals to help promote good health and wellbeing. We received positive feedback from a health professional who worked in partnership with the service.

The provider and local management team carried out quality checks to ensure the service was of a good quality. When accidents or incidents occurred, information was shared across the service and through provider management meetings with other managers and senior personnel. This showed the provider worked to minimise re-occurrence of risk behaviours.

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

Rating at last inspection:

The last rating for the service was good (published 7 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Oak House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Oak House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. Much of the day to day management of the service was carried out by the team leader with the support of the registered manager.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with two people who lived at the service, two members of staff and a director of the organisation. The registered manager was on leave for the period of this inspection.

We reviewed a range of records. This included two people's care records and their medicine administration records (MAR). We looked at two staff recruitment files and training and supervision records across the team. We also checked accident and incident documentation and complaints and compliments within the last 12 months. Local management and provider audits were viewed. We checked the service for cleanliness and systems for infection control. We looked at building and fire safety maintenance checks.

After the inspection:

We sought clarification from the management team regarding staffing levels at the weekend, recruitment issues and medicines audits.

We also received feedback from two family members and one health and social care professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. Comments from people included, "I like the people living here, yes, it's safe."
- Staff understood how to safeguard people and the processes to follow if there were safeguarding concerns.
- The service had a safeguarding policy and referrals had been made appropriately to CQC and the local authority when there were concerns. The service had an effective system for storing all documentation related to safeguarding.
- For people who needed it, facilities were in place to manage people's money safely.

Assessing risk, safety monitoring and management

- Risks assessments were up to date. They covered a broad range of areas including absconding, mental health and behaviours, specific health conditions and misuse of drugs or alcohol. They included triggers for behaviours which was helpful for staff, and made suggestions on how to manage and minimise harm for people.
- People were very well supported to take positive risks and the service worked creatively to support people, to ensure they were able to access the community and participate in hobbies and interests safely.
- Safety checks of the building and equipment, including fire safety equipment took place regularly. Fire drills were regularly held. Detailed information was held on the support people would need in the event of an emergency, to leave the building.

Staffing and recruitment

- Staff recruitment was safe. The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults. Appropriate checks and references were in place prior to staff starting work.
- There were enough staff to meet people's needs and staff told us there were enough staff to care for people and they had no concerns. People told us staff were available to help them as needed.

Using medicines safely; Preventing and controlling infection

- Management of medicines was safe. Most of people's medicines were dispensed in blister packs. There were documents to provide guidance on the use of 'as needed' PRN medicines. The GP had agreed to the use of homely medicines such as paracetamol and cough syrups as required.
- The service held information on the type of medicine given, the side effects and its usage so staff understood what medicines they were giving people.

- We found no gaps in medicine administration records (MAR). Staff received training in the giving of medicines and had their competency checked three times in their first year of employment and then yearly thereafter.
- We noted the monthly medicines audit did not routinely stipulate a check of stock of boxed medicines to MAR. The provider told us they would introduce this as a further check at the service.
- The care home was clean, food was stored safely and hygienically and there was an effective infection control system in place, with staff allocated cleaning tasks at each shift and monthly audits reviewing hygiene at the service.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- Accident and incident logs were kept which outlined what had happened and when and actions taken.
- When incidents took place, we could see that there was a post incident debrief meeting with staff to discuss learning. This learning was shared across the team to minimise re-occurrence.
- Provider management meetings and director meetings reviewed serious accidents and incidents to ensure learning was shared across the provider's other services.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's health and care needs prior to their admission, to ensure they could be met by the service. The registered manager involved the person, family and professionals who were familiar with the care needs of the person.
- The provider ensured the management team kept up to date with best practice through forums, training and quality assurance processes. It was clear in many areas, such as medicines management and recruitment that the service was working to deliver care in line with guidance standards and the law.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations:

- People were supported to access healthcare as required. A health professional told us the service worked effectively with them to meet people's needs.
- There were 'hospital passports' in place. These are documents that set out people's health conditions, communication needs, routines, current medicines and the level of support they require. This helps facilitate better outcomes for people in hospital as medical staff can better understand people's needs and level of understanding.
- Records showed the involvement of health professionals at the service, and that staff contacted professionals as needed. We saw one person had significant side effects of medicines that were noticed by staff and by requesting a medical review, the situation was addressed.
- The staff also told us one person's as needed, PRN medicine for their behaviour had been reduced and was now rarely used due to careful management of the person by the service.
- Staff were able to tell us how they managed one person's health condition and how to give emergency medicine if required.

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

- Support was available for people with food preparation for those people who needed it. We had no concerns regarding the food offered by the service.
- One person was independent with cooking but occasionally enjoyed the food offered at the service.
- People chose the menu and one person told us, "Yes, I like the food." Food to suit people's cultural and religious needs was available.

Staff support: induction, training, skills and experience

- Staff told us they received support through induction, training and supervision to do their job. Staff were supervised regularly and detailed records of these were kept.

- Training covered mandatory areas such as food hygiene, safeguarding and fire safety. Additional training was offered for specific conditions, for example, epilepsy, Makaton (a simple form of sign language for communication), mental health, autism and safely managing behaviours.
- Staff told us, "Yes, there is training and there is always a manager available on call."
- If staff did not already have nationally recognised qualifications in care they undertook the Care Certificate. This is a qualification with an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Training in oral health needs had taken place as part of a local scheme.
- Relatives and a health care professional told us they were confident of the staffs' skills to care for people. One relative said that the staff really supported them as sometimes their family member was quite demanding and staff helped the person have more realistic expectations of them.

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

- The home was suitable to meet the needs of people living there and was well maintained.
- There was a garden which people could sit out in, with a covered smoking area.

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 when this is in their best interests and legally authorised under the MCA. 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.

- People's rights were protected. One person had a DoLS application in place which was up to date. Staff were able to tell us how they ensured they obtained consent through asking and checking with people. One person told us, "If I want help I get it." We saw on this person's care plan that they did not wish staff involvement in most areas of their life and this was respected.
- Staff had completed training on the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People told us staff treated them well and they liked them. One person said, "Yes, they're great." Care documents highlighted personalised information such as what people liked, disliked and their day and evening routines. Staff were able to tell us about each person and understood their needs well.
- Staff supported a person recently in hospital by visiting him on the ward every day, to provide reassurance to him.
- Staff supported people to have friendships and family members were very involved with people at the service. One person told us, "My mum's always phoning me here to check I am okay." We saw this person use the office phone for calls on the day of the inspection. Relatives confirmed they were always welcomed at the service.
- Relatives spoke highly of the staff and the service. Feedback included, "Yes, staff are very caring" and "They help me in my caring role, as I have another [relative] with a disability."
- Care records highlighted people's cultural and religious background and staff were from a range of backgrounds as were the people living at the service, so they were able to meet people's cultural needs.
- We noted there was little information on people's sexuality and relationships. The director told us they would ensure additional information was added to care records.

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

- People had signed their care records. We also saw the service had a key worker system in place so that people had time on a monthly basis to give their views on the service and the care provided.
- The service held regular meetings with people to ensure their views regarding how the service was run were obtained. People discussed a range of issues important to them.

Respecting and promoting people's privacy, dignity and independence

- We asked people if they were treated with dignity and respect. They told us they were. One person said, "Yes the staff always treat me well."
- Once a month the service held a special breakfast. They invited people to attend and those that chose all ate together.
- A staff member told us they made sure people's privacy was protected and they were spoken to in a respectful and calm manner.
- People's care records noted clearly what people could do and when they needed support. One person's care records stated, 'I don't want staff involved in my personal life.' Staff told us they offered people choices

and respected their wishes and decisions.

- People's rooms were personalised, and they were involved in deciding how they were decorated and furnished.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. Information was protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

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

- People's support plans were up to date and covered a broad range of needs including personal care, mental health, safety and health needs. There was a summary at the start of the support plan which made it easy to see at a glance the main needs of an individual.
- Although there was information regarding people's oral health needs, the director told us they would expand on this, as well as adding more information regarding people's relationships and sexuality.
- Care records also contained personalised information regarding people's preferences and routines. There were sections on 'What I want from the service', 'Things that make a good day' and 'Things I would not like in my day'. This provided information to staff on how to interact with people. For example, one record stated 'I do not like staff supervising me when doing activities.'
- This showed us the service was offering a person-centred service to people, all of whom had different needs, wants and routines.
- Care plans were supplemented by detailed risk assessments.
- Relatives and a health and social care professional spoke well of the service, and people confirmed they received person centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The three people at the service chose very different ways to occupy their time, from meeting friends, attending college, to going to the shops. One person was being encouraged and supported to find paid work and had previously volunteered to gain work experience.
- One person needed support when outside of the service, the other two people accessed the community safely on their own.
- The provider ran an activities service in the borough which people could access. Numerous workshops were offered there, from football coaching at the grounds of a local well-known football team, to baking, music, art and crafts and cycling.
- People's families were involved in their lives and were encouraged to do so.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and there was an accessible format of the policy available to

people.

- There were no complaints in the last 12 months, and one person told us, "Yes I would tell staff if not happy."
- There were compliments regarding the service offered, and a suggestions box in the hallway.
- Relatives told us they found the registered manager very helpful and there was good communication with the service. Feedback included, "[Registered manager] would sort out any complaints" and "Yes, staff and the manager are always responsive if I call."
- A health and social care professional told us they found the registered manager to be responsive and if they contacted the service, "issues are dealt with quickly."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The three people at the service were able to communicate verbally and express their views. Care records noted people's first language and how to communicate with them.
- Staff understood how best to communicate with people and the service was compliant with the Accessible Information Standard.

End of life care and support

- Staff had received training in end of life care and we saw the service had discussed this with one person and this was documented in their care records.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had effective systems in place to record all aspects of care. For example, detailed supervision, team meeting, resident meeting and training records were in place. Medicine files for individuals were comprehensive in scope to provide staff with the relevant information to understand people's health needs.
- Provider level audits took place six monthly, and local management audits took place monthly. Both had action plans to ensure outstanding work was completed. Audits covered key areas including support planning, medicines, health and safety and premises. Serious incidents were discussed at provider board level as part of the quality assurance process.
- The service was one of several locations managed by the provider. This meant the service benefited from a range of provider support and training and had access to a community activities hub.
- Being part of a larger organisation meant that whilst staff teams were based at specific services, staff had the opportunity to work as bank staff at other services. This meant there was continuity of staff familiar with the organisation, without use of agency workers.
- Staff understood their role and told us the management team were always available to provide support 24 hours a day.
- The director and staff members were open and transparent during the inspection, welcomed feedback and made minor adjustments to make improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others;

- The management and staff team provided person-centred, good quality care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- Family and health and social care professionals spoke positively about the service and they told us the service worked closely in partnership with them. This helped people to obtain good outcomes in health and their general well-being.

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

- The service held regular meetings with staff and people who lived at the service. Detailed records showed

people and staff were involved in how the service was run. Relatives told us their views were welcomed and they felt fully involved in the care of their family member.

- Staff were aware of and confident to talk about supporting people from a range of backgrounds.

Continuous learning and improving care

- We could see actions plans were set out from the provider audits and followed through. The provider also reviewed all incidents and accidents with a post incident briefing meeting. Significant issues were discussed at provider level to aid learning across the organisation.

- The organisation ensured through a mixture of forums and training that all staff were up to date with best practice. The provider was keen to develop additional services to meet the commissioning needs locally.