

Connifers Care Limited

Maple 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

Maple House provides care and accommodation for up to three people with a learning disability or on the autistic spectrum. At the time of our inspection, three people were using the service.

At the last Care Quality Commission (CQC) inspection on 8 May 2015, the service was rated Good. At this inspection we found the service remained Good.

People remained safe at the service. People were protected from the risk of abuse. Staff knew how to identify abuse and understood their responsibility to report concerns. Risks were identified and plans put in place detailing guidance for staff about how to minimise the risks to people.

There were sufficient numbers of staff deployed to provide people's care in a safe manner. Appropriate recruitment procedures were in place and followed to ensure the suitability of new staff to care for people.

People were supported to take their medicines safely by staff who were assessed as competent to do so. Medicines were securely stored and managed safely at the service in line with the provider's procedures.

The premises were safe and the environment clean. Staff understood the provider's infection control procedures and followed good hygiene practices.

People continued to receive effective care because staff were trained and equipped for their role. Staff were supported in their role and received regular supervision and an annual appraisal to improve their practice. Staff understood people's communication needs which enabled them to support them in line with their wishes and preferences.

People's nutritional and dietary needs were consistently met. Staff supported people to eat and drink enough to meet their needs. People had access to healthcare services to maintain their well-being. People were supported to take part in a range of activities offered at the service and to access the community. Staff encouraged people to maintain relationships that were important to them.

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

Staff remained kind and compassionate when providing people's care. People were consistently treated with respect and their dignity and privacy sustained.

The care provided continued to be responsive to people's needs. People's needs were assessed and reviewed regularly. Support plans were updated and contained sufficient detail about how staff were to provide appropriate care. Staff provided individualised care in line with people's identified needs and preferences.

The registered manager was visible at the service and supportive to people and staff. People, their relatives and staff were happy in the manner the service was managed. People and their relative's views about the service were sought and their feedback was used to make improvements.

People knew how to make a complaint about any aspect of their care. The quality of care was subject to regular checks to improve people's experiences of the service. People benefitted from the close partnership of the service with other healthcare organisations.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Maple 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 checked 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.

This comprehensive inspection took place on 21 June 2017 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with two people who used the service and a relative and asked them for their feedback about the service. We spoke with the registered manager, assistant manager and two members of care staff.

We reviewed three people's care records including their medicines administration records. We looked at four staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received from people, their relatives and healthcare professionals.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from three healthcare professionals.

Is the service safe?

Our findings

People remained safe at the service because staff knew how to identify and report concerns about potential abuse. One person told us, "I am happy here. I do feel safe." Staff received training and refresher courses in safeguarding adults and followed the provider's procedures to keep people safe. Staff were aware of the provider's whistleblowing procedures and when to alert external agencies such as the local authority or the Care Quality Commission about poor practice. The registered manager had reported to the local authority safeguarding team concerns about a person's welfare to ensure appropriate action was taken to protect them from harm.

Risks to people continued to be identified and managed appropriately. One healthcare professional told us, "They [staff] take risk management seriously and seem to be very careful all the time." Another healthcare professional said, "Quite diligent [in managing risk]". Risk management plans remained appropriate and provided information to staff on how to minimise the risk of harm to people. Staff involved relatives and healthcare professionals in assessing and reviewing risks to ensure people remained safe. Risks identified included people managing their medicines, preparing meals and hot drinks, accessing the community and choking whilst eating and drinking. Staff encouraged positive risk taking and supported people without unlawfully restricting their freedom. People who displayed behaviours that challenge were supported safely because staff had information about the triggers and how to provide appropriate care.

There were enough numbers of suitably skilled staff to meet people's needs safely. Staffing levels continued to be determined by assessing people's individual needs and the support they required. There was an appropriate skills mix in the numbers of staff deployed to meet people's needs. Staff told us and records confirmed absences were planned and covered adequately. Staff requests for additional support to enable people to access the community, to attend appointments and activities were met. We observed people's requests were met without delay and that there were sufficient numbers of staff to provide appropriate care when needed.

People's care was consistently delivered by staff who were suitably recruited for their roles. Records confirmed the provider continued to carry out pre-employment checks to ensure the suitability and fitness of staff to work at the service.

People consistently received their medicines safely. Staff had information about each person's ability to manage their medicines and provided them with the support they required. Appropriate management processes remained in place and were followed to ensure people received their prescribed medicines at the service and when in the community. Staff were trained and assessed as competent to manage people's medicines. Medicines administration records (MARs) were accurately completed and showed people had received their medicines at the right dose and time. We observed medicines were securely and safely stored at the service. Medicine stocks we checked tallied with the records on each person's MARs.

People lived in a clean environment that was regular maintained. Staff understood how to minimise the risk of infection. Staff told us they followed good hygienic practices such as washing their hands before and after

handling food, providing personal care and handling of medicines. We observed the environment was clean and that staff used personal protective clothing such as gloves and aprons appropriately.

Is the service effective?

Our findings

People continued to receive effective care because staff were knowledgeable and skilled in their role. One person told us, "Yes they [staff] are very good. We would like them to carry on working here." New staff completed an induction and were introduced to people and read their care plans before they started to provide care. Staff had attended training and refresher courses to develop and maintain their skills and knowledge required to provide appropriate care. Regular supervisions and annual appraisals provided staff with the opportunity to reflect on their practices and to identify areas for further trainings. Staff told us they were supported in their role which enabled them to meet people's needs effectively. Records confirmed the provider's mandatory training undertaken by staff and the specialist courses attended to meet people's specific health needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care was delivered by staff who understood and applied the principles of the MCA. Staff had received training in MCA and knew how to support people to make choices about their care. People's capacity to make decisions about their care was identified and recorded in their care plans. A best interest process was followed when a person lacked capacity to make sure decisions were made in their best interests. Healthcare professionals and relatives, where appropriate had been involved in the process. People were supported in line with the restrictions placed on their freedom by the relevant supervisory body. The registered manager had applied and received an authorisation to deprive a person of their liberty. Records showed care and support was provided in line with the conditions of the authorisation for the person to access the community and to take their medicines.

People were supported to have sufficient food and drink that met their dietary needs and preferences. Staff continuously involved people in planning their meals and supported those who were assessed as able to take part in meal preparation. People's dietary and nutritional needs were identified and recorded in their care plans. Staff made referrals to healthcare professionals and followed guidance on how to support people with their dietary needs. People were encouraged to eat healthy and adopt a healthy lifestyle. Records showed people's food likes and dislikes and that meals provided reflected their preferences. We observed during lunch time that staff asked people what they preferred to eat and provided the food people had requested. Staff maintained records of people's daily food intake to ensure they were eating and drinking sufficient amounts.

People were supported to maintain good health and to access healthcare professionals when needed. Each person had a health action plan and guidance for staff on how they were to support people with their individual medical needs. Referrals to healthcare professionals were made in a timely manner to ensure people received appropriate care. Staff told us and records confirmed they continued to monitor and report changes in people's health. Records showed staff supported people to attend appointments with care

coordinators, psychiatrists, dentists, and the GP and followed advice received from the professionals.

Is the service caring?

Our findings

People were happy with the care they continued to receive at the service. One person told us, "They [staff] are fabulous; Very caring and friendly." A relative told us, "The staff are fantastic. Could not wish for anything better." One healthcare professional told us, "They [staff] are always very friendly and helpful."

People had developed positive relationships with staff who provided their care. Staff were able to tell us people's needs, likes and dislikes and showed that they knew them well. Interactions between people and staff were friendly and respectful. The atmosphere at the service was pleasant and relaxed. Staff told us and records confirmed they went on holidays with people and accompanied them in the community which enabled them to build meaningful relationships with them. We observed staff spent time talking to people and showed they were interested in what they wanted to do and gave them time to respond to their questions.

People continued to receive support to enable them to make decisions about their care. Staff understood people's communication needs which helped to ensure they involved them in planning care appropriate for their individual needs. Staff knew what people's verbal communication, gestures and behaviours meant and were able to respond to these to ensure they provided appropriate care. Each person had a member of staff who acted as a keyworker responsible for coordinating and reviewing their care and involved relatives and healthcare professionals when needed. Records showed regular key working sessions took place where people were given one to one opportunity to talk about any issue bothering them. Care plans were updated to include the changes people wanted.

People continued to receive the support they required to maintain relationships that were important to them. One person told us, "I visit [relative] when I want to. I enjoy the visits from my family and the outings with them too." Staff told us and records confirmed they supported people to make travel arrangements and maintain contact by telephone, emails, skype calling and mobile phone. People said their relatives and friends were welcome at the service and visited when they wished. Records confirmed people were able to spend some time away with relatives.

People's care was provided in a dignified manner. One person told us, "They [staff] are respectful. They ask me about what I want to do." Staff treated people with respect and ensured they supported them to maintain their privacy. Staff told us they knocked on people's doors before entering, covered them when providing personal care, respected their private time in their rooms and ensured they were appropriately dressed. We observed staff were respectful when they talked about people and care records were written in a dignified language. People's care records were securely stored and kept confidential. Computers were password protected and only accessible to authorised staff. Staff followed the provider's confidentiality procedures and told us they shared information with other healthcare professionals on a need to know basis.

Is the service responsive?

Our findings

People consistently received care that was responsive to their individual needs. Staff carried out an assessment and review of each person's individual needs and received input from their relatives and healthcare professionals when necessary. Care plans developed from the assessment information reflected people's likes, dislikes, preferences, background, medical history and the daily living skills that they wanted to develop to promote independent living.

Staff knew and respected people's routines for example the time they liked to wake up, when to have personal care and where they wanted to have their meals. Support plans were put in place detailing how staff were to support people and these were reviewed and updated regularly to reflect their changing needs and the support they required. The registered manager ensured information about changes to people's health was shared with the staff. This enabled staff to provide care that was individualised and appropriate to each person. Staff were aware of people's health conditions and were able to respond appropriately when there were changes in their mental or physical wellbeing with the timely involvement of other healthcare professionals. Staff were able to tell us about each person and showed they knew them well and how they preferred to receive their support.

People knew how to make a complaint if they were unhappy with any aspect of their care. People and their relatives continued to have access to the provider's complaints procedure in a format that they understood. One person told us, "They [staff] do listen. I don't have any concerns." One relative told us, "I did raise an issue with the [registered] manager and everything was sorted out in no time." Staff understood their responsibility about how to support a person to make a complaint. The registered manager were able to describe how they would investigate and resolve complaints in line with the provider's procedure. Records showed the service had not received any complaints since our last inspection.

People continued to take part in a wide range of activities provided at the service. People told us and records confirmed they had gone on a holiday which they enjoyed. One healthcare professional commented, "I am very happy with the service provided and they give [person] a variety of things to do." Staff supported people to maintain their hobbies, pursue their interests and encouraged them to take part in new activities. People had developed new interests such as swimming during their holiday and visited coastal areas and day trips to reduce social isolation and promote interaction with their community. People accessed activities in the local community such as football, arts and crafts, visits to the cinema, local parks and eating out.

People were encouraged to develop independent living skills. Staff knew from people's assessed needs what tasks they were able to complete for themselves. People told us staff supported them with the tasks when needed and that they did not take over without being asked to do so. Staff encouraged people to undertake tasks as clearing dinner tables, taking their clothes to the laundry and taking part in meal preparation. People were supported to live a more fulfilled life by acquiring new skills and maintain what they were able to do for themselves through prompting.

Is the service well-led?

Our findings

People and their relatives were consistently positive about how the service was managed. One person told us, "The staff are great. Everything works well here." One relative told us, "The care is great. It's a welcoming environment. I trust the staff to take good care of [person]." One healthcare professional said, "A much organised service." Another healthcare professional said, "The managers are very good and professional in their approach." Staff were positive about the registered manager and the leadership at the service.

There was a registered manager in post who knew people well and understood how they wanted their care delivered. 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 registered manager understood their responsibility in line with the CQC registration requirements and had submitted notifications of significant events or incidents at the service. This enabled the CQC to check whether people remained safe at the service and that action taken was appropriate.

The service maintained an open and transparent culture centred on people. One person told us, "They [staff] always check with me how I want things done and if I am happy here." Care and support plans remained focussed on people's individual needs. Staff told us the registered manager encouraged them to learn from their mistakes and to ask for support when necessary. The registered manager understood their obligation in relation to their duty of candour and encouraged staff to be open about how they provided support to people. Staff remained able to raise any concerns about the service and were confident that the registered manager would take any issues they raised seriously.

People's views continued to be sought and acted on to improve on the care and support delivered at the service. Staff told us they maintained daily interaction with people, contact with them through one to one key working sessions, care planning and reviews, people and relatives' meetings and annual surveys to find out what was working and how they could improve. The registered manager had implemented the changes people wished to see at the service for example going on outings on holidays in line with each person's preferences.

Staff understood their responsibilities and provided care in line with the provider's vision. Staff told us their views were considered and felt valued at the service. One member of staff told us, "The [registered] manager is approachable and very supportive. The management team is always available to give advice and direction." Information was shared appropriately in staff handovers, communication book and team meetings. Staff told us and records showed they were able to discuss their ideas about how to develop the service and that the registered manager implemented changes in line with their suggestions. The registered manager continued to review record keeping to ensure it reflected accurately people's needs and that staff had followed guidance received from healthcare professionals.

Consistent improvements were made because of the regular checks and audits carried out on the quality of care. Audits were carried out regularly on care planning, medicines management, health and safety checks and risk management. The registered manager told us they put an action plan in place to address any areas identified as requiring improvement. There were no concerns raised in the latest audits of May 2017. Staff had followed the provider's policy on delivery of care and that the registered manager ensured they followed regulations to remain effective in service provision.

The provider continued to provide resources for staff training and management development which enabled them to improve their knowledge and care delivery. The registered manager kept a record of staff supervision, appraisal, training and refresher courses received to ensure that staff continued to improve on the quality of care delivered at the service. Policies and procedures were updated regularly and accessible to staff for guidance to inform their practice.

The service maintained a close partnership with other healthcare professionals and organisations to ensure people received joined up care and positive outcomes. One healthcare professional commented, "They [staff] do tap into the various relevant learning resources including, psychiatry, psychology, and [attend] social care reviews as required. People continued to benefit from the partnership because the registered manager attended regular external meetings about how to improve the quality of care provided. New ideas and changes in legislation were made to improve people's experience of the service.