

Connifers Care Limited

Oak 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 

Overall summary

This inspection took place on 8 June 2015 and was unannounced. When we last visited the home on 07 April 2014 we found the service met all the regulations we looked at.

Oak House provides care and support for four people who have mental health needs. On the day of the inspection visit there were three people using the service.

The home had a registered manager. 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.

People received individualised support that met their needs. The service had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

Summary of findings

People were involved in decisions about their care and how their needs would be met. Risks to people were identified and how the risks could be prevented. People were supported effectively to meet their health needs.

Staff treated people with kindness, compassion, dignity and respect.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Medicines were managed safely.

Staff understood what to do if people could not make decisions about their care needs as assessments of people's capacity had been carried out. Staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People were provided with a choice of food, and were supported to eat when required.

People were encouraged to follow interests and develop new skills. There were a range of activities which took place. People were encouraged to be as independent as possible.

The service held regular meetings with people to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service.

The registered manager was accessible and approachable. People and staff felt able to speak with the registered manager and provided feedback on the service. Monthly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements were needed action had been taken to improve the service for people.

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 knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately

Staff were available in sufficient numbers to meet people's needs.

Staff supported people to have their medicines safely.

Good



Is the service effective?

The service was effective. The registered manager had taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were monitored and information about people's ongoing health needs was up to date.

Staff received training to provide them with the skills and knowledge to care for people effectively. Staff were supported through regular supervision and an appraisal to meet people's needs.

People received a variety of meals and had the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

Good



Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon. People knew how to make a complaint as there was an appropriate complaints procedure in place.

Good



Is the service well-led?

The service was well-led. The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Good



Oak 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 inspection took place on 8 June 2015 and was unannounced. The inspection was carried out by an inspector.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider about the staff and the people who used

the service. Before the inspection the provider completed a Provider Information Return (PIR). This 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. We spoke with the local safeguarding team, two professionals and two relatives to obtain their views.

During the visit, we spoke with two people who used the service, two care staff and the registered manager. We spent time observing care and support in communal areas. We observed the interaction between people and the staff who were supporting them.

We also looked at the three care records of the people who used the service, four staff records and records related to the management of the service.

Is the service safe?

Our findings

Arrangements were in place to protect people from the risk of abuse and avoidable harm. People told us they were safe and could discuss their concerns with staff. One person told us, "I feel safe, and the staff can be trusted." Staff understood how to recognise potential abuse and how to report their concerns. They were aware of how abuse might affect people's emotional well being and mental health.

Staff had completed training on safeguarding people, and they were aware of the policy on safeguarding. Copies of the safeguarding policy were available to people who used the service. There had been a number of safeguarding alerts in the last year, and records showed that the service had involved relevant professionals and other agencies when taking action to keep people safe.

People's behaviour that may challenge the service was dealt with in a way that maintained their safety and protected their rights. Staff showed that they understood how to respond to people's behaviour and make themselves available so that people could discuss their feelings with them. Training records showed that staff had completed training in managing challenging behaviour and restraint techniques. One person told us, "I can talk to the staff and know they will support me." Where people had a history of behaviour that may challenge the service there was a detailed risk assessment and care plan to address this. These identified the previous history of the behaviours and causes that were related to the person's needs.

Care plans provided identified warning signs that might indicate that the person's behaviour could become challenging and how staff could mitigate and intervene to support the person so that their safety and well being was maintained. Staff explained how they responded to the behaviours identified in people's care plans. They knew that it was the provider's policy not to use physical restraint and that medication was only to be used as a last resort when managing people's behaviours that may challenge the service.

People's risk assessments were based on their individual needs and lifestyle choices. Risks such as leaving the service without support, self-harm and risks to others were

covered. For each of these areas people had an individualised support plan. These had been designed and reviewed with the involvement of the person. People were able to go out if they wanted to. Staff explained that they worked with people to help them to be safe when they accessed the community by given them information about possible risks to their personal safety and how they could respond.

People told us that enough staff were available to meet their needs. People said that staff were "always available" and met their needs "immediately". One person said, "No problem with staffing here." Staff told us that there were enough staff available for people. We observed that when people requested support from staff they responded promptly. The registered manager showed us the staffing rota for the previous week. These were completed and showed that the numbers of staff available were adjusted to meet people's changing needs. Extra staff were brought in on days where more support was required, for example, with activities and appointments.

We looked at three staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. People told us that they received their medicines when they needed them. People's current medicines were recorded on Medicines Administration Records (MAR). All people had their allergy status recorded to prevent inappropriate prescribing. Medicines prescribed as a variable dose were recorded accurately and there were individual protocols in place for people prescribed 'as required' medicines (PRN). This meant that staff knew in what circumstances and what dose, these medicines could be given, such as when people had changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. We confirmed that medicines had been given as prescribed.

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. One person said, "Staff understands how to support me." Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Three members of staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training and had also had specific training on autism and managing behaviour that challenges. All staff had completed a vocational qualification in care. The training matrix showed that staff had completed refresher training when this was needed.

The registered manager told us staff received supervision every two months in line with the provider's policy. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. As part of this supervision staff were questioned about particular aspects of care and the policies of the service. This helped staff to maintain their skills and understanding of their work with people. Staff had received an appraisal in the last year. Records showed that staff appraisals identified areas for development and any required training.

People told us that staff asked them for their consent before they supported them. People said they were able to make choices about some aspects of their care. We observed staff asking people how they wanted to be supported. The acting manager and the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). They told us they always presumed that people were able to make decisions about their day to day care.

Staff had received training in the MCA and Deprivation of Liberty (DoLS). Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a deprivation of liberty for a person who used the service. Relevant staff had been trained to understand when an application should be made, and how to submit one. At the time of the inspection there were no DoLS authorisations in place.

People were supported to eat and drink to meet their needs. One person said, "I choose what I want to eat." People who used the service had individual menus each week, which were created in consultation with the person and reflected their individual nutritional needs. We observed that people were asked what they wanted to eat for lunch and where they wished to, were involved in the preparation of their meal with staff support. People were involved in purchasing the food for the week with staff support.

Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Each person's weight was monitored monthly. The dietitian and the speech and language therapy team had been consulted regarding appropriate diets to meet people's needs. This information had been recorded in people's care plans.

Records showed that staff involved medical and healthcare professionals when necessary, and people were supported to maintain their health. People who use the service had health care passports which outlined their health care needs and medical histories. These were accompanied by communication passports that outlined how people could be communicated with and how they responded to medical treatment and symptoms such as when they were in pain. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. People's care records showed that each person who used the service was regularly supported to see the health and medical professionals they needed to, which was recorded on a form with details of the appointment, the outcomes and actions for staff.

People were supported to see other healthcare professionals, such as speech and language therapists, dentists, dietitians and psychiatrists. People's care records showed that there was regular input from the specialist community nursing and integrated care team. Changes to people's needs were reflected in their care plans and staff acted on the advice of medical and other professionals.

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful manner by staff who involved them in decisions about their care. One person told us, "Staff respect my wishes." Another person observed that, "Staff kind, they are alright." Staff interacted with people in a friendly and cordial manner and were aware of people's individual needs. One person wished to go out to the local shops with the help of staff and they supported the person to do this.

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

People were involved in decisions about their care. There was a key worker system in place in the service. A key worker is a staff member who monitors the support and progress needs of a person they have been assigned to support. We found that the key worker system was effective in ensuring people's needs were identified and met as staff were able to explain the needs of the people they were key working.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care. Care plans recorded people's likes and dislikes regarding their care. Where people had preferences regarding how their emotional needs were responded to these were reflected in their care plans. For example, if they preferred to have staff approach them or if they wished initially to discuss their needs with a professional from outside of the service.

People told us that they were treated with respect. When staff wanted to enter people's bedrooms they always knocked and asked permission to come in. One person told us, "They treat you with respect and involved me in decisions." Staff explained what they were going to do before supporting people. They used people's preferred names when talking with them.

People told us that staff encouraged them to maintain relationships with their friends and family. One person said, "My relative can visit any time. This is important to me." We found that people's relatives and those that mattered to them could visit them or go out into the community with them. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views of their care.

Is the service responsive?

Our findings

People told us that the service responded appropriately to their needs. Assessment of needs was carried out before people came to live at the service. Care records showed that this assessment covered the person's physical and mental health needs, their background and social relationships, preferences of how they wanted to be supported and the goals they want achieved.

Care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. One person who had recently started using the service said, "I was able to see the place, and talk to the staff before I decided to move in." This supported people to become familiar and comfortable using the service.

Each person had a support plan which set out the support they received. These covered how the person was supported to meet their identified needs such as maintaining their personal hygiene, physical and mental health and behaviour. For example, one person was supported to maintain their personal hygiene and appearance. How staff should support them with it was detailed in their support plan. Support plans were reviewed regularly with the person to ensure they reflected their current needs. For example, progress on a person's goal to maintain contact with family was reviewed weekly and actions set to achieve it.

People's behaviour that might challenge the service had been identified in their care plans. There were detailed plans in place to tell staff how they should respond to such behaviour. Staff were aware of how and when people might behave in ways that might be challenging. There were

systems in place to monitor people's behaviour. The actions identified through this monitoring were reviewed. Review dates had been set and health professionals had been consulted.

Staff told us the service was able to provide people with coordinated care by using a Care Programme Approach (CPA). This was a particular way of assessing, planning and reviewing someone's mental health care needs. We saw examples of people's CPA in their care records and noted they had been regularly reviewed. Staff told us people's CPA was reviewed every six to 12 months or sooner if needed and records confirmed this.

Staff supported people to engage in a range of activities that reflected their interests. We saw that staff understood how to meet people's needs and responded in line with the needs identified in their care plans. These included regular shopping trips, going to the visiting family and local clubs. Each person had their own activities plan. Daily records showed that people were supported to take part in these activities. We observed that one person went to the shops. Care records showed that people were also supported to participate in their local community by attending religious services to support their spiritual needs.

The service responded to people's and relatives complaints so that their concerns were addressed. The complaints policy was available around the home in both an easy read and pictorial format. Minutes of meetings with people and discussions with relatives showed that they were asked if they had any concerns about the service. Where they had concerns, action was taken to address these and the outcome had been recorded.

Staff told us they took any comments about how the service could be improved seriously and acted on them. The manager told us that he used any feedback about the service to improve the care and support that people received. We saw that where a person had requested a change to their daily routine this had been incorporated into their care plan.

Is the service well-led?

Our findings

People and staff told us that the service had a management team that was approachable and took action when needed to address issues. The service had an open culture that encouraged good practice. The registered manager was available and spent time with people who used the service. Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people's needs. Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs.

The values of the service were discussed with staff during their induction. Training records showed that staff were encouraged to complete professional qualifications and ongoing training so that they developed the skills to implement the values of the service. Staff were supported through regular supervision and an annual appraisal to identify areas for further training and development. Staff told us that the registered manager discussed areas of good practice relating to autism and learning disabilities with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

The registered manager regularly involved people and their relatives in monitoring and assessing the quality of the

service. The manager had regular contact with relatives, community advocates and professionals and had acted on any feedback from this to improve how the service met people's needs. Health and social care professionals had told us the service acted and delivered care based on their recommendations. The registered manager had recently sent out surveys to people who used the service, relatives and professionals to get their views of the service and to identify any areas for improvement.

The registered manager carried out regular audits of the quality of care provided by the service. These included audits of care plans and risk assessments, medication and health and safety. The audits and records showed that where improvements needed to be made these had been addressed.

We reviewed accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. There had been two incidents in the last month. These had been reviewed by the manager and action was taken to make sure that any risks identified were addressed. The procedures relating to accidents and incidents were available for staff to refer to when necessary, and records showed these had been followed for all incidents and accidents recorded.