

Connifers Care Limited

Willow House

Inspection report

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Ratings

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

Summary of findings

Overall summary

Willow House is a residential care home for six people who have a mental health condition and a learning disability. Willow House is a terraced house and accommodation is provided over three floors. The ground floor also provides communal areas including a kitchen and open plan dining and sitting room. The service has an accessible garden and a games room in the garden. At the time of inspection, six people were living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us they trusted the staff team and felt safe at the service. The provider had systems and processes in place to safeguard people against harm and abuse. Staff knew how to report and act on concerns of poor care and abuse.

People's medicines were managed safely. There were enough suitable staff to meet people's needs safely. Staff followed safe infection control practices. Accidents and incidents were recorded and lessons learnt to improve when things went wrong.

Staff were well trained and received regular supervision to meet people's needs effectively. Staff worked well together as a team.

People's needs were assessed before they moved to the service. People's dietary needs were met and they were supported to access healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were caring and treated them with dignity and respect. Staff encouraged and assisted people to remain as independent as possible.

People's cultural and spiritual needs were identified, recorded and met.

Staff knew people's personalised needs and these were recorded in their care plans. People and their relatives were involved in the care planning process and their care was reviewed regularly.

Staff were trained in equality and inclusion and told us they treated people equally. People were asked

about their sexuality but this was not recorded in their care plans. We have made a recommendation in relation to recording people's sexuality.

People and their relatives were encouraged to raise concerns and told us they felt comfortable to make a complaint.

People were encouraged to discuss their end of life wishes and where disclosed these were recorded in their care plans.

The provider had effective monitoring, auditing and evaluating systems and processes in place to ensure the quality and safety of the service.

People, their relatives and staff spoke positively about the registered manager and they told us the service was well-led.

The registered manager worked with several services to improve the care delivery and people's experiences.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Willow 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 comprehensive inspection took place on 1 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the service was a small care home for people who have a mental health condition who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. 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 requested feedback from the funding local authorities and healthcare professionals in relation to this service.

During the inspection visit, we spoke to five people who used the service, the registered manager, the team leader and a care staff member. We reviewed four people's care plans, risk assessments, daily care logs and medicines administration records. We looked at three staff files including recruitment, training, supervision and appraisal records, and records related to the management of the service.

Following the inspection, we spoke to two relatives. We reviewed documents provided to us after the inspection including policies and procedures, training matrix and annual survey report.

Is the service safe?

Our findings

People told us they felt safe and secure living at the service. One person said, "Yes, feel safe here." Another person told us, "Of course, I feel safe here. I have keys to my room." Relatives' comments included, "Oh absolutely, he is so safe there [service]. Staff are trustworthy" and "Have I ever worried about whether [person who used the service] is safe there, never, he is safe."

The provider had systems and procedures in place to ensure people were protected against harm and abuse. Staff were trained in safeguarding and whistleblowing and knew their responsibilities in identifying and reporting harm, neglect, abuse and poor care. Their comments included, "Keeping the service user [person who used the service] safe from being exploited, abused by anyone and from any harm. If I notice any concerns talk to [registered manager] about it and if he doesn't do anything about it, I would go above him, and report it to CQC and the local authority" and "Protecting service users [people who used the service] from harm and abuse. I need to report it to the team leader or the [registered] manager. I would go to the local authority if the [registered] manager or team leader doesn't do anything. I need to make sure people are safe." We reviewed the service's safeguarding records and there was information about the local authority referrals, CQC notifications, and the outcomes.

Risks to people were identified, assessed and managed so that they could be safely supported and their freedom respected. People's risk assessments were comprehensive and regularly reviewed. The risk assessments provided staff details about identified risks, past and present situation, triggers, warning signs and risk management plans that instructed staff on how to provide safe care. Risk assessments were for areas such as personal care, nutrition and hydration, self-neglect, harm to self and others, behaviour that challenged the service, fire, finance, accessing the community, medication, choking and environmental. For example, there were detailed plans and interventions for staff to follow in situations where people displayed behaviour that challenged the service. Staff demonstrated a good understanding of risks to people, their mental health and behavioural needs, and how they would manage the situation safely.

People's finances were managed safely. People had appointees to manage their money where needed and relevant paperwork was checked and copies kept on people's files. Money was kept secure, with two staff signing money in and out. Receipts were kept diligently to enable a clear audit trail of income and expenditure. The provider audited people's money at the end of each shift to ensure it balanced.

People told us there were sufficient staff to meet their needs. Staff rotas confirmed there were two staff on duty during the day and one waking night staff member to meet people's individual needs. Extra staffing was provided when people had appointments and outdoor activities. Staff told us there were enough staff to deliver safe care. Their comments included, "Yes, there is enough staff here, absolutely meet people's needs safely. We have an extra staff [member] on shift if people need to be taken to doctor's appointment or to activities" and "Yes, there is enough staff."

The provider followed appropriate and non-discriminatory recruitment procedures to ensure staff were safe, of good character, and had the right skills and knowledge to work with people at risk. A staff member

commented, "The recruitment process is non-discriminatory. Staff from different backgrounds and cultures work here." Staff files had application forms, interview notes, identity, reference, criminal record and right to work in this country checks. Records confirmed that the provider carried out suitable checks on potential staff before they started working at the service.

People were safely supported with their medication and told us they received them on time. Staff were trained and their competency assessed before they started administering medicines. However, the provider did not always record staff's competency assessment. During the inspection, the registered manager showed us a template of medicines competency assessment that they would use to evidence the assessment process. We observed medicines administration. The staff member followed safe administration practices and signed medicines administration record (MAR) charts after the person had swallowed the medicines.

MAR charts had cover sheets which included a photograph so that staff could ensure that the right medicines were given to the right person. All people had their allergies documented so that the prescriber could ensure the appropriate medicines were prescribed safely. People's prescribed medicines were recorded on the MAR charts. MAR charts were appropriately maintained without any gaps and errors. People that were prescribed with 'as required' medicines had procedures in place so that staff could identify when they were in pain and could give the appropriate treatment. Records confirmed this.

Medicines were safely stored in a lockable medicines cupboard. Temperature record charts were maintained as per National Institute for Health and Care Excellence guidelines to ensure people's medicines remained effective. The provider ensured people's medicines were safely managed.

The provider carried out regular health and safety checks including fridge and freezer temperature checks, fire alarm system and equipment tests, emergency lighting, gas, electrical and water safety checks. People's care files had personal emergency evacuation plans. They were individualised to enable staff to support people safely during fire emergencies. Staff were trained in fire prevention and knew how to protect people in the event of fire and took part in rehearsal fire drills. Records confirmed this.

The service was clean, tidy and without malodour. People and their relatives told us the service was kept clean. A relative commented, "The place [service] is not an institution. It is kept clean, tidy, and the kitchen is always immaculate." Another relative said, "The service is spotless and clean." Staff were trained in infection control and were knowledgeable about the infection control practices. During the inspection, we observed staff followed appropriate infection control procedures to ensure people were protected by the prevention and control of infection.

The service had procedures in place to learn lessons and make improvements when things went wrong. We saw incidents records that gave information on the incident, actions taken, follow ups and outcomes. Although the management and the staff team together learnt lessons from the incidents, these were not always recorded appropriately. The registered manager told us moving forward they would record the lessons learnt in the incident form for a better audit trail.

Is the service effective?

Our findings

People told us their needs were met by staff who were knowledgeable about their needs and abilities. One person said, "Staff understand my needs. Everything is fine." Relatives told us staff met people's needs. One relative commented, "I do feel [person who used the service] needs are met. Staff are excellent and trained. He is very well looked after."

The provider assessed people's needs and choices before they moved to the service. The needs assessment process included speaking to the person, their relatives where required and healthcare professionals involved in the person's care. The provider used an assessment tool to identify people's needs to decide whether they could meet their needs and the staffing numbers. The assessment form was in line with the National Institute for Health and Care Excellence. People's needs assessment forms included information in relation to their physical, medical and emotional current health and background history, dietary needs, living skills, religious, cultural and beliefs, and relationships. This information was used as a guidance to achieve effective outcomes for people.

Staff told us they were provided with sufficient training and regular supervision to do their jobs effectively. Their comments included, "Training is very good. There is always something on. Without proper training they [management] do not allow you to support people. For example, if you are not trained in medicines management they will not allow you to administer medicines" and "Absolutely trainings are good. They are face to face and not just online. Last one was in epilepsy." The training matrix and records showed staff were provided with a detailed induction training and regular refresher training to meet people's individual needs. Training was in areas such as safeguarding, health and safety, food hygiene, nutrition and hydration, medication, moving and handling, behaviour and epilepsy.

Supervision records showed staff received a minimum of six supervisions per year. One staff member commented, "Every month we get one to one supervision. However, if need help before that [registered manager] and [team leader] is happy to talk. They [supervisions] are very useful, [Team leader] asks me if I feel safe, talk about people's needs, safeguarding, how to respect people's privacy and dignity." Another staff member said, "In supervision we talk about people's safety, if they are eating well, they are getting appropriate support, my training needs, my objectives." The registered manager was in the process of carrying out yearly appraisals. We reviewed the completed appraisal records that showed staff's objectives were reviewed and performance appraised. Staff told us they worked well together as a team, with other teams and staff from other organisations to deliver effective care and support.

People told us they liked the food and when requested were supported to prepare their meals. One person said, "Food is good. I like pizza and get to eat that here. I had [cereals] and a hot drink for breakfast. Yes, it was good." Every Sunday people were supported by staff where required to design their food menus for the following week and the food shopping was carried out accordingly. Food menus showed people were encouraged to eat nutritionally balanced meals. One relative said, "[Person who used the service] has lost a lot of weight. The credit goes to staff there as they have worked hard for [person who used the service] to maintain a healthy balanced diet." As a good practice people were weighed every month and records

showed people's weight was maintained.

People at risk of malnutrition were assessed appropriately. The service maintained records of what people had consumed which enabled staff to monitor whether they had sufficient liquids and food. Staff kept records of meat defrosting practices, cooked food temperatures, and food that was brought in the service by people's friends and family. This showed the provider followed safe food hygiene practices to ensure people's individual dietary needs were met effectively.

People were supported to live healthier lives and received timely support in accessing healthcare services. A relative said, "Staff have close links with professionals and social workers." There were clear records of people's healthcare appointments and reviews, healthcare professionals' visits and outcomes. Where people refused to attend healthcare appointments, staff maintained records of these along with the reasons for refusal and further actions. Staff followed healthcare professionals' recommendations to ensure people's individual needs were met effectively. Healthcare professionals complimented the service on the effective care provided and these were written down in the compliments folders. One compliment stated, "Staff including the manager were very helpful and cooperative in this assessment."

The service was accessible and the premises design and decoration met people's individual needs. During the inspection, we observed people accessing their bedrooms, garden and other communal areas with ease and comfort.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

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).

The provider sought people's consent to care and treatment in line with the legislation and guidance. People told us staff gave them choices and asked their permission before supporting them. During the inspection, we observed staff encouraged people to make choices and asked their consent before they provided care.

The registered manager and staff had received training in the MCA and DoLS. They demonstrated a good understanding and working knowledge of the MCA principles and DoLS. Staff comments included, "It is about people's capacity to make their own decisions. For MCAs we involved professionals and have best interest meetings for people on DoLS" and "We cannot force them to do anything. We encourage them and give them all the information so they can make their own decisions where they can."

People's care files informed staff whether people had capacity to make decisions and instructed them on how to encourage them in decision making. People who were subject to DoLS their files had approved DoLS authorisation certificates. People's care files also had signed consent to care and treatment forms confirming agreement with their care and support plans.

Is the service caring?

Our findings

People and their relatives told us staff were caring and helpful. One person said, "Staff are fine. They listen to me." Another person commented, "Staff are caring and helpful and they listen to me." One relative said, "Staff are fantastic. They are caring and kind. They are really the unsung heroes. It is because of their hard work [person who used the service] feels settled." Another relative told us, "No qualms about the staff. They are wonderful."

During the inspection, we observed meaningful conversations between staff and people, and staff supported people compassionately. Staff listened to people's needs and requests with patience. The service had a pleasant, cosy and relaxed atmosphere. People told us the service was their home. One person said, "This feels like home." A relative told us, "The service does not feel like an institution. It feels like home and I feel part of the family unit."

Staff spoke about people in a caring way and demonstrated a good understanding of how to meet people's needs in a sensitive way. A staff member said, "I enjoy working with people and helping them. I listen to them, I am patient with them. [Person who used the service] had bereavement in his family. We staff provided emotional support to him." Another staff member told us, "I have a [relative] with [disability]. I am passionate about working and helping people with disabilities."

Staff supported people to express their views and encouraged them to be involved in making decisions regarding their care and support. The provider involved people and where requested their relatives to plan their care. One relative said "I feel involved and part of my [person who used the service] care." People's care plans stated their care outcomes and they were person-centred. People's cultural and religious needs were recorded in their care plans and staff were aware of these needs and how to meet them. A staff member said, "[Person who used the service] every Sunday goes to [place of worship]." Another staff member commented, "[Person who used the service] cooks her traditional cultural food."

People told us staff treated them with dignity and respect. A person said, "Yes, staff treat me with dignity and respect." A relative told us, "Oh absolutely, treat him with dignity and respect." There was a policy on dignity and respect, and staff were trained in dignity in care. They knew how to provide care in a dignified way whilst respecting people's privacy. One staff member said, "I explain when assisting them [people who used the service], make sure the doors are closed when they are having a shower, give them privacy, ask them how they want to be supported. Respect their choices and we don't judge them." People had keys to their bedrooms and some people who were not on DoLS had keys to the front door and the liberty to come and go as they pleased. People told us freedom was very important to them. One person said, "I can come and go as much as I want. I prefer that." Another person told us, "My freedom is important to me and I like my freedom here. I can come and go as I please." During the inspection, we observed staff respecting people's privacy.

People were supported to learn daily living skills and encouraged to remain as independent as they could. This equipped people to become independent and move to independent living services. People told us they

were encouraged by staff to remain independent. A person said, "I cook my own meals, go shopping, do my laundry." Another person told us, "I go out shopping on my own." During the inspection, we observed people carrying out their daily chores independently and where needed they asked for help and staff assisted them in a timely manner.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. People told us they had learnt new skills and were supported as per their wishes. Staff knew people's likes and dislikes and how to meet their personalised needs.

People's care and support plans were developed following their initial needs assessment. The provider involved people and their relatives where requested in the care planning process. People's care plans were personalised, comprehensive and regularly reviewed. They gave information on people's background, medical history, communication needs, likes and dislikes, social and emotional needs, cultural and religious needs, preferred routines and how they wanted to be supported. For example, one person's care plan stated if they were not listened to or a change of routine or when they were feeling anxious they could find it difficult to express themselves and display behaviour that may challenge staff. In such situations staff were instructed to reassure the person by interacting with them on a one to one basis and to encourage the person to express their feelings and difficulties by using Makaton sign language and a pictorial communication book. This showed staff were provided sufficient information to enable them to meet people's personalised needs.

People were allocated keyworkers. The keyworkers' responsibilities were to develop people's care plans with people's involvement, to liaise with people's relatives and healthcare professionals to ensure their personalised needs were met. Keyworkers carried out one to one sessions with people every month to discuss their healthcare needs, activities, their goals and actions to be taken to enable them to achieve their set goals. Records confirmed this. The management carried out monthly evaluation of people's care and support needs and reviewed people's personal care, nutrition and hydration needs, activities plans and incidents. Monthly evaluation records showed people's care and support needs and plans were reviewed and outcomes recorded.

People's bedrooms were personalised as per their wishes. One person said, "I like my room." Another person commented, "I arrange my room the way I want." Staff encouraged and assisted people to choose the type and size of beds and their bedroom furniture. People's rooms had their personal belongings including photos, compact discs, books, magazines, photos and prints.

People were supported to access community venues and participate in mentally stimulating activities. People told us they went on outings, accessed community venues and took part in various activities. One person said, "I take part in art, play football, go bowling and cycling. I am starting college tomorrow to learn computing so that I can get a job." Another person said, "I like keeping fit. I am playing football today, I like exercising, [I] go swimming, I also have an Xbox, I like to play video games." A relative said, "[Person who used the service] has various activities that he attends, excursions, holidays." Another relative commented, "Staff organise various activities including football, bowling, college, lunches, shopping."

Staff discussed with people on a weekly basis the different types of activities they wanted to engage in and these were recorded as part of the weekly activities programme. The activities programme reminded people

of their daily activities and enabled them to plan accordingly. People's activities programmes also included independent living skills such as laundry, cooking, baking, cleaning, tidying their bedrooms, and going to the barbers. People told us staff supported them to plan their holidays. Records and photos showed people had been on a summer holiday as per their wishes.

The provider trained staff in equality and inclusion. Records confirmed this. Staff told us they treated people equally, fairly and recognised they had individual preferences and attributes. A staff member said, "It is about treating service users [people who used the service] the same, fairly, equally, without any discrimination. For example, I am happy to cook pork for people although I am [religion]. It is my job, it is about meeting people's needs."

We asked staff how they would support lesbian, gay, bisexual and transgender (LGBT) people. Their comments included, "I respect who you are. I do not discriminate. LGBT people, I respect them. My job is to meet their needs and [I] do that to the best of my ability" and "We treat people equally. I have never heard any staff complaining about LGBT people or discussing their beliefs about them [LGBT]. They know at work you treat everyone the same. Staff just want to do their best they can to support people with their needs. We are all human beings." Staff asked people regarding their sexuality and significant relationships with sensitivity at the time of referral. However, people's sexuality was not always recorded in their care plans.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to recording people's sexuality.

People and relatives told us they knew how to raise concerns and felt comfortable to make a complaint. One person said, "No complaints. I can speak to [team leader] and [keyworker] if not happy." Another person told us, "I can raise concerns to the staff and to [registered manager]." A relative said, "I only have good and positive things to say about the service. Never made a complaint." At the time of moving to the service, people and relatives were provided with the provider's complaint policy. Staff encouraged people to raise concerns during their one to one keyworking sessions, monthly residents' meetings and care reviews. The provider had systems in place to respond to people's concerns and complaints, and to learn lessons from them to improve the quality of care. There were no complaints since the last inspection.

The service currently did not have anyone requiring support with palliative and end of life care needs. However, the provider had devised an end of life care policy and trained some staff in how to support people on end of life care should there be people in need of that support. Where people had disclosed their end of life care wishes, funeral arrangements and whether they had signed a Do Not Attempt Cardiopulmonary Resuscitate form this was recorded in their care plans.

Is the service well-led?

Our findings

People and their relatives spoke highly about the management of the service and people told us they liked living at the service. A person commented, "The service is well managed." Another person said, "I like living here and I am happy here." Relatives' comments included, "I couldn't have picked a better place for my [person who used the service]. [Service] is really well run. The management is very professional. I am kept informed and my calls and messages are replied to promptly" and "The service is well managed and the [registered] manager is approachable. This particular service I would absolutely recommend it."

The service 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.

The registered manager had managed the service for several years and demonstrated a good understanding of their role and responsibilities, and the incidents they needed to notify us by law. They had a good insight of people's needs, abilities, and the support they required to enable them to become independent and lead independent lives. There were up-to-date policies and procedures in place to enable smooth functioning of the service.

Staff told us they felt supported and found the registered manager approachable. Their comments included, "I feel really supported by my [registered] manager and when he is on leave any of the directors are happy to support" and "The management is very good. [Registered] manager and the team leader are so supportive. If not sure, you can approach them, they listen to you and encourage you to raise concerns."

The registered manager told us they operated an open-door policy and promoted a positive culture that was open, inclusive, person-centred that achieved good outcomes for people who used the service. For example, staff told us they were encouraged and supported with career progression. One staff member commented, "I started with this provider as a support worker. I moved to Willow House last September as a senior worker and this May I became the team leader. And now [registered manager] is encouraging and training me to become the manager." Another staff member said, "So supportive with personal requests. They [management] gave me time off to study when I had schooling exams."

Staff told us that the registered manager treated them fairly and equally, and they worked in a non-discriminatory environment. One staff member told us, "The registered manager gives us time off to celebrate our festivals and makes arrangements for us to practice our cultural and spiritual beliefs."

The registered manager organised monthly staff meetings where they discussed matters related to care delivery. Staff meeting minutes showed they were well attended by staff and topics discussed included people's needs, supervisions, training, keyworking sessions, cleanliness, activities, medicines protocols and staffing. Staff told us they found the monthly meetings helpful. One staff member said, "They [meetings] are good, we all put our minds together to make improvements. We all get a chance to chair the meetings, we

rotate."

The management involved staff in improving the service and sought their views and opinions via staff meetings, supervision, away days. A staff member told us, "I feel that [registered manager] sits back and listens to our views and opinions." The provider was in the process of organising a staff away day where they would revisit their vision, values, and review areas of improvement and ways to achieve excellence.

The provider's governance framework enabled effective monitoring of the management and the ongoing quality and safety of the care delivery. There was a robust quality assurance system in place that enabled the management to drive continuous improvement within the service. The monitoring checks and auditing systems were effective in identifying gaps and areas of concerns for example, medication audits, care plans and risk assessments audits. The management also carried out regular maintenance audits and health and safety checks including on premises, the equipment, fire safety. This meant the provider regularly assessed the quality and safety of the service and monitored it so that improvements could be made where required.

The registered manager and the team leader attended the provider's service development meetings where managers of provider's other services met to discuss areas related to care delivery, to share best practices and learn from each other. Records confirmed this.

People told us they were asked for their views and feedback on the quality of care. The registered manager held residents' meetings every four to six weeks to find out their views on care, accommodation and their goals. Records confirmed this. For example, meeting minutes showed people were asked for their views on the new kitchen and the pictures of proposed kitchen plan were shared in the residents' meeting.

We reviewed last year's feedback survey results and it showed people and relatives were happy with the care, staff, and the premises. The report showed the response from people and their relatives was mainly good or excellent. The provider had developed an action plan to improve activities for people as it was the area identified as requiring improvement. Records confirmed this.

The registered manager told us they shared positive working relationships with healthcare professionals and the local authorities. They worked with local authorities, the community nurse, clinical teams, mental health services and local organisations to improve people's wellbeing and lives. Records confirmed this.