

Rowan/Beech House

Rowan/Beech House

Inspection report

23 Galliard Road

London

N9 7NY

Tel: 020 8804 4398

Website: www.conniferscare.co.uk

Date of inspection visit: 25 July 2014

Date of publication: 26/02/2015

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

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 and to pilot a new inspection process being introduced by CQC which looked at the overall quality of the service.

We undertook an unannounced inspection to Rowan House and Beech House on 25 July 2014. 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.

At our last inspection on 20 June 2013 the service met the regulations inspected.

The service had a registered manager who had been in post since December 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 were kept safe. Staff knew what to do if people could not make decisions about their care needs.

People were involved in decisions about their care and how their needs would be met. Risk assessments identified the risks to people and how these could be prevented. Staff were available to meet people's needs.

Staff had access to on going training. They were knowledgeable about their roles and responsibilities. They had the skills and knowledge to meet people's support needs.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People received individualised support that met their needs. Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care.

The management team was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service. People and staff were involved in decisions about the service. Monthly audits were carried out across various aspects of the service, these included the administration of medication, 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. Procedures were in place to protect people from abuse. Staff knew how to identify abuse that might occur in the service and knew the correct procedures to follow if they suspected that abuse had occurred. The service was meeting the requirements of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

The risks to people who use the service were identified and appropriate action was taken to manage these.

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

Good



Is the service effective?

The service was effective. Staff were supported through training and supervision to develop their understanding and skills to meet people's needs. Staff were supported by managers to carry out their roles effectively.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were involved in decisions about their health care. Staff supported them by liaising with health care professionals. They were able to access the healthcare they needed.

Good



Is the service caring?

The service was caring. Staff understood people's needs and knew how to support them.

People were supported to make informed decisions about their care and support.

People were treated with respect and staff knew how to maintain their privacy.

Good



Is the service responsive?

The service was responsive. People were involved in decisions about their care. Staff understood how to respond to their changing needs.

People knew how to make a complaint. People were confident that their concerns would be addressed.

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. These resulted in improvements to service delivery.

Good



Rowan/Beech House

Detailed findings

Background to this inspection

We undertook an unannounced inspection of Rowan House and Beech House on 25 July 2014. The inspection was carried out by an inspector, a professional advisor who was a nurse with knowledge of mental health needs and an 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.

Before the inspection the provider also 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 and a General Practitioner involved with the service to obtain their views of service delivery.

At our last inspection on 20 June 2013 the service met the regulations inspected.

During the visit, we spoke with eight people using the service, four care staff and the registered manager. We spent time observing care and support in communal areas. We also looked at a sample of seven care records of people who used the service and five staff records and records related to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Arrangements were 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 can speak to staff if I am worried about anything and they always listen to what I have to say." 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). One person said, "I have my own key to the front door and I can go and come as I wish." 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. The manager had attended a recent briefing session organised by the local authority to discuss changes to the operation of DoLS and how these affected people.

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 know I can talk to staff if I am anxious about things. They treat you like an adult." 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 constructed 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, "There is always enough staff on both in the day and at night." Staff told us that there were enough staff available for people. We observed that on three occasions when people requested support from staff they responded promptly. The 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.

Is the service effective?

Our findings

People felt that staff understood how to meet their needs. People's comments were that staff were, "effective," and "helpful". Staff told us and records confirmed that they had completed the Skills for Care common induction standards when they started to work at the service. Training records showed that staff had completed all the areas of training required to meet people's needs as identified in the providers procedures. Staff had also received specialist training in areas such as mental health awareness, challenging behaviour and medicines administration. Staff were supported to gain a diploma in health and social care. One person said, "I am happy with the staff that work here."

The manager told us staff received supervision every two months. 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.

The majority of staff we spoken with told us they had received an appraisal in the last year. Staff records showed that appraisals had taken place. Each member of staff had a personal development plan that was reviewed annually and identified areas of training and development. Staff told us that they found this helpful in supporting them to further develop their skills in meeting people's needs.

People were supported to have food and drink that met their needs. One person told us, "The meals are good." People had individual menu plans which they prepared with the help of staff each week. These reflected their

nutritional needs and dietary preferences. We saw that where people had a particular diet as a result of their culture this was reflected in their menu plans. One person said, "I get my cultural foods."

Staff supported people to prepare their own meals. One person fried some eggs for breakfast with staff support. They told us, "Staff assist me to cook my own meals and I like doing this." Two people told us that they purchased their food and prepared their own meals. One person said, "In addition to doing my own shopping I also prepare my own meals." Staff were available to discuss healthy options for meals with people and supported them to eat a balanced diet.

People's dietary needs were identified in their care plans. This included if they had preferences regarding their diet and if they had allergies to particular foods. Care plans also identified when people's mental health needs might affect what they eat and drink. Staff understood how people's diet could be affected by their care needs. Care records showed that people were being weighed regularly. Where necessary appropriate professional advice, such as from a dietitian, had been obtained to ensure that people maintained a balanced diet.

People were supported to maintain good health and have access to healthcare services and support when required. Care records showed that meetings involved the person using service, their care co-ordinator and other professionals such as psychiatrists, GP's or occupational therapists so that their health needs could be met. People had regular meetings with their keyworkers to discuss their general health, mental health and treatment options. We saw monthly reports were produced identifying any issues or needs and the action taken. For example, we noted appointments with healthcare professionals, changes in medicines and changes in general behaviours were recorded and acted upon.

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 helped me to keep my independence and respect my wishes." Another person observed that, "Even when I am angry about something the staff treated me with kindness." Staffs 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. One person said, "I meet with my key worker regularly. It helps me to be more independent and gain confidence." 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 they were involved in decisions about their care and that staff supported them when they needed to. One person said, "I can speak to staff if I am worried about anything and they always listen to what I have to say." When people needed support from staff they made themselves available, and where necessary gave people time to discuss their needs in private. One person told us, "If you have a problem they [the staff] will help." Staff responded to people in a friendly manner and were aware of their individual needs.

People were consulted about how the service supported them. People told us they were involved in decisions about planning activities and the running of the service as they had monthly meetings with the manager. Minutes of these meetings showed that people had been involved in deciding where they would go for their holidays in the summer. People said that they were also able to raise issues of concern at their monthly meetings with staff and these had been addressed. One person explained, "We have monthly house meetings and once I brought to notice of the staff at a meeting that the shower was faulty and staff reacted promptly by getting a plumber to sort it out."

People were supported to engage in a range of activities that reflected their personal interests and supported their emotional well-being. One person said, "I am out most days and visit friends. I feel I have an active life style." Care records showed that people engaged in a range of activities which included going out to various local community groups and day centres. When people needed support to access activities staff were there to support them. On the day of the inspection people were supported by staff to go out to the local shops. One person told us, "We go to the pub for lunch at times with staff and I enjoy going out."

Care records showed that people had been consulted and involved in decisions regarding their care. As part of the

initial assessment that took place before they came to live at the service people had been able to spend time with staff to discuss their needs and had a trial period before deciding to live at the home. Care plans outlined how people's needs should be responded to, for example, what factors that might affect their emotional well-being. One person said, "I am of the belief that staff knows me well."

Care plans were reviewed monthly and changes to people's needs were highlighted. Two people were being supported to enable them to move into accommodation that would allow them to live more independently. Their care records showed that they had been consulted about this and had been involved in identifying what they needed support with to be able to live more independently. In this way the service responded to people's changing needs so that they could be involved in decisions regarding how they were supported.

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. One person told us, "I had my CPA last month. I attended with my doctor, keyworker and my care-coordinator. We discussed my plans for the future." 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.

People knew how to make a complaint and knew that their concerns would be dealt with. One person said, "If you have a problem they will help." Copies of the complaints policy were available in the service. Records showed that when complaints had been made action had been taken to address them. The complaints records also identified how people's views were used to improve the service.

Is the service well-led?

Our findings

The provider encouraged an open culture so that people could be involved in decisions that affected them. People, relatives and staff told us that the manager was available and listened to what they had to say. One person told us, “I can talk to the manager and share my views and I get a response that is constructive.” Weekly house meetings were held so that people could share their views, plan what they wanted to do and identify any support they needed.

People told us that the manager and staff responded promptly to any suggestions they made. A suggestion box was available for people and their relatives to share their ideas for improving the service. The manager explained that two suggestions had directly led to changes in practice within the service regarding how people's emotional needs were met.

Staff said that the manager was always open to suggestions about how the service could be improved. Records of regular staff meetings showed that staff were able to discuss how the service could be improved. These meetings were also used to check that staff remained competent in the skills they needed to meet people's needs. Minutes of these meetings showed staff had discussed how to handle safeguarding issues, and how a recent incident had been handled.

Training records showed that staff were encouraged to complete professional qualifications and on going training so that they had the skills to implement the services values. Staff showed they understood people's needs. The manager had discussed areas of good practice with staff in supervision so that people's needs were met. In this way staff were supported to develop and improve their practice.

The provider's accident and incident records showed that each incident or accident was recorded with details about actions that had been taken and any 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 provider had systems to monitor the quality of the care and support people received. An annual survey of the views of people, relatives and professionals had been carried out. The results of this were generally positive and people said that the service responded to their needs. Some suggestions were made regarding food and activities and these had been addressed. The three professionals we contacted told us that the provider always acted on their advice regarding people's care needs. The manager explained that they carried out monthly audits of areas such as staff training, medicines and care planning. The most recent of these audits showed that where issues had been identified an action plan had been put in place to address these.