

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

About the service:

Maple House is a residential care home providing personal care and accommodation to up to three people with a 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 told us they liked living at the service and they felt safe there. We saw staff were kind and caring and people, families and health and social care professionals confirmed this.

There was a person-centred culture at the service. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

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 supported and encouraged to engage in activities within the community. People were supported to access external health professionals to help promote good health and wellbeing. We received positive feedback from health professionals who worked in partnership with the service.

People were safeguarded against the risks of abuse and harm by the systems and by the staff. Risks to people were assessed and mitigated for the majority of issues noted. Staff understood people's needs and preferences and were able to work safely with the range of risks presented. There were enough staff to meet people's needs and provide flexible, responsive care.

The management team and provider carried out quality checks to ensure the service was of a good quality, and ensured staff received support in their role through supervision and training.

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.

Maple 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:

Maple 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:

We phone the service two hours before arriving to make sure staff and people living at the service would be in.

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.

During the inspection:

We spoke with three people who lived there, although two out of three people were not fully able to engage with us.

In addition to talking with people, we spent time observing the daily activities at the service including lunch and we looked around the building to check the service was safe and clean.

On the day of the inspection we spoke with two care staff, one of whom was the team leader, who also provided day to day management of the service and the registered manager.

We reviewed a range of records. This included three 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. We checked building and fire safety maintenance checks.

After the inspection:

We sought clarification from the management team in other areas including mental capacity documentation, planned maintenance of the building, and risk assessments.

We also received feedback from one family member and two health and social care professionals.

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 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. People told us "Yes, I am safe."
- Staff were able to tell us how they would respond if they had any concerns regarding abuse and they knew how to whistleblow.
- The service had a safeguarding policy and referrals had been made appropriately to CQC and the local authority when there were concerns.

Assessing risk, safety monitoring and management

- Risks assessments were up to date and in place for most risks. Areas we identified which needed a risk assessment in place were addressed by the service and were in place at the time of writing the report. Risk assessments covered areas such as mental health, finances and health conditions.
- 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. We noted that fire doors were propped open in the living room and kitchen. The registered manager told us they would check this practice was not continued.

Staffing and recruitment

- There were enough staff to meet people's needs and the service did not use agency staff, so staff understood people's needs and behaviours. One person's support was being reviewed at the time of the inspection to ensure they could safely go out into the community.
- Staff told us there were enough staff to care for people and they had no concerns.
- 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.

Using medicines safely; Preventing and controlling infection

- People medicines were dispensed in blister packs. We checked stocks against records of 'as needed' PRN medicines and found they tallied. They were checked at each shift for accuracy. There was advice for staff on when to give PRN medicines, and we found no gaps in Medication Administration Records (MAR's).
- Staff received training in the giving of medicines and had their competency regularly assessed in line with best practice.
- The care home was kept clean, food was stored safely and hygienically and there was an effective infection control system in place. Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately to prevent the risk of cross infection.

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. We could also see that mental health professionals were involved appropriately, and relevant people were informed of more serious incidents.

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 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 to ensure they could be met by the service. The registered manager included the person, family and professionals who were familiar with the care needs of the person.
- The registered manager 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:

- The service worked with mental health professionals to meet the needs of the people at the service. Care records showed people's appointments took place with people supported for regular blood tests and other periodic visits to the local hospital, GP or dentist.
- One health professional told us the service worked in partnership with them, "Yes I have been kept fully informed and up to date with my client's health and needs. "
- For one person the service was working with mental health professionals to adopt a positive behaviour support model (PBS) of care into the service. PBS is an enabling model of working and positive risk-taking with people with a learning disability.

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

- People needed the support of staff to prepare their meals. There were pictures to assist people to choose their meals and we were told that people were asked for their meal choices before the weekly shopping order was made and again on the day, to check they were still happy with their meal choices.
- The fridge on the day of the inspection was sparsely filled, although there was food stocks in the freezer. The shopping delivery was due the following day, although staff could go and get food items from a local shop and went and bought cheese to supplement the lunch.
- We saw that not all people got the lunch that had been pictorially set out on the wall as some of the ingredients were not available. We discussed this with the registered manager and team leader who told us they would ensure that there were enough options for people to choose their meals every day and would not let fresh food stocks run down so low.
- People told us they were happy with the food. One person, when asked what was the best thing about the service told us, "the food". Relatives also told us they found the food to be of good quality as they had occasionally eaten there, and regularly saw the meals offered to their family member.
- One person had a digestive health condition which staff were aware of and which was referred to in the care record. But there was not detailed specific information available for staff about this condition and the signs and symptoms to look out for. This was added by the time of writing this report.

Staff support: induction, training, skills and experience

- Staff received an induction which involved shadowing experienced staff and training in key areas including fire safety, safeguarding and infection control. If staff did not already have nationally recognised qualifications in care they undertook the Care Certificate. This is a qualification which 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.
- Staff supervision and appraisals took place regularly and feedback included, "Yes, it's helpful, and there are opportunities to progress here." Refresher training took place and staff had been trained in a broad range of areas including working with people with behaviours that challenge, epilepsy management and self-harm and suicide prevention. We could see training in oral health needs was planned.
- Health and social care professionals praised the skills of the staff and told us, "The staff have a good understanding of mental health and learning disability needs." Family members told us they thought the staff were able to care for their relatives.
- Staff told us they were well supported by the management team and there was "good teamwork" at the service.

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

- The home was suitable to meet the needs of people living there.
- There was a garden which people could sit out in, and one person smoked outside in the covered 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. There were DoLS applications in place and a system to prompt renewals. The service had taken seriously one person's challenge to an important decision and had involved an advocacy organisation and the Court of Protection to obtain their input.
- We found the service had involved people and relevant professionals in decision making where there were issues of capacity but had not always recorded this in a way that showed 'best interest' meetings had taken place. The service addressed this at the time of writing the report to include review of all restrictions. This was important as a service has to show they are regularly reviewing restrictions to ensure they are proportionate and still necessary and in the person's best interest.
- A health professional told us, "They showed a good understanding of legal issues around DoLS and MCA."
- Staff sought appropriate consent to care prior to carrying out any tasks and care records emphasised returning to people and asking again if they were reluctant to accept care or medicines, and to review who was offering care and support to people.
- Staff had completed training in 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 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

- Each person had their life history recorded within their care records which helped new staff to get to know people to build positive, caring relationships with them. Staff had worked with the people living at the service for many years so understood their needs well. We saw staff were kind to people and people told us this was the case. One person commented, "Yes, kind." Both health and social care professionals and family member told us they observed staff to be kind to people.
- Staff supported people to have friendships and family members were very involved with people at the service. Staff were able to tell us how they would risk assess each situation should people wish to have relationships with other people and the service had invited a speaker to raise staff awareness of LGBT+ (lesbian, gay, bisexual, transgender) relationships.
- Care documentation outlined people's cultural, religious and spiritual needs. Staff were able to tell us how they met people's religious and spiritual needs, "We take [person] to church."

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

- People had not routinely signed their care records. This was partly due to their inability to understand the process. One person could have signed their documents and they told us they were able to make choices about their care, for example, when they got up or went to bed and what activities they did.
- Care records outlined some people's routines as not all the people were able to verbally give this information. There was a section on 'what makes a good day for me' which provided insight into people's pleasures.
- The service cared about and valued the views of people who used the service. One person had been given access to advocacy services. Advocacy seeks to ensure that people can have their voice heard on issues that are important to them.
- Meetings took place monthly to get the views of people about the food, activities and trips away.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they, "Make sure door is closed and knock before entering" when working with people. Also, they showed respect and dignity by giving people choices. One staff member told us, "Yes, everyday. I ask people what they want to eat. Even though we have got menu planning, we will check each day. Also, we have got activities planned for each day, but I check that people still want to do things."
- Staff encouraged people to do things for themselves and care records highlighted this. For example, people washed up the dishes after lunch, and one person told me they put their clothes in the dryer and tidied their room.

- People's care records highlighted what they could do for themselves and people told us their independence was encouraged.
- 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 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 care records covered a broad range of needs including personal care, mental health, safety and health needs. They had been updated recently and were comprehensive.
- Care records also contained personalised information regarding people's preferences and routines. For example, places they liked to visit. One person's records noted they liked sightseeing in central London; day trips to the zoo; watching Arsenal football matches and going on holiday. It also noted things they did not like to happen.
- Care plans were supplemented by detailed risk assessments.
- People, their relatives and health and social care professionals made positive comments about the support provided.

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

- People were supported to live active lives, for example, attending swimming, going out for meals, to the local shops and park.
- The service had recently taken people on holiday which they really enjoyed. A health professional told us they thought the person they worked with had a comprehensive, wide range of community activities to attend and a relative told us, the service "varies the activities [name] attends."
- People's families were involved in their lives and were encouraged to do so. One relative told us they were always made welcome when they visited.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and the process was written up on the wall in the hall, however there was not an easily understood, accessible process for all the people at the service. Following the inspection, the team leader sent us an accessible copy and told us they would discuss it at the monthly residents' meetings. One person told us they "Would talk with staff if they were not happy with something."
- Family members told us they had not had to raise any concerns but felt the management team would deal with issues openly. A health and social care professional told us the team leader was, "Very responsive to all of my comments and queries."

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.

- People's care plans set out how best to communicate with people and we saw pictorial prompts for people for a number of options on offer, including food.
- Staff understood people's communication needs and methods and the service was compliant with the Accessible Information Standard.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The service had started to discuss people's end of life wishes with them and told us they would encourage further discussion on the topic. For example, one person had confirmed they wanted to be cremated and specified the type of funeral they would have. Care records noted people's relatives as involved in end of life planning.
- Staff had received training in end of life care.

Is the service well-led?

Our findings

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

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

- Relatives and health and social care professionals spoke well of the management of the service. Feedback included, "[Team leader] has maintained excellent communication with me" and "[Team leader] had a good understanding of the clients in the home."
- Relatives told us the service is "managed well," and health and social care professionals confirmed it was "Well led and well managed."
- There were quality audits at both local and provider level to ensure the service was of a good quality. The service was one of many run locally by the provider. This meant the service benefited from scrutiny by the provider and had access to a range of provider support and training. Audits were followed up with an action plan and we could see when actions were completed. Serious incidents were discussed at provider board level as part of the quality assurance process.
- 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.
- We had no concerns regarding the transparency of the service as staff were open with relatives and health professionals if any issues occurred.

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 demonstrated a commitment to providing 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 there were examples of people involved in meaningful social and cultural activities. This, combined with close working relationships with health and social care professionals meant people were supported to maintain good health outcomes and to live active lives.

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

- The service worked proactively in partnership with people, their families and friends and other health and social care organisations which to provide a quality service and to ensure people they supported were safe.
- Staff were aware of and confident to talk about supporting people from a range of backgrounds and were comfortable discussing sexuality.
- The service gained the views of the people they supported, families and health and social care professionals they worked with through a mixture of residents' meetings, review meetings, informal discussions and an annual survey. They took forward any issues raised in an action plan. We saw the results of the recent survey were positive.
- The service and staff team was small. Staff told us their views were valued and they could influence the way the service was run. The management team used staff meetings, and staff handovers, to discuss issues as they arose.

Continuous learning and improving care

- We could see actions plans were set out from the provider audits and followed through. Also, the provider reviewed significant health and safety matters to aid learning across the organisation. We also found the management team immediately addressed any issues raised at this inspection.
- A health and social care professional told us the service had worked with them and a person from the service to ensure that Court of Protection involvement and decision making was sought to address a complex situation. This work showed commitment to continuous learning and improvement of care, in understanding people's rights, and ensuring all legal obligations and responsibilities were met by the service and commissioners.