U Samaranayake

Conifers - Residential Care Home For People with Learning Disabilities

Inspection report

Harriet's Farm Bungalow
Church Street
Bocking
Braintree
CM7 5LH
Tel: 01376 550779
Website:

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 18 and 24 March 2015 and was unannounced. Conifers - Residential Care Home For People with Learning Disabilities provides accommodation and personal care and support for up to five people, some who may have a mental health need. At the time of our inspection there were five people who lived in the service.

Summary of findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People at the service were safe. Risk assessments were carried out and staff had detailed guidance on how best to manage and minimise any risk identified. There were sufficient staff to meet people's needs. Recruitment processes were robust and staff had received the required training to meet the needs or the people they were caring for.

The manager and staff had some understanding of the Mental Capacity Act (MCA) 2005 and of the Deprivation of Liberty Safeguards (DoLS); however they had not always applied the Act effectively. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals; however DoLS referrals had not always been made, as required.

People were supported to have a balanced diet and to give their views and make choices about the food and drink on offer. People were supported to maintain good health and wellbeing, and to access health and social care support as required. Medications were stored safely and people received their medicines as prescribed.

The service had a calm atmosphere and focused on ensuring people were treated kindly and enjoyed their lives, in privacy and dignity. Staff knew the people they cared for well took their views into consideration.

Care was provided in a personalised way which met individual needs. People engaged in meaningful activities of their choice and were encouraged to keep in contact with family members and other significant people in their lives. People were involved in making decisions about their care and were encouraged to share their views. The service had an effective complaint system.

The manager was visible and promoted a positive culture with a focus on people's overall wellbeing. There were quality assurance systems in place and audits were used to inform ongoing improvements in the service. The service welcomed feedback and used this to make improvements and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Staff ensured people were safeguarded from abuse and risk was minimised.

There were enough staff to meet keep people safe and staff were appropriately recruited and well trained.

People had their prescribed medicines administered safely.

Good

Is the service effective?
The service was not always effective.

Staff had been provided with the appropriate training to efficiently meet the needs of the people who used the service.

The manager and staff had some understanding of the Mental Capacity Act (MCA) 2005 and of the Deprivation of Liberty Safeguards (DoLS); however they had not always applied the Act effectively within the service.

People were provided with nutritious food and drink to maintain a balanced diet and had access to appropriate services in relation to their health and wellbeing.

Requires improvement

Is the service caring?
The service was caring.

People received care from a consistent staff team who knew them well and treated them with kindness and compassion.

People were encouraged to express their views and staff communicated with them in a way they understood. Staff involved people and their families in decisions about their care.

People's privacy and dignity was respected by staff.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and were being met in a personalised way.

People took part in meaningful activities and were encouraged to build and maintain links with the local community.

The service welcomed ongoing input and involvement from people and their families and appropriate systems were in place to manage complaints.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The manager was visible and promoted a positive and compassionate culture.

There was an effective quality assurance system in place which was used to monitor the quality of the service being provided and people were asked for their views.

Conifers - Residential Care Home For People with Learning Disabilities

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 18 and 24 March 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We used this information to plan what we were going to focus on during our inspection.

On the day of our inspection to the service we focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We spent time observing care in communal areas and 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.

We spoke with two people who lived in the service, one senior care worker, two care workers, and the registered provider.

We looked at three people's care records. We also looked at records relating to the management of the service, staff recruitment and training records, medication charts, staffing rotas and information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

We contacted stakeholders, including two health and social care professionals and two family members.

Good

Is the service safe?

Our findings

People told us they liked living at the service and were observed to be comfortable and at ease in their surroundings. We saw people were able to come and tell or demonstrate to staff when they were not happy or did not feel safe. One family member said, “They treat [relative] like their own.”

The service had an environment where risks were minimised and individuals were safe. Staff and managers strived to develop positive relationships with the people they cared for and a safe and calm atmosphere where risks were minimised.

Staff had an understanding of the issues around safeguarding individuals from abuse and neglect. They had received training around safeguarding. Although our records did not show any safeguarding reporting in the last year, the manager told us that he had processes in place to report incidents. Staff said that they raised any safeguarding concerns with the manager and that he was responsible for external reporting. They told us that they understood what whistleblowing was and who to speak to externally if they felt that the individuals they cared for were not safe.

Risks to people had been assessed and risk assessments had been developed which provided staff with detailed guidance on how best to manage and minimise risk. The assessments were personalised and were based on a detailed knowledge of people’s needs. Where risks had been identified, the manager and staff had put measures in place to manage that risk. We saw a risk assessment around managing complex behaviours to safeguard a person at the service. We observed staff using guidance from risk assessments to support people to be safe.

Appropriate plans were in place to deal with emergencies and staff told us that they carried out fire drills every month so that people knew what to do in an emergency. Staff told us the fire drills were adapted to people’s needs and we saw a risk assessment for a person with sensory loss which provided specialist information and guidance in the event of an emergency. The manager told us he carried out checks of the environment and we saw that exits were clear.

The service had sufficient qualified staff to meet people’s needs. We observed that people received consistent care from an established staffing team. The manager told us that staffing levels had been assessed according to people’s needs. Where people’s care needs changed, staffing levels were increased so that there were sufficient staff to meet needs safely. Family members and staff confirmed that staffing was of an acceptable level and that when needs changed the manager contacted the appropriate authorities for additional support funding if this was required. A health professional we spoke to said that they had no concerns regarding staffing and that staff were good at contacting him when queries arose.

The service completed a thorough recruitment and selection process before employing staff to make sure that have the right skills and experience. We looked at two recruitment files and found that all appropriate checks had taken place before staff were employed. Staff confirmed that they had attended an interview and that all the relevant checks had been obtained, including appropriate references and Disclosure and Baring checks to make sure they were suitable to work with people who use the service.

People received their medicines safely and as prescribed from appropriately trained staff. We saw staff records detailing medication training and staff told us that they only administered medicines after they had received this training. People’s medication profiles included a current list of their prescribed medicines and guidance for staff about the use of these medicines. Medicines were stored, administered and disposed of in line with current guidance and regulations and regular medication audits had taken place.

Requires improvement

Is the service effective?

Our findings

People and their relatives told us that the staff knew people well, and knew how to provide the support to meet their needs. We observed that staff were aware of people's needs and had the knowledge and skills to provide effective support.

Staff were trained and supported to provide consistent care to the people who lived at the service. Staff told us they had received training and we viewed records of on-going training. New members of staff completed an induction process and we observed staff applying the training to practical tasks. For example staff used Makaton signing to communicate with some people. Where an individual had specific needs, such as epilepsy, staff had received training from a specialist health professional.

Staff were supported to develop the skills needed to provide a personalised service to people with complex and varied needs. Staff said they received supervision sessions every two to three months, plus as a small staff team there were frequent opportunities for on-going discussion and informal support. New members of staff received more regular supervision until they became more competent. There were also staff meetings where they could discuss on-going staffing matters and share information regarding the care at the home. We saw records of these meetings minutes and staff supervision.

The manager and staff had some understanding of the Mental Capacity Act (MCA) 2005 and of the Deprivation of Liberty Safeguards (DoLS); however they had not always applied the Act effectively within the service. Care records contained MCA forms which detailed day to day best interest decisions that had been made, where people were not able to make these decisions independently. The manager had carried out risk assessments for people who could not leave the premises safely on their own, in particular due to the busy road. As a result a key pad had been fitted to the front door to prevent people leaving unaccompanied. However the manager had failed to consider this matter in relation to DoLS. We discussed this with the manager who agreed to make the necessary DoLS referrals in relation to this restriction.

People were supported to have a balanced nutritious diet. Staff recorded people's weights, and where risks to people's nutrition had been identified staff had referred them to dieticians. We observed that staff provided freshly cooked meals which were prepared in line with people's choices and preferences, and staff encouraged people to be involved in developing the menu. There was a rolling four week menu and one day a week a different person picked their favourite meal. Where people could not verbally state what they wanted to eat, staff helped them make those choices, based on observations and knowledge of that person. People were offered a choice of drinks, and we also noted that when people were unwell staff gave them supplements.

People were supported to maintain good health. Care records demonstrated that on-going health needs were met and people were supported to access healthcare professionals and specialists according to their specific needs. For example, speech and language therapists, epilepsy specialists and occupational therapists worked closely with the service. Care records also showed that the service supported people who needed to access mental health services such as psychology. Family members and staff confirmed that when a person's needs deteriorated, the service was proactive in ensuring they received appropriate care, such as an adapted chair or a pressure relieving mattress. Relatives confirmed that they were fully involved and communicated with about the changing needs of their relatives.

Good

Is the service caring?

Our findings

The service had a calm atmosphere. Two people told us they liked living there and those people who were unable to communicate verbally were observed to be relaxed and interacted positively with staff and other people at the service. A family member said that their relative, "Loves that place" and another family member said that it was an, "Involving and welcoming home." A nurse who worked with a person at the service said that it was a very caring home where people have been living for a long time and are well known by consistent staff.

Staff spoke fondly and with compassion about the people at the service. We saw team meeting records in which the staff discussed the need to support a person through a difficult time and, "To make [person] feel special". We observed that staff responded in a sensitive and kind manner when they saw that a person was not eating well. Staff made people feel that they mattered, for example celebrating individual birthdays with parties where families were invited or bringing in a pet from their home to comfort a person who was unwell.

People were supported appropriately and sensitively to express their views. One member of staff said, "I know people well which helps when communication is limited with them." Staff were very knowledgeable about people's needs and responded in a caring way to both verbal and non-verbal communication. Staff were observed to communicate effectively through gestures with a person who did not communicate verbally. Specific training in Makaton had been set up to provide staff with necessary communication skills. People were supported through a variety of methods to be actively involved in developing their care plans, depending on their communication needs. We saw care records describing how a person was helped to choose his Christmas presents by looking at a selection of photos. In addition, staff consulted with family members and observed people over a period of time so that care records and decisions were based on a detailed and personalised knowledge of an individual's needs and views.

Care records and discussions with staff, families and stakeholders demonstrated that the manager and staff actively advocated for people at the service, for example making sure they received fair access to health service, by challenging a health professional to make sure required tests were carried out. The manager informed us that no one had been referred for advocacy support outside the service, but that he was aware of this option should it be required.

The service was responsive to individual wishes. People were observed to express their views when they made decisions about their daily routines. On two occasions we saw a member of staff making suggestions which a person didn't agree with. The person's views were listened to, acted on and respected. Later that member of staff explained, "We try and make their lives as happy as we can. It is their choice what they do". Another person chose not to go on holiday with the rest of the people at the service, choosing instead to visit family members.

People's privacy and dignity was respected. People were referred to by their chosen names and staff knocked on doors before entering rooms. Staff communicated with people when providing care, we saw that they spoke directly to people when providing support, such as helping someone in a wheelchair. Staff were aware of the need to maintain confidentiality when sharing private information, and only did so with appropriate people. There was a separate lounge for people who wanted to sit in private on their own and we saw that this was used by one person who did not wish to sit in the main lounge.

Good

Is the service responsive?

Our findings

People at the service received personalised care and staff used a variety of ways to respond to individual needs. Where someone was not able to communicate verbally staff used observation to build up a picture of that person's needs. For example one person's care record stated, "Through observation it has become apparent that I prefer staff to guide me by holding my hands."

Our discussions with staff and family members confirmed that they felt able to raise any concerns over the care being provided at the service. One relative told us that they had felt able to discuss their concerns about care and support with the manager when their relative's health deteriorated.

Care plans were extremely thorough, covered all aspects of an individual's life and reflected people's needs and choices. Staff used a variety of methods, such as pictorial materials to make plans more accessible. Care records provided staff with detailed guidance on how to best communicate with people. Where individuals had specific needs, these were reflected in the care plans, for example in the "About Me" form. Plans included risk assessments, speech and language input and detailed planning relating to needs that arose from a visual impairment.

Activities and support were tailored around people's needs, for example staff had bought a Makaton (sign language) game and had arranged weekly massage sessions for someone with sensory needs. Appropriate aids were provided depending on individual need, for example plate guards for people with sight difficulties. People were supported to follow their interests and take part in day to day social activities. We observed one person attended an external day centre whilst others were involved in activities in the home, such completing a jigsaw puzzle which was appropriate to their ability. Where residents chose to stay in their rooms, staff provided individual support with activities. People were encouraged to increase their independence by taking an active part in the day to day running of the house, such as setting the table or going food shopping. A stakeholder told us that there seemed to be quite a lot of activities at the service.

Important occasions were captured in care records which displayed a diary of photographs and activities in a person's life, including holidays, birthday parties and significant family members and friends, with photos having personalised titles such as 'spending time with my friends.' We looked at one person's photographs with them and observed from their response that these were a reminder of happy times at the service. People were involved in the planning for events and activities. We saw records of a discussion on whether or not Father Christmas should come to the party. This included support from staff to represent the views of people who could not communicate verbally. People were supported to go on an annual holiday in 2014 and people demonstrated how important this had been to them. One person showed us a purchase from the holiday and indicated that this was of sentimental value.

Care was reviewed annually and involved families and professionals, such social workers or health workers. A nurse who specialised in epilepsy told us that staff made appropriate contact where there were any specific queries around care planning for a person with epilepsy. Where necessary professionals such as psychologists were brought in to provide specialist advice and guidance on how best to manage complex behaviours. We saw detailed guidance in a care plan on how to support a person with sensory loss so that triggers which could cause distress were minimised. Where people's needs deteriorated, their needs were identified promptly and communicated to professionals and family.

The service promoted open and on-going discussion with people and their family members, who were encouraged to speak on behalf of their relatives. Concerns were responded to and dealt with in a personalised and effective manner. There was a complaint procedure in place and a pictorial complaints leaflet was given to people and their families. The manager told us he received few formal complaints as communication with families tended to be on-going and that he responded personally to any concerns which were raised. One member of staff told us this is a, "Small home with caring staff," and that working in a smaller home made it easier to provide a personalised service and deal with issues and concerns immediately. Our discussions with family members confirmed that concerns were dealt with well and informally.

Good

Is the service well-led?

Our findings

One relative told us that the manager did a brilliant job and another said that he was very approachable. The service was well-led by a manager who was visible and inclusive and spoke with passion about providing a good quality of life for the people at the service.

Staff told us that resident meetings took place and we saw records that confirmed this. Although these meetings were not frequent, they were meaningful and took place when there was a key issue to discuss. For example meetings had taken place to plan a recent holiday to a theme park and to prepare for Christmas. Staff took care to make sure meetings were inclusive, and if someone used non-verbal communication, staff used knowledge of the person's needs to make sure their views were taken into account.

The service had developed positive relationships with family members and professionals, such as district nurses. One family member told us that staff involved them in what was happening in their relative's life. A member of staff confirmed that family members were involved when decisions were made, especially where a person was not able to make a choice independently or when staff gathered information about an individual's preferences, for example when decisions were made about holidays or when choosing the colour of someone's room.

The manager sent annual questionnaires to family members to gather their views on the quality of the service. The manager said they did not get any responses to the questionnaires however it was evident from records and discussions with family members that they were encouraged to be involved in an open way in their relative's care throughout the year.

Due to the size of the home, the manager was frequently involved in providing direct care and led his team by example. There was an open culture which was positive and supportive and based on good relationships between the staff team which had developed over a long period of time. Staff we spoke to were positive about working at the service. One member of staff said they would never work anywhere else. Another member of staff said, "We work well as a staff team." Staff told us that the manager was approachable both informally and at supervision and team meetings. Staff told us that they felt able to raise their concerns with the manager and that they responded positively to any issues raised.

Staff understood their roles within the service. One staff member said they, "All knew their levels of responsibility and what is expected of them". On the first day of our visit the senior carer in charge did not have access to the records which related to the management of the care home. Upon our return the following week for the second day of inspection, the manager was able to show us that he had rectified this immediately. There were systems in place so that notifications to CQC and communication with outside authorities took place in a timely manner.

The manager and staff spoke with enthusiasm about what best practice information was available to them, and we observed a willingness to implement changes to improve the service. The manager showed us records of on-going quality assurance which was carried out so that he could monitor the quality of care and support being provided at the service. This included medication, health and safety, infection control audits as well as the annual review of care plans. The manager had an annual plan in place for renewal and redecoration of the fixtures and fittings at the property. He demonstrated that there were on-going improvements to the quality of care and to the environment. For example, as a result of these audits, increased storage had been added to the main living area.