North London Care (Havering) Ltd

Candover House

Inspection report

No 2, Candover Road
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Tel: 01708471900

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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

This inspection was carried out on 15 September 2016 and was unannounced.

Candover House provides accommodation and personal care for up to six people with a learning disability. At the time of our inspection there were six people living at the home.

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

Staff supported people to maintain their interests in the service and in the community. There were different activities for people to engage in. The service also provided enough staff to ensure that people were well cared for and were safe. We noted that the staff were skilled, experienced and trained. The registered manager also provided support and supervision for staff so that they were able to meet people's needs. The service's robust recruitment system meant that people were supported by staff who were appropriately checked and suitable to provide safe care.

The registered manager was outstanding in the ways they worked with healthcare professionals and universities which undertook research activities in areas related to the service. People were involved in research projects relating to epilepsy and positive behavioural management. The findings of these projects were expected to further improve the outcomes people experienced at the service.

The relationships staff established with relatives and advocates ensured that people's interests were represented in the provision of the service. Staff were knowledgeable about the Mental Capacity Act 2005. We saw that people were offered choices and were supported to make their own decisions.

Care plans and risk assessments were completed and regularly reviewed. These ensured that the service people received reflected and met their current needs. The registered manager had a hands-on approach which meant that people's care was closely monitored. Relatives and staff were satisfied with the management of the service. The auditing processes in place meant that care plans, menus, risk assessments, people's monies, and the health and safety of the premises and equipment were monitored to

ensure the service was run appropriately. People and relatives could be confident staff would listen to them and act on their feedback to improve the service.

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. People were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected abuse.

There were enough staff to meet people's health needs and keep people safe.

Each person had a risk assessment which identified possible risks and how to reduce them to prevent people from harm.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good

The service was effective. The registered manager worked with healthcare professionals and universities to improve healthcare outcomes for people. The registered manager was proactive in following up and assisting people to attend medical appointments.

Staff had support, supervision and training to maintain knowledge and skills to meet people's needs effectively.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were and caring and treated them with dignity and respect.

There was good communication between the staff, people and their relatives. Relatives felt staff kept them informed of about people's wellbeing.

People and their relatives were involved in planning and reviewing people's care and support.

Is the service responsive?

Good

The service was very responsive. People had care that was centred on their own individual needs. Staff supported people to be engaged in various activities through proactive management of the resources available.

People had care and support that responded to their needs effectively.

There was a complaints procedure in place and relatives felt that staff listened to them.

Is the service well-led?

Good

The service was very well led. Relatives and staff felt that the registered manager was approachable and supportive. They said they could talk to the manager at any time and they would be listened to.

The registered manager ensured that the service sought innovative ways of caring for people by continuously looking to improve their skills and by participating in research projects.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from the stakeholders and used the information to make improvements.

There were established links with the local community.

Candover 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 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.

This unannounced inspection took place on 15 September 2016. The inspection was conducted by one inspector and one expert by experience. Our expert by experience had an assistant for taking notes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we had asked and received information from the local authority. We also reviewed all other information we held about the service and the notifications the provider had sent us. A notification is information about important events which the provider is required to tell us about by law.

We did not receive the provider information return (PIR) from the provider because they had not received the form to complete and send to us in time. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we observed staff interaction with people and spoke with two people. We also spoke with two relatives of people using the service, three care staff, a deputy manager and the registered manager. We reviewed care four people's care files, five staff files, staff rotas, menus, and the provider's policies and procedures. We had a guided tour of the premises.

Good

Our findings

People and their relatives told us that staff provided care and support in a way that made people feel safe. One person nodded in affirmative when we asked if they felt safe in the service. A relative told us, "Yes, [the person using the service] is safe as [they] possibly can be." Another relative said, "I have no reason to think [the person using the service] is not safe. [The person] is happy to come back to the home after staying with me. If [they do] not want to come back, I would be concerned. This is a good sign that [the person] feels safe [at Candover House]."

Relatives made positive comments about how staff treated people. One relative said, "I find the staff to be very good. They are pleasant and kind." Another relative told us that they trusted the staff. They told us the only odd times they could be concerned were when agency staff were used. We discussed this with the registered manager who confirmed that any agency staff used were appropriately checked and were provided with supervision, training and induction programme. They told us that, as far as possible, they used the same agency staff to ensure that they knew the needs of people. Records showed that the agency staff had training and supervision to make sure they provided safe care.

Relatives were satisfied with the staffing levels provided at the service. One relative said, "There are enough staff. [Person using the service] has one-to-one care. I am happy." Staff told us that they felt there were sufficient numbers of staff to provide care. The registered manager said that there were a minimum of five care staff during the day shift. We noted the registered manager was also available to support people and staff. The staff rota showed that there were six care staff (one of these worked between 9:00 and 17:00) during the day shift and two waking staff at night.

The service had a robust staff recruitment system in place. Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the service. These included completing an application form, attending an interview, two written references, a satisfactory Disclosure and Barring Service (DBS) check, and proof of identity. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able to carry out their roles effectively.

The registered manager and staff told us they did not tolerate any poor practice or abuse. They told us that they knew what constituted abuse and how to record and deal with an incidence of abuse. A member of staff explained the different forms of abuse including the signs they looked for if people had been subjected

to abuse. Staff told us they had read the service's whistleblowing policy and knew how to use it. The registered manager explained the procedures put in place regarding the management of people's finances. This included keeping receipts and records of transactions and auditing personal allowances regularly.

People had individual risk assessments which included possible risks to them, to others and interventions needed to reduce the risks. Staff told us, and records confirmed that the risk assessments were reviewed every six months or earlier, when required. Staff knew the people who were at risk and what action they needed to take to reduce the risk.

People and their relatives told us staff supported people to take their medicines safely. One person said "Yes [staff administered my medicine]." A relative told us they were confident staff administered medicines as prescribed by the doctors. We noted medicines were administered by staff that had received training in safe administration of medicines. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines. We noted medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

The premises were accessible, clean, spacious and bright. The registered manager told us and records showed that fire monitoring equipment was regularly checked and appropriately maintained, and available for use if necessary. Staff had attended training in infection control and basic food hygiene, and knew how to reduce the risk of infections and how to handle and prepare meals. This showed that the service had made arrangements to manage risks to people.

Good

Our findings

The registered manager told us that they were always looking at ways to further improve the care and support they provided to people. They told us they had good working relationships with consultant health care professionals who regularly reviewed people's medical conditions and provided appropriate treatment. The registered manager had also been closely working with two leading universities that were conducting research into effective ways of responding to behaviour, and epilepsy management in care homes. These were works in progress and the results were expected to have positive impact in the ways staff would respond to people's needs.

We noted that the new approaches introduced as a result of the research programmes have already benefitted people. The registered manager and staff told us that people were more responsive to the new behavioural approaches and management of epilepsy. Staff told us that they were clear about the research and were confident about how to follow, monitor and give feedback on the progress of the programmes. The registered manager told us they closely monitored how staff followed and implemented the programmes.

Staff supported people to access health professionals and to attend appointments. Records showed that people had annual general medical checks and regular dental, optician and chiropody care. During the inspection we noted that the registered manager contacted a health professional and managed to bring an appointment forward by explaining that the date given was too long. This showed that the registered manager was proactive in managing people's medical appointments. A relative told us and a notification we had received explained how staff worked with families to support a person to attend a hospital appointment. Records and notifications showed that the registered manager arranged for staff to be with people whenever they attended GP, hospital or other medical appointments. We noted that each person had 'a hospital passport' which contained information about medical and social support people needed when they attended health care services. This was to help health care professionals treat people effectively.

People did not make comments on the skills and experience of staff in delivering care. However, relatives were positive about the skills and experience of staff to meet people's needs. One relative told us, "I find staff good. They know how to look after [my relative]." Staff told us that they had "plenty" of training related to their roles. One member of staff listed the training programmes they had attended and said, "The training helps us meet people's needs." Another member of staff told us that they had embarked on a training programme which would lead them to obtain a higher qualification in care and management.

The list of training staff attended included medicine administration, epilepsy awareness, adult safeguarding, diabetes, fire safety and food safety. We also noted that staff had attended a full induction programme which consisted of shadowing an experienced member of staff, meeting the people using the service and staff, and reading care plans, policies and procedures. At the end of the induction programme staff signed a check-list to confirm they had completed it before they started work. We observed that staff were confident and knowledgeable when interacting with and supporting people following their care plans. For example, we saw staff confidently supporting people who displayed a behaviour that challenged the service. We observed how staff provided emotional support to one person and calmed a situation which could lead to the person being more upset or become at risk of harming themselves or others.

Staff told us that they had received support, supervision and annual appraisal. One member of staff told us they could discuss issues such as training needs and practice with their managers and were satisfied with the support available to them. The staff files we checked contained evidence of supervision and annual appraisal.

Staff had good knowledge of the Mental Capacity Act 2005 (MCA) and how it is implemented. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager knew about the requirements of MCA and DoLS. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. The registered manager told us and records showed that MCA had been completed and DoLS authorisation obtained for people. This showed that there were systems in place for mental capacity assessments and DoLS applications.

Relatives and staff told us, and we noted that people could make certain choices. We noted that the service worked closely with relatives and advocates to support people in making some decisions such as holidays and activities. Staff and relatives told us that people were involved in making choices of what to eat, where to sit and personal entertainment items to buy.

People and relatives told us that the food and drink people were offered was good and they were given choice over what they wanted to eat and drink. One person told us they liked the food provided at the service. A relative said, "The food is OK. They have a menu. [My relative] likes the food." Another relative told us, "[My relative] has plenty of [food] choices. If [my relative] doesn't like or want what is offered, they give [them] something else." We observed when staff cooked and served lunch in the kitchen/diner. We noted staff cooked fresh, nutritious and appetising meals which reflected the menu of the day. Staff told us the menus were completed every week with people's involvement. People and staff told us that people went to the shops with staff to do food shopping. Staff told us and records confirmed that people's dietary preferences were catered for. Records showed that people's weights were measured every month and appropriate referrals were made to a dietitian or GP when there were significant changes in people's weights.

Good

Our findings

People and their relatives told us staff were caring. One person said they "liked the staff [because they were caring]." A relative told us that they were happy with the care staff provided and communication they maintained to share information about people's wellbeing. They said staff communicated with them and they could ring staff and receive updates on their relative's welfare. They told us staff assisted people to keep in touch with relatives. One relative told us that a person using the service had planned days every week to spend overnights with relatives.

We observed staff treated people with dignity and respect. We saw staff respected people's privacy and dignity by, for example, knocking on people's doors before going into their room and addressing people by their preferred name. Where care was given this was done in a way that ensured the person's privacy was respected. For example, we noted staff were discreet and maintained people's dignity and privacy when providing personal and emotional. Staff told us that they always ensured that people were treated with dignity and respect.

Staff were patient, understanding and knowledgeable and gave people time to express their wishes and choices. When they wanted people to undertake something, for example to move away from the cooker, staff took time and explained to them why and what was needed to be done in a way people could understand. We saw staff were calm and gave people time to decide. We noted that staff listened to people and assisted them to get what they wanted. For example, staff gave people information and supported them to buy music items and football team memorabilia.

Each person had a care plan which outlined how staff should provide suitable care. A relative told us they were involved in the review of the care plans. Staff also told us they knew and followed each person's plans of care to meet their needs. The registered manager told us that there were allocated key workers for each person. A key worker is a named member of staff who has a central role in the care of a person. They take the lead in monitoring and reviewing the care and support with the person. Staff and the registered manager told us that the service operated with participation of people and their relatives. The registered manager explained that people's participation was limited because of their complex needs. However, they said, the service used different communications methods such as pictorial presentations of the menus, complaints and 'service users' guide' to facilitate people's participation in the service and the care they experienced.

Good

Our findings

Staff supported people to access community based activities. The registered manager explained how staff worked with relatives and social care professionals to enable one person to use their own money to access extra activities that they chose and enjoyed. This showed that staff empowered people to use their money effectively. People's files showed that each person had a programme of activities of their interest. The activities were provided either at the service or in the community.

At the service people listened to music, spent time with staff on one-to one basis and played games. We saw that there were television sets in communal areas and people had their own television in their rooms. The service also had a large garden which could be accessed from the ground floor through the lounge area. We saw that there was a trampoline in the garden which, we were informed, was being used by people. The registered manager told us that people used the garden, part of which was also being considered for people to use for growing vegetables.

People's activities in the community included going to public houses, swimming, shops, gym, and cinema. The registered manager told us that the service had two vehicles which were used as means of transportation to and from activities, shops and holidays. Staff told us and records confirmed that some people's risk assessments meant that using public transportation was not suitable. The registered manager informed us that it was because of people's assessed needs that they were supported to use the vehicles rather than the buses and trains.

Staff supported people to go on holidays. Staff informed that people had recently been on a caravan holiday which they enjoyed. One person told us that they liked their holiday. A relative commented a person wanted an additional holiday. We discussed this with the registered manager and were informed that a second holiday could be arranged if people had sufficient money to pay for it. They said that they would talk about this with the person, their relative and their social worker.

The service completed initial comprehensive assessments for each person before they came to live at the service. This was confirmed in the care files. Staff explained the assessment process and said that once a referral was received from social or health care professionals, the registered manager would visit people to complete their assessment of needs. People were also invited to the service to meet with other people and staff. People could only be admitted if the service was suitable to them and if they liked it.

Staff ensured that care plans were up to date to ensure people's current needs were met. The registered

manager said that relatives, advocates and other stakeholders were involved in the review of the care plans. Where relatives were unable to come to the service to attend the review meetings, staff ensured that these were held at the relatives' home. We saw an example of this in one person's care file. This showed that the staff made an effort to enable people and their relatives to be involved in the review of care plans.

Relatives felt that they felt that they were consulted with regarding people's care and support and that staff made them feel they were listened to. They told us that there were regular meetings where they could put forward suggestions about people's care, activities and equipment topics that they wished to discuss. The registered manager told us that every month staff sent questionnaires to families and discussed the feedback in staff meetings with the registered manager. We noted that feedback from people was followed up through action plans developed by the staff.

The service had a complaints procedure in place. The procedure was also presented in pictorial format so that people using the service were aware of it. Relatives told us that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. They told us that they found they could talk to the staff and registered manager and they knew the complaints procedure and felt very confident that any concerns or complaints would be immediately dealt with.

Good

Our findings

The registered manager told us that they were always trying to further improve the care and experiences for people using the service. The registered manager described examples of the work they had undertaken to improve people's experience of the service. These included the service's involvement in a clinical research project (titled "Improving outcomes in adults with epilepsy and intellectual disability –clinical project") with a university. The registered manager and documents showed that three people from Candover House were involved in the project and there was a liaison nurse between the service and the university's research team. This research was in progress and the result was yet to be published. We noted the service was also involved in a second study ('positive behaviour study') with another university. The registered manager said and records showed that the aim of this study was to find out whether or not positive behaviour system was beneficial. We noted all the people using the service were part of this study and it was ongoing at the time of the inspection. However, the registered manager told us that the findings of the projects would be published in near future but staff had already observed positive outcomes for people.

The registered manager told us that people's mental capacity assessments had been completed and relatives had signed documents to consent to the research activities. The registered manager told us and records showed that the registered manager liaised with a consultant psychiatrist in introducing and monitoring the progress of the research. We noted that the registered manager discussed the aims and processes of the projects with the staff. Although the research projects were national and the outcomes were yet to be known, staff told us they liked and supported innovative ways of working and meeting people's needs.

The registered manager told us they were always looking for ways to improve staff skills further to effectively meet the health needs of people using the service. They told us they had been a qualified trainer for epilepsy care and were currently renewing their qualification through training with an organisation. The registered manager also continued to attend various workshops, conferences and training programmes "as part of a requirement to remain a registered nurse".

People, their relatives and staff were positive about the management of the service. One person said, "I like [the manager]. A relative told us, "[The registered manager] is very good. He is hands-on manager. I can talk to them." A member of staff said, "The manager is here for everybody. Always here, on the premises, very happy [with the registered manager]." Another member of staff said, "The manager is brilliant. He lets me visit the service and speak with [them] before I applied for the job. This gave me and the manager an opportunity to find out if I am appropriate for the job and like it." We observed the registered manager

interacting with people, relatives and staff in a sensitive and understanding manner. We saw people, their relatives and staff having access to the registered manager's office and interacting with them in a relaxed way. This showed that the registered manager was approachable and listened to people.

The registered manager supported people to be part of the community. Records showed and staff confirmed that people were supported to access a range of community amenities such as swimming pool, social clubs, pub and shops. We also noted staff had attended training and knew what equality and diversity meant and how it could be relevant to the service. For example, records showed that staff had included gender and faith in people's assessment of needs and care plans.

The registered manager told us that they wanted the service to be "the best it can be by working with all the stakeholders". They explained how closely they worked with people's relatives, advocates, social workers, and healthcare professionals. This was confirmed by relatives and people's records we checked. Information we received from the placing authority raised no concerns relating to the way care was provided and the service was managed.

Relatives told us about how the registered manager involved people in how the service developed. One relative said, "[They] know the balance of people`s needs and wishes and making sure all have a say, which is meaningful. It makes a difference to feel confident in care which is offered." Another relative said that they were happy with the way the registered manager and staff shared information with them. They said there was good communication between relatives and staff.

Staff told us that they felt well supported in their roles. They told us that they had ongoing support from the registered manager and senior staff. The service had a clear management structure with two senior staff, the deputy manager and the registered manager supervising care staff. In addition to one to one supervision meetings, care and senior staff meetings also took place. These were used to discuss management, practice and training issues. The minutes of the meetings showed, and staff confirmed, that the meetings were well attended by staff.

The registered manager had a comprehensive quality assurance system in place. This included regular feedback from relatives and regular checks and audits. The audits carried out included health, welfare and safety audit, gathering information about incidents and accidents, checking documents were up to date and monitoring the safety of environment and equipment. The registered manager was available all the time to give advice including when on holiday. For example, the records showed that the registered manager advised staff to contact them if there were incidents when they were away on an overseas holiday. We also noted from a recent notification how the registered manager had been contacted and arrived at the service to support staff to effectively deal with a serious incident that had taken place at night.

The registered manager did not complete the provider information request (PIR) because we had not sent them the form in time. However, the registered manager had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.