

# Connifinn Limited

# The Grove

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



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 took place on 28 January 2016 and was announced. We last inspected this service in November 2013 and it was found to be fully compliant with all the outcomes we looked.

The service is registered to provide accommodation and support with personal care for up to eight adults with mental health issues. Seven people were using the service at the time of our inspection. The service had a registered manager in place. 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.

There was no system in place to audit or identify the amounts of medicines held at the service.

We found one breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The service had appropriate safeguarding procedures in place and staff understood their responsibility with regard to safeguarding adults. Risk assessments were in place which included supporting people who exhibited behaviours that challenged the service. There were enough staff working at the service to meet people's needs. The service had robust staff recruitment procedures in place.

Staff were well supported by regular training and supervision. The service worked within the Mental capacity Act 2005 and Deprivation of Liberty Safeguards. People were able to make choices about their daily lives. People had sufficient amounts of food and drink and were able to make choices about what they ate. The service supported people with health care appointments and sought to promote their physical and mental health wellbeing.

The service promoted a homely and family atmosphere and people told us staff were caring. Staff supported people to develop their independence and promoted their privacy.

Care plans were in place which set out how to meet people's individual needs in a personalised manner. The service had a complaints procedure in place and people knew how to make a complaint.

People that used the service and staff told us they felt the management team was open and supportive. The service had various quality assurance systems in place, some of which included seeking the views of people that used 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?

The service was not always safe. There was no effective system in place for monitoring the amounts of medicines held at the service. Medicines were stored securely and administered in a safe manner.

The service had appropriate safeguarding adults procedures in place. Staff understood their responsibilities for reporting any allegations of abuse.

Risk assessments were in place which included information about how to mitigate the risks people faced. The service did not use any form of physical restraint on people.

There were enough staff working at the service to support people in a safe manner. Robust recruitment processes were in place which included carrying out various checks on prospective staff.

**Requires Improvement** 

### Is the service effective?

The service was effective. Staff received regular training and supervision to support them in their role.

The service operated within the Mental Capacity Act 2005. Deprivation of Liberty Safeguards in place were appropriate. People were able to make choices about their daily lives including what they ate and drank.

The service supported people to access healthcare services as appropriate.

**Good** 

### Is the service caring?

The service was caring. The service had a homely and family atmosphere and care was provided in a personalised manner.

Staff understood how to promote people's dignity, independence and privacy.

**Good** 

### Is the service responsive?

The service was responsive. Care plans set out how to meet

**Good** 

people's assessed and individual needs and people were involved in developing their care plans.

The service had a complaints procedure in place and people knew how to make a complaint.

**Is the service well-led?**

**Good** ●

The service was well-led. There was a registered manager in place and people and staff told us they found management to be helpful and supportive.

The service had various quality assurance systems in place, some of which included seeking the views of people that used the service.

# The Grove

## **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 inspection took place on 28 January 2016 and was unannounced. The inspection team consisted of one inspector. Before the inspection we looked at the information we already held about the service. This included details of its registration, previous inspection reports and any notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to gain their views.

During the inspection we spoke with five people that used the service. We spoke with five staff. This included the registered manager, the assistant manager and three support workers. We spoke with three health and social care professionals who were visiting the service during the course of our inspection. We observed how staff interacted with people that used the service. We examined various documentation. This included three sets of records relating to people that used the service including their care plans and risk assessments. We looked at medicine records and financial records for people. We examined staff recruitment, training and supervision records for four staff that worked at the service, minutes of residents and staff meetings and staff and residents surveys and various policies and procedures.

# Is the service safe?

## Our findings

The registered manager told us the service did not carry out audits of medicines and there was no system in place for identifying the quantity of medicines held in stock. We asked a member of staff who had responsibility for administering medicines if records could show how many tablets were supposed to be in stock for four different medicines and they told us there were no records of this. This meant it was not possible to audit how many of each medicines were held at the service at any given time.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had information about each medicine people were prescribed. This included what the medicine was used for and of possible side effects. Medicines were stored securely in locked cabinets inside the office. We were told no one was prescribed any controlled drugs at the time of our inspection.

Medicine administration record charts were maintained. These included the name, strength, form and dose of medicines to be administered. Staff were expected to check this information against the information on the medicine label to make sure they were administering the correct medicine. We checked MAR charts for an eight week period leading up to the date of our inspection and found they were accurate and up to date.

The provider had a safeguarding adult's procedure in place. This made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Contact details of who to report abuse to were on display on the office wall. The registered manager was aware of their responsibility for reporting any safeguarding allegations. They told us there had been one safeguarding incident in the past year. Records confirmed that this had been referred to the appropriate agencies.

Staff told us and records confirmed that they had undertaken training about safeguarding adults. Staff were aware of their responsibilities with regard to safeguarding. One staff member said, "I would report it [an allegation of abuse] right away." Another member of staff said, "I would tell it to the manager. If it was the manager [suspected of abusing a person] I would whistle blow. I can call CQC or even 999." Staff were aware of whistle blowing and understood they had the right to whistle blow to outside agencies if appropriate.

Where the service held money on behalf of people this was kept in a locked cabinet. Monies were checked daily. Where staff spent money on behalf of people they signed for this and receipts were kept. We checked the money held at the service at the time of our inspection and found the amounts held tallied with the amounts recorded. This meant there were systems in place to help protect people from the risk of financial abuse.

Risk assessments were in place which included information about how to mitigate risks and support people in a safe manner. These included assessments about risks associated with substance misuse, violence, absconding, suicide and self-harm.

We found risk assessments were in place about how to support people that exhibited behaviours that challenged the service. These included information about relapse indicators and potential triggers for relapsing for people and how to support people if they showed any signs of relapsing.

The registered manager told us no form of physical restraint was used with people and staff confirmed this was the case. Staff explained how they supported people that exhibited behaviours that challenged the service. They told us they sought to de-escalate situations by trying to calm people down, speaking with them in a calm manner, offering them space and time to calm down and diverting them from potential areas of conflict and anxiety. One staff member said when working with a person that was becoming agitated, "I give him time to let out anything that is on their mind. I find speaking one to one with people in a private and comfortable space helps people to calm down." A visiting professional told us, "They have a plan of how to manage it [behaviours that challenged the service exhibited by a person] and what will happen if they can't."

People that used the service told us there were enough staff and that staff were always available if they needed support with anything. Staff said there were enough staff working at the service and that they had time to carry out all their duties. One staff member said of staff levels, "It is enough. If we need to take people for appointments we usually call the volunteers." We observed there were enough staff on duty during the course of our inspection to meet people's needs. This included supporting people to attend medical appointments and a Care Programme Approach meeting, support with household tasks and meal preparation and talking and spending time relaxing with people.

The service had a robust staff recruitment procedure in place. Staff told us before they commenced working at the service the provider carried out various checks on them. We looked at staff recruitment records which showed staff had undertaken an interview, provided written employment references and proof of identification and been subject to a criminal record check. This meant the service had taken steps to help ensure only suitable staff were employed to work at the service.

## Is the service effective?

### Our findings

Visiting professionals told us they thought staff had the skills and knowledge needed to support people. One professional said, "Staff are very knowledgeable about people here." Another professional said, "I feel the staff are very skilled and experienced in managing challenging behaviours. I think they have people with very complex behaviours and they deal with them very well."

The assistant manager told us that all newly recruited staff were expected to complete the Care Certificate and that the assistant manager was responsible for monitoring the progress made on this. Records confirmed that new staff were completing the Care Certificate. The Care Certificate is a training programme for staff that are new to working in a social care setting. We found that new staff worked closely with experienced staff for their first two weeks to get to understand their roles and responsibilities.

Staff told us and records confirmed that they undertook regular training. Much of this was provided by the registered manager who had a long history of working with adults with mental health issues. Other training was via eLearning. Training topics included the administration of medicines, mental health awareness, epilepsy, fire safety and health and safety.

Staff told us and records confirmed that they had regular one to one supervision with either the registered or assistant manager. One staff member described supervision as, "Very helpful." They said that in supervision they, "Discuss my relationship with the residents, what I am doing well and what I can improve on, my training that is coming up." Another member of staff said, "I have supervision every two months. We speak about residents, my education, how I get on with staff."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was meeting the requirements of the MCA and DoLS and found that they were. At the time of our inspection one person was subject to a DoLS authorisation. This was from September 2015 and the registered manager told us since then the person's circumstances had changed and there was no longer any need to enforce the DoLS authorisation. We noted that the service had followed the appropriate procedures when applying for the DoLS authorisations including notifying the Care Quality Commission. The registered manager told us that all people using the service were free to come and go as they pleased. During the course of our inspection we observed several people leaving without any staff support and one person told us, "I go out when I want."

Staff had a good understanding of the MCA. One staff member said, "We support people to make their own decisions and it does not matter if it is fair or unfair in the judgement of the staff." People told us they were able to make choices for themselves and staff explained how they supported people to make choices. For example, one staff member told us how they supported a person with their personal care, saying, "He chooses his own clothes, although he chooses some things that are not right for the weather and I help him."

People mostly said they were happy with the food provided. One person said, "Its decent food" but added, "I buy a lot of my own food." We observed this person had a different meal to the other people at lunch during our inspection which showed people had a choice about what they ate. We saw that people were able to help themselves to drinks and snacks throughout the course of our inspection.

One person said although the quality of food was good, "We get too much of one food (mashed potato)." However, they also said they cooked their own food which reflected their culture if they did not want the meal on offer.

People told us the service supported them to access health care professionals. One person said, "They [staff] sort that [appointments] out." Records showed people had access to health care professionals including GP's, opticians, psychiatric nurses and psychiatrists. We saw that one person attended a GP appointment on the day of our inspection. Another person was visited by a psychiatric nurse during the course of our visit. People were on the Care Programme Approach (CPA) and we saw a CPA meeting was held at the service for one person during the course of our inspection. The Care Programme Approach is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a range of related complex needs.

Care plans included contact details of health and social care professionals that worked which people which meant they could be easily contacted in an emergency.

## Is the service caring?

### Our findings

People said they were treated with respect by staff. One person said of their keyworker, "He is a good listener." Another person said, "I get peace here." People said they were supported to be independent. One person said, "I manage my own money, I am independent." Another person said, "I've been out to the bank and to the shops today."

Visiting professionals told us they thought the home was caring. One said, "It is a very homely atmosphere here, it is not regimental." Another professional said, "I find it a place that's very helpful and supportive. I can't stress enough that the kind of people here are very challenging, but there is a lot of compassion and thoughtfulness. They [staff] are engaging in their work rather than going through the motions." Another professional said, "It creates a very homely and supportive atmosphere."

The registered manager told us the client group consisted of people with very complex and often challenging needs who had struggled in other placements and had often been re-called to hospital. They told us most of the people using the service at the time of our inspection were there under section of the Mental Health Act 1983. The registered manager told us that most people had spent many years living in secure hospitals and prisons and the service sought to help people re-dress the power balance they were used to living with. They explained that to help people redress any power imbalances between themselves and staff they sought to promote a normal family type environment in the home with as little distinction between members of staff and people that used the service as possible. They said, "We try to have a normal as life as possible. That's why we have animals and staff bring their kids down which is risk assessed." We saw the service had two cats, a dog and a fish tank which people helped to look after. The registered manager also told us, "They [people that used the service] come to my home every year for Christmas dinner. It is important for them to feel part of a family."

Care plans included information about how to support people with their communication needs. This information was personalised, setting out how to support individuals. For example, one care plan stated, "He often needs an explanation or instructions to be given to him a number of times which helps to reduce his paranoia and anxiety."

Staff told us how they promoted people's privacy. One staff member said, "I always knock on the door before entering" and "I always ask if it's OK to touch people [when providing support with personal care]." Staff also told us how they supported people to develop their independence. One staff member said they had been supporting a person to do their laundry, "For the past few weeks and they are now doing it themselves."

We observed how staff interacted with people that used the service. Staff were friendly and polite and people were at ease in the company of staff.

## Is the service responsive?

### Our findings

People told us they were happy with the service provided. One person said, "I'd say this place is OK, I've settled down here. Another person said they valued staff support and told us, "They [staff] give me support with filling forms in."

Professionals visiting the service told us they thought people's needs were being met in a personalised manner. One said, "The staff are knowledgeable about the clients. They seem to be individualistic in their interactions. They don't treat them in the same way." Another professional described the services as, "Excellent, really good." They told us about how the service had worked with a particular person, saying, "I was sceptical about how well one person would manage but a high amount of progress has been made down to the staff here."

Before people moved in to the service from hospital there was a gradual transition period that on occasions lasted several months. This gave the person the chance to visit the service and to get used to it. It also provided the existing people that used the service with the chance to get to know people before they moved in. Health and social care professionals worked with staff at the home and the person to help ensure that the transition went smoothly.

The registered manager told us care plans were a collaborative effort between people that used the service, their keyworker and the registered manager, but told us the person was at the centre of the process, telling us, "It's very much led by them." We found that care plans reflected what was important to people as well as areas that the service felt were important. For example, one care plan stated, "[Person that used the service] has shown a keen interest in cooking his own hot snacks." The care plan went on to give guidance on how this was to be supported in a way that balanced safety with supporting the person to be as independent as possible. We saw other areas covered in care plans included personal care and physical and mental health. These were personalised to meet the needs of individuals. For example, the care plan for one person in relation to their mental health stated, "Encourage engagement in non-verbal forms of therapy, e.g. art, music, books, films to allow [person that used the service] to express themselves." We found that care plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time.

People were supported to attend various activities within the community. For example, one person attended a spa and had acupuncture. This was to support them to manage their anxiety in relation to hearing voices. The person told us they valued the acupuncture and said it was, "To reduce anxiety." The same person said, "I go swimming, I went for the Jacuzzi. That was good, I liked it."

The provider had a complaints procedure in place. This included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the provider. The registered manager told us there had not been any complaints made in the past year.

People we spoke with were aware of who they could complain to if needed. People that used the service were provided with a copy of the complaints procedure which was included in the 'service user guide'.

## Is the service well-led?

### Our findings

People spoke positively about the registered manager. One person told us, "He is all right, he helps me."

The service had a registered manager in place. They were supported in the running of the service by an assistant manager. There were clear lines of accountability in place although one member of staff said they were not sure which of the two managers their line manager was. One of the management staff was on-call 24-hours a day so they were able to provide support to staff if required.

Staff spoke positively about the registered manager and told us they were helpful and supportive. One staff member said of the registered manager, "He has the experience. There is rarely a question he does not know the answer to and is happy to be challenged as well. He is very receptive."

Staff told us there was a positive and friendly atmosphere in the home amongst staff and people that used the service. One staff member said, "It's very much a family atmosphere which works so well with them here." Another member of staff said of the management team, "I love them, its family orientated. It's very easy to talk with them [the registered and assistant managers]." They told us how the registered manager had been helpful when they were having difficulty communicating effectively and building a relationship with one person. Another staff member said, "I am very happy working here."

People told us they had regular residents meetings. One person said, "We have meetings, we talk about what we are going to do next." We saw minutes of residents meetings which included discussions about activities and asked if people had any comments or suggestions to make about the service. We found that the service had a comments and suggestions box which people could use although the registered manager told us there had not been many comments made this way.

The assistant manager told us the provider carried out annual surveys of people that used the service. We saw records of the most recently completed survey which was carried out in December 2015. This contained mostly positive feedback. One person wrote on their survey, "Staff are great, very happy living here." Another person wrote, "Everyone is lovely and professional."

Staff told us and records confirmed that the service held regular staff meetings. One member of staff said, "We have staff meetings, usually the last Friday of the month. Generally we talk about health and safety, what we can do to improve maintenance, any medication changes. We go through each resident one by one and talk about any ideas we have." Minutes of the most recent staff meeting included discussions about people that used the service, plans for Christmas and a discussion about the findings of a recent inspection by the fire service.

Staff told us they were asked for their views about the service through a survey. One member of staff said, "We did our survey in October [2015]. It was about how do you feel the management is supporting you and all that stuff." We saw some completed staff surveys which contained positive feedback. One staff member wrote, "Great place to work and develop. Given me great insight in to mental health." The service also

carried out a survey of professionals that worked with the service. Again, we saw these contained positive feedback.

People were asked to rate the quality of food provided and which meals they liked the most and least. This information was recorded and passed on to the person that cooked most of the meals.

We found that the service took steps to address identified shortfalls. For example, the fire service carried out an inspection on 27 November 2015 and found a number of issues. We found these had been addressed by the time of our inspection. For example, a broken fire door had been repaired and the service had introduced monthly tests of the emergency lighting.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way to service users because there were not adequate systems in place for the proper and safe recording of medicines. Regulation 12 (1) (2) (g)</p>