

Connifers Care Limited

Maple 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 well-led?

Good ●

Summary of findings

Overall summary

About the service:

Maple House is a residential care home providing personal care and accommodation for up to three people with a learning disability. At the time of the inspection there were three people living at the service. The home is on a residential street in a community setting and designed to promote people's inclusion and independence.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service:

People told us they liked living at the service and they felt safe there. We saw staff were kind and caring and people, families and health and social care professionals confirmed this.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: The service provides care that is personalised and maximised people's choices. People are involved in a range of community activities of their choice. The staff understood the needs of the individual people living at the house and supported them to be as independent as possible.

Right care: Care documentation was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to support people. They understood their needs, preferences and routines. Appropriate documentation was in place where people's liberty was restricted.

Right culture: The registered manager supported staff to provide good quality care, through supervision, training and effective team communication. People told us they were happy living at the service, and family members confirmed the leadership were responsive, inclusive and enabled their relatives to live empowered lives.

Safe recruitment took place at the service, and people were safeguarded against the risks of abuse and harm by the systems and by the staff. Risks to people were assessed and mitigated. Staff understood people's needs and preferences and were able to work safely with the range of risks presented. There were enough staff to meet people's needs and provide flexible, responsive care.

Medicines were managed safely, and there were infection control processes in place.

The registered manager had effective systems in place to monitor the quality of the service, and the provider

carried out additional quality checks as well as providing support and information to the service. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

The last rating for the service was good (published 26 November 2019).

Why we inspected:

We carried out a focused inspection of this service on 20 July 2022.

This was a planned inspection based on the previous rating. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Maple House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Maple House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection:

We phoned the service the evening before the inspection to ensure staff and people living at the service would be in.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. However, we used our own intelligence gathered over the last 18 months to inform the inspection visit.

During the inspection:

We spoke with three people who lived there, although two out of three people were not fully able to engage with us.

On the day of the inspection we spoke with one care staff, and the registered manager.

We reviewed a range of records. This included two people's care records and their medicine administration records (MAR). We looked at two staff recruitment files, staff meeting minutes, audits and accident and incident documentation across the team.

After the inspection:

We sought clarification from the management team in other areas including training, provider compliance audit and 'as needed' PRN protocols.

We also received feedback from one family member and two health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe, and protected from the risk of harm, abuse and discrimination. People told us "Yes, I like it here" and "It's all OK."
- Staff were trained in safeguarding adults and the service had a safeguarding policy. Referrals had been made appropriately to CQC and the local authority when there were concerns.

Assessing risk, safety monitoring and management

- Risks assessments were up to date and covered a broad range of risks including epilepsy, absconding, mental health needs, non-compliance of medication, choking and self-neglect.
- Staff understood people's needs well, and people were well supported to access community activities and participate in hobbies and interests safely. One health and social care professional told us the service "Managed risk very well."
- Safety checks of the building and equipment took place regularly. Fire drills were regularly held.
- The building was in urgent need of decoration. This was planned for September 2022 when the people at the service were on holiday.

Staffing and recruitment

- Staff were recruited safely. Recruitment records contained all the necessary checks including ID checks, full employment history and Disclosure and Barring Service (DBS) background checks which prevents unsuitable staff from working with people.
- There were enough staff to meet people's needs and in the event of an emergency, either bank staff, or staff from the provider's other services covered gaps in the rotas.
- Staff told us there were enough staff to care for people and they had no concerns.

Using medicines safely; Preventing and controlling infection

- People medicines were safely managed. There were daily checks of stocks, and there was advice for staff on when to give 'as needed' PRN medicines.
- Staff received training in the giving of medicines and had their competency regularly assessed in line with best practice.
- The care home was kept clean, food was stored safely and hygienically and there was an effective infection control system in place.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager reviewed all incidents and accidents to ensure these were dealt with appropriately by staff and to identify any learning to reduce the risk of future incidents. All actions taken were recorded.
- Staff followed the processes for reporting and recording accidents. They took appropriate action where further medical advice or support was needed after an accident or incident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with current standards, best practice guidance and the Equality Act to ensure the home was able to meet people's needs safely and effectively.
- There had been no admissions to the home since the last inspection, but in the event a vacancy occurred, the registered manager would ensure a pre-admission assessment was completed which looked at the person's care needs, preferences, cultural needs and specific equipment that may be required.
- They would also ensure that the combination of people at the service complemented each other, as the service was a homely, small service.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- Care records highlighted people's health conditions, and provided detail for staff on how to manage them.
- Staff understood how best to support people with their mental health needs, and this was confirmed by health and social care professionals.
- Care records showed people's health appointments took place with people supported for regular blood tests and other periodic visits to the local hospital, GP or dentist.
- For one person the service was working with mental health professionals to adopt a positive behaviour support model (PBS) of care into the service. PBS is an enabling model of working and positive risk-taking with people with a learning disability. We saw that although safe holding restraint techniques had been agreed for one person, it was only used exceptionally, once in fifteen occasions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with their meals. Pictorial images were used to assist people with choices. Their care plans also indicated their preferences for food, so staff could offer a range of choices of their favourites.
- In the fridge, food was stored hygienically; covered and labelled, and one person told us "Yes I like the food."
- One person had a digestive health condition which staff were aware of and which was referred to in the care record. They were also at risk of choking, and there was guidance for staff to support them safely.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their role effectively. One relative told us staff were "very professional" and when asked if they had the skills to care for their family member, told us "Yes they do, definitely."

- Records showed that staff received regular supervision, and training was comprehensive and varied. Staff were aware of best practice in working with people with a learning disability, and the needs of the people at the service.
- A staff member told us "It is a great place to work" and "Yes I get lots of training."
- Health and social care professionals praised the skills of the staff.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of the MCA. There were DoLS applications in place and a system to prompt renewals.
- One person had restrictions on their smoking, that had been agreed with them. The agreement had not recently been reviewed, so following the inspection a review took place.
- Staff sought appropriate consent to care prior to carrying out any tasks.
- Staff had completed training in the MCA.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were effective systems in place to monitor the quality of the service, and to support the staff to provide good quality care. Audits took place in key areas and actions identified were followed through.
- Relatives and health and social care professionals spoke well of the service, and in particular, the registered manager. Comments included "Yes, [registered manager] is very responsive and helpful. I do not believe I have ever made a complaint" and "They are very responsive and proactive and caring."
- Being part of a larger organisation meant that whilst staff teams were based at specific services, staff had the opportunity to work as bank staff at other services. This meant there was continuity of staff familiar with the organisation, without the use of agency workers.
- Staff understood their role and told us the management team were always available to provide support 24 hours a day.
- We had no concerns regarding the transparency of the service as staff were open with relatives and health professionals if any issues occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team were praised by staff and relatives for their kind, caring and person-centred care. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements. People were involved in a wide range of activities including swimming and going on holiday.
- Family members were welcomed at the service, and visits to their family homes were facilitated by staff, so relatives were very integrated into people's lives. A relative told us "They are always in touch with me about my [family member] if there are any issues or concerns and regarding upcoming events and anything financial."
- Regular resident's and staff meetings took place, so people and staff were able to contribute to the way the service ran, and their views were valued.
- Close working relationships with health and social care professionals meant people were supported to maintain good health outcomes and to live active lives.

Working in partnership with others; Continuous learning and improving care

- Records showed involvement of other health and social care professionals. Advice was taken in managing people's conditions, and we could see that following any incidents, a de-brief enabled staff to understand what had happened and share any learning. Restrictive practices and use of medicines to manage behaviours were minimised as a result of team working.
- As part of a larger organisation, learning was shared across services, and the provider reviewed significant health and safety matters to aid learning across the organisation. We also found the management team immediately addressed any issues raised at this inspection.