

Connifers Care Limited

# Rowan/Beech House

## Inspection report

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16 January 2018

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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

At our last inspection on 25 July 2014 we rated the service good. At this inspection, on 9 and 16 January 2017, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

Rowan House and Beech House provides care and support for nine people who have mental health needs. There were nine people using the service when we visited. Rowan/Beech House comprises of two residential care homes in different locations but within close proximity to each other. Both homes are terrace housing over two floors with a well-kept back garden area.

People told us that they felt safe within the service and well supported by staff. We saw positive and friendly interactions between staff and people. People were treated with dignity and respect.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and how to report it if people were at risk of harm. Information on how to report any safeguarding issues was clearly displayed in each home.

The homes were aware of how to ensure infection control when working with people. Staff were supplied with gloves and aprons to ensure that people were safe.

People were supported to maintain a healthy lifestyle and had healthcare appointments that met their needs. These were recorded and monitored on a regular basis. Medicines were administered safely and on time. Staff had completed training in medicines administration.

Staff received regular supervision and an annual appraisal that helped them identify areas for learning and development. Supervisions and appraisals were used as an opportunity for staff to improve care practices.

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

There were person centred care plans that allowed staff to provide appropriate support to people. Care plans stated people's likes and dislikes and contained detailed life histories and information regarding people's mental health and wellbeing.

Staff knew people well and displayed caring and warm attitudes. Staff understood how to work with each person according to their individual needs. People were treated with dignity and respect.

The homes had detailed quality assurance systems in place. Regular audits around medicines, care plans

and risk assessments and the environment were completed with action plans to ensure and issues found were addressed.

There were systems in place to identify maintenance issues. Staff were aware of how to report and follow up maintenance.

The homes had an open a transparent management style. There were regular staff meetings and staff felt comfortable raising any issues and felt that they were listened to. Directors and the registered manager held meetings and feedback sessions for staff and people. Surveys sent to people and relatives received positive feedback.

## 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.

# Rowan/Beech 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 9 and 16 January 2017 and was unannounced. The inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For this inspection the expert by experience had a specialism of mental health.

The provider completed a Provider Information Return (PIR) in advance of the inspection. 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.

During the inspection we spoke with the registered manager, two team leaders, six people and a care-coordinator who was visiting at the time of the inspection. We looked at four people's care plans and risk assessments, nine people's medicines records and five staff files including; recruitment, supervision and appraisal. We also looked at other paperwork related to the management of the service including staff training, quality assurance and how staff were deployed to meet people's needs.

Following the inspection, we spoke with two relatives and five members of staff.

# Is the service safe?

## Our findings

People that we spoke with said that they felt safe living at Rowan/Beech House and said, "Yeah, it's lovely here", "Always" and "Yeah, I do [feel safe]." Relatives that we spoke with also told us that they felt their relative was safe. A healthcare professional that was visiting at the time of the inspection told us, "[Person] is ecstatic here. [Person] is in her element and she does not want for anything."

Staff were aware of safeguarding and how to protect people from abuse. Staff were able to explain different types of abuse and how to recognise it and the way in which to report any suspected abuse. The homes ensured that staff and people understood what abuse was and how to report it and we saw staff and resident meeting minutes where this was regularly discussed.

There were detailed risk assessments for each person living at the homes. Risk assessments detailed the history of the risk and what steps staff should take to minimise the risk. Risks documented included, absconding, fire, self-neglect and drug/alcohol misuse. With regards to people's mental health, risk assessments included a detailed history, trigger factors and how staff should work with each person to help support and maintain their mental health and wellbeing. People were supported to manage their risks in a way that encouraged awareness and take informed risks to promote people's freedom.

Medicines were managed safely. We checked Medication Administration Records (MARs) at both homes for the past month and found that medicines were being administered and signed for appropriately. For one person that required support in administering their insulin, a medicine used in the management of diabetes, we saw that staff had received training from a healthcare professional on how to safely administer and monitor the insulin. We saw that all people received yearly medicines reviews. On the day of the inspection a person was being supported to attend a review of their medicines. All staff had received medicines training which was refreshed yearly. For each person there was a medication profile in their personal files that detailed their current medicines, dosage and any side effects staff needed to be aware of. Where people had 'as needed medicines' there were protocols in place for each medicine stating in what circumstances to administer it.

Staff understood how to protect people from the risk of infection. We saw staff washing their hands before administering medicines and using personal protective equipment (PPE) such as gloves and aprons when preparing to assist people with personal care.

Both homes were small and there were sufficient staff to ensure care. Homes were staffed 24 hours a day with one waking night staff in each home at night. We saw that rota's reflected staffing levels on the day of the inspection. Team leaders told us that where people may have an appointment or an activity that they required support with, extra staff would be brought in to facilitate this.

There were accident and incident records. Where an accident or incident had occurred, there were detailed records of it had been dealt with and any follow up. Accidents and incidents were discussed in staff meetings to ensure learning and good practice was implemented. The homes had up to date maintenance

checks for gas, electricity, electrical installation and fire equipment. Staff were aware of how to report any maintenance issues and the homes were clean at the time of our inspection.

# Is the service effective?

## Our findings

People were supported by staff that regularly reviewed their practice and training. On starting working at the homes, staff received a three month documented induction and progress was reviewed by their line manager on a monthly basis. Staff received regular monthly supervision during their six month probation period and then four times a year as well as annual appraisal to support them in carrying out their role.

The homes placed an emphasis on training and ensured that staff received mandatory training such as safeguarding, medicines, Mental Capacity Act (MCA) and health and safety during induction which was also refreshed each year. There was a dedicated training manager who ensured that training was booked and maintained an overview of training within the homes. Training provided was a mix of on-line learning and classroom based learning. There were also specialist trainings such as mental health and epilepsy. Staff told us, and we saw, that where staff requested specific training, this was provided. On the day of the inspection staff were having a pre-planned training session on health and safety.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people were subject to time-limited DoLS we saw that this had been documented and applications to renew DoLS had been completed. The home was meeting the requirements of the MCA. We saw that, where people had capacity they had keys to their rooms and they were offered keys to the front door if they wished to have them. For one person their care plan noted, 'I have been assessed as not having capacity with decision making concerning my health and need support with this.' However, the care plan clearly stated where the person was able to make decisions.

Where people had been referred to the homes, we saw that there were detailed pre-assessments completed by the home. The registered manager and team leaders ensured good co-ordination between services that encouraged successful placements and transfer between services. People were involved in pre-assessments and had an opportunity to visit the homes before moving in.

Fridges, freezers and pantry were well stocked with food and the home completed a weekly on-line food shop. Fridges and freezers were clean and food was labelled when it had been opened and needed to be discarded. Each person had helped devise their own weekly menu which staff supported people to prepare. On Friday evenings people had a take-away, the type of which was decided each week. Snacks and drinks were readily available for people throughout the day and night. People were encouraged to have a healthy diet. The team leader said, "We try to promote healthy food. We don't use frozen." People commented, "They roughly know my dislikes and likes for food; do not like rice, pasta, rather have a cheese sandwich" and "Yeah, the food I like." Both homes had received a five star rating from environmental health with regards to the kitchen, food preparation and storage.

People's personal files showed that people were supported to attend healthcare appointments such as doctors, dentists and opticians. People were also supported with appointments to maintain and review



their mental health. Where people required support, staff attended appointments with them.

## Is the service caring?

### Our findings

We asked people if they felt that staff were kind and caring. People commented, "Staff are very caring, especially [team leader], all the staff are very nice" and "They do their best." There was a warm and welcoming atmosphere in both homes at the time of the inspection.

There was an emphasis on promoting independence where possible. The team leader told us, "We try to help them [people] be as independent as possible. Look after themselves and their home." We observed a person being asked if they wanted any help in going out into the community and how the staff member would be able to support the person. People were encouraged to cook and the level of support that they required was documented in their care plans.

People's care plans documented what being treated with dignity and respect looked like for them. For one person we saw that there were specific guidelines in place on how to support them with their continence which ensured that they would be treated with dignity and respect. Staff were aware of asking for consent before delivering care. We observed the team leader preparing to support a person with personal care. The team leader knocked on the bathroom door and if the person was ready and waited for a response before entering.

During the inspection we observed a person displaying behaviour that challenged. The staff member that was with the person spoke calmly to them and used distraction techniques to help the person calm down. This showed that staff knew how to work with people in a caring and understanding way.

People were encouraged to maintain contact with family and friends. People's care plans documented people that were important to them and how staff could support people in maintaining contact. People that we spoke with were positive about how staff supported them with this.

People were involved, where possible, in planning their care. Where people had capacity, they had full input into devising their care plans and what they wanted to ensure that they were supported. Where people did not have capacity, staff were aware that this may have only been in some areas but in other areas people were able to make decisions and this was documented. Team leaders told us that care plans were done in conjunction with people, "Taking into account what they able to discuss."

Each home had documented residents meetings where people were consulted about the day-to-day life within the homes. We saw that people could set the agenda and discuss anything that they wanted to. Meeting minutes showed that amongst other things, food, safeguarding, making complaints and staffing were discussed. People said, "Yes if they are going on, if there is a meeting, we get dragged into it" and "Yeah, yeah we have meetings."

## Is the service responsive?

### Our findings

People's care plans, called 'Person Centred Care and Support Plan' were person centred and contained detailed information about people. Care plans included people's likes and dislikes and information about how they wanted their care to be delivered that ensured a tailored approach for each person. At the front of the care plans was a short section called, 'What you need to know quickly'. This was an overview of the person and their needs that gave staff a good overview of the person they were caring for. One team leader told us that the care plans, "Helps the new and old staff to understand the needs of the client. We encourage them to read care plans and understand the client."

Each person had a keyworker. A keyworker is a member of staff that is responsible for the overall care of a person and has regular meetings with the person to review progress and support them. There were documented regular key working sessions and people that we spoke with knew who their keyworker was. Each month keyworkers reviewed people's care plans with the person to ensure that people's care remained relevant and supportive. Where there were any changes, we saw that care plans were updated.

Each person had a weekly activity timetable that showed what activities people took part in throughout the week. People were encouraged to be part of the local community. Some people attended a day service in the local community. A relative told us, "My son [relative] gained weight because of the medication. They are looking after that. [Relative] does swimming and massage every week." The organisation had a mini bus that people were able to access for transport to day services, activities and appointments.

In both homes, we saw posters on the wall that informed people of how to make a complaint. People were encouraged to complain if they felt that they needed to and a team leader told us, "It is important because then we can fix things if something is wrong." One relative said, "If I have any queries I feel I can ring them anytime and they will sort out." We saw that how to raise complaints was discussed regularly at residents meetings. People told us that they felt that they would be listened to if they had a complaint and one person commented, "I Would talk to manager," There had been no documented complaints at either home since the last inspection.

The homes had a compliments book. For one home a healthcare professional had noted, 'Staff are amazing, organised, professional and helpful. Care home is very clean and well structured. It is always a pleasure working with Rowan House'.

## Is the service well-led?

### Our findings

There was 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.

The two homes had one registered manager with each home having a team leader. People knew who the registered manager and team leaders were and were positive about the support that they received. Staff commented, "[Team leader] is very supportive and we all work as a team" and "Anything we want to know they are very helpful. They listen to us." One staff member said, "The directors are very warm and very open. You can go to them at any time. The support of their staff is tremendous." A healthcare professional said that the registered manager was, "A good communicator and very caring. His interpersonal skills are second to none. He's got sterling qualities. He's got a caring attitude, knows his clients. He is efficient and effective."

We observed that people were at the heart of the homes and staff ensured that each person was treated as an individual. One staff member said, "The people here are why we do this job." The organisation had a set of values that put people first and staff confirmed that they were trained in these values at the point of induction.

Every six months the organisations compliance team from head office completed an audit that covered all aspects of the homes including premises, care plans, medicines, staff recruitment and training. We saw that where any issues had been identified during the previous audit, there was an action plan to be completed and any issues were followed up at the next audit. Team leaders and senior staff also completed weekly and monthly medicines audits and monthly premises audits that looked at each person's bedroom, communal areas and the overall building.

There were regular staff meetings. This allowed the registered manager to provide staff with information about the service, reminders about best practice and for staff to raise any concerns or discuss ideas and feedback about the care they provided.

We asked the registered manager how they ensured learning and taking forward or improving best practice. The registered manager told us, "From a basic point of view, looking at incidents for example. It's important that all the staff are aware, how we share learning. Most learning happens from actual events." The registered manager also told us that the organisation held service development meetings that included, "All managers, team leaders, seniors and directors. We have discussions about what is affecting each home and what we are doing. New things that are coming along and what the staff and managers are feeling with their job. It's about learning and growing to shape what we do." Minutes for these meetings were available in each home. Once a year directors held an event called 'the big talk'. This was where staff and people had an opportunity to discuss an issues or areas of good practice with the directors.

There were records of partnership working with other agencies such as mental health teams, GP's and

psychologists. A healthcare professional that we talked with was positive about the way the homes worked in partnership with them.