

Islington Social Services

Islington Social Services - 4 Orchard Close

Inspection report

4 Orchard Close
Morton Road
London N1 3AS
Tel: 020 7354 9436
Website: No website

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

4 Orchard Close is a residential care home providing care for up to seven people with a learning disability. All of the people using the service also had a range of physical disabilities and healthcare needs. This meant staff were required to work closely with other health and social care providers to provide specialist care and support.

This inspection took place on 29 October 2015 and was unannounced. At our previous inspection on 17 November 2014 we found that the service was meeting

the regulations we looked at although we did recommend three areas for improvements. We found at this inspection that the service had taken action to address the recommendations that we made.

At the time of our inspection a registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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 staff of the service had access to the organisational policy and procedure for protection of people from abuse. The service is owned and run by the London Borough of Islington and used the authority’s borough wide protection procedures. The members of staff we spoke with said that they had training about protecting people from abuse, which we verified on training records and these staff were able to give detailed responses about the action they would take if a concern arose. We found that staff had a sound level of understanding of how to keep people safe from harm and this knowledge helped to protect the people using the service.

We saw that risks assessments concerning falls, healthcare conditions and risks associated with daily living and activities were detailed, and were regularly reviewed. The instructions for staff were clear and described what action staff should take to reduce these risks and how to respond if new risks emerged.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately and making the necessary applications for assessments when these were required.

We found that people’s health care needs were assessed, and care planned and delivered in a consistent way. People using the service had complex needs and we found that the information and guidance provided to staff was clear.

It was clear that significant efforts were made to engage and stimulate people with activities whether these are day to day living activities or those for leisure time. One to one time was provided for people to maximise their opportunities to engage in normal life experiences.

Everyone we spoke with who used the service, and relatives, praised staff for their caring attitudes. The care plans we looked at showed that considerable emphasis was given to how staff could ascertain each person’s wishes including people with limited verbal communication and to maximise opportunities for people to make as many choices that they were meaningfully able to make. We saw that staff were approachable and friendly towards people and based their interactions on each person as an individual, taking the time needed to find out how people were feeling and what they could do to help.

Staff views about the way the service operated were respected as was evident from conversations that we had with staff and that we observed. We saw that staff were involved in decisions and kept updated of changes in the service and were able to feedback their views at handover meetings, staff team meetings and during supervision meetings.

The service complied with the provider’s requirement to carry out regular audits of all aspects of the service. The provider carried out regular reviews of the service and regularly sought people’s feedback on how well the service operated.

At this inspection we found that the service met all of the regulations that we looked at.

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. People's personal safety and any risks associated with their care were identified and reviewed.

The service had effective systems in place to ensure that recruitment of staff was safe. This included required background checks, employment history and reference verification as well as checking that staff were qualified when they had stated that they had relevant qualifications.

Staff demonstrated their knowledge about how to respond to people healthcare needs and the complex physical conditions that people lived with.

Good



Is the service effective?

The service was effective. Staff received regular training and supervision as well as appraisals.

There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support.

People were provided with a healthy and balanced diet which took account of their own preferences and allowed for choice.

Healthcare needs were responded to properly and quickly with changes to each person's health being identified and acted upon.

Good



Is the service caring?

The service was caring. The feedback we received from a relative and health and social care professionals we had contact with showed that there was an overwhelming view that the staff team were caring and considerate.

Throughout our inspection, staff were observed interacting with people in a calm and friendly manner, treating them as unique individuals and demonstrating compassionate and concern for people's well-being.

Staff demonstrated a good knowledge of people's characters and personalities, as well as their understanding of how to communicate and ascertain people's wants and needs.

Good



Is the service responsive?

The service was responsive. We found that people were actively engaged in making decisions about their care as far as they were able to and this included the involvement of relatives and other professionals where people needed this to happen.

Complaints and concerns were listened to and acted upon. The views that were shared with us by a relative demonstrated that they had confidence in approaching the manager and other staff whenever they needed to.

Good



Is the service well-led?

The service was well led. There was confidence in how the home was managed.

Good



Summary of findings

The provider had a system for monitoring the quality of care. The new manager had recently issued a re-designed feedback questionnaire to professionals who worked with the service as well as arranging meetings with relatives who were involved with the home.

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Detailed findings

Background to this inspection

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

This inspection was unannounced which meant the provider and staff did not know we were coming. The inspection took place on 29 October 2015 and was carried out by one inspector.

Before the inspection we looked at notifications that we had received and communications with people, their relatives and other professionals, such as the local authority safeguarding and commissioning teams as well as other health and social care professionals.

We used a number of different methods to help us understand the experiences of people using the service. Most of the people using the service had complex needs and limited or no conversational communication which meant that not everyone was able to tell us their views. We gathered evidence of people's experiences of the service by observing interactions with care staff and by reviewing communication that staff had with people's families, advocates and other care professionals. We also received feedback from a relative and three social care professionals who had regular contact with the home as well as speaking with the registered manager, deputy manager and two other members of the staff team.

As part of this inspection we reviewed two people's care plans. We looked at the medicines management, training, appraisal and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring and audit information, maintenance, safety and fire records.

Is the service safe?

Our findings

A relative told us, “the staff respond to [their relative] care” and also they believed their relative is safe.

The service had access to the organisational policy and procedure for protection of people from abuse. The service was owned and run by the London Borough of Islington and used the authority’s borough wide protection procedures.

It was the policy of the service provider to ensure that staff had initial safeguarding induction training when they started to work at the service, which was then followed up with periodic refresher training. Our review of staff training records confirmed that staff training did occur and there was a good knowledge among the staff we spoke with of what protecting people meant and how staff played an important part in keeping people safe. We found that where concerns had previously arisen that these were responded to properly.

We found that staff were recruited safely with background checks, employment history, references and qualifications (where relevant) all having been verified. The manager was supplied with verification by the authority’s personnel department and also asked to give their view on references received prior to staff commencing employment. Our review of the staff roster and deployment of staff around the home found there were enough staff on duty to give people individual attention and meet their care and support needs.

People's needs were assessed taking into consideration general and specific risks. For example, we found risk assessments in people’s care plan files that covered areas such as eating and drinking, epilepsy, behaviour, activities and signs to look for that may show that someone’s health could be deteriorating. We saw clear and detailed examples of how these assessments were tailored to each person rather than only general common day to day risks. At our previous inspection we had found that two people’s risk

assessments had some risks which had not been reviewed for over a year. This subsequently had been resolved and we found risk assessments were being reviewed at regular three monthly intervals or sooner where it was necessary.

We spoke with two care staff with regard to the process for handling and administering medicine and all had clear knowledge of the correct procedures. The provider had a policy and procedure in place and staff were able to talk us through this. Medicines were prescribed by a local GP practice and when they were delivered they were checked by the senior person on duty at the time. Each person had their medicines stored separately in a colour coded tray in a locked cabinet. The medicines administration record (MAR) sheet included each medicine, the dosage, known allergies and individual's and photo to minimise the risk of medicines errors.

Medicines were only administered by staff if they could be taken orally. Injections or complex administration, for example via a PEG feeding tube (this is a tube that goes directly into a person's stomach), were performed by the district nursing service. One error was notified to CQC a few weeks before this inspection where a new medicine provided to someone had not been administered correctly. We found that action had been taken immediately and measures were put into place to minimise the risk of recurrence. We found that staff were trained in supporting people with their medicines and there were guidelines in place for staff to ensure that people received these appropriately, and retraining and re-assessment for staff providing medicines had been undertaken as a result of the error referred to earlier.

The provider had arrangements in place to deal with emergencies related to people's individual’s needs, or common potential emergencies such as risk of fire or other environmental health and safety issues. Our previous inspection found that the procedure for testing the fire alarm system was not always followed, but this was now occurring weekly as required by the provider.

Is the service effective?

Our findings

A social care professional told us they were very confident in the service and the staff experience / skills to enhance people's lives according to their individual needs. They said that staff made contact if there had been changes in their client's needs or requested professional meeting to discuss / manage those changes to keep the person safe but also allowed them to shape their care package.

We looked at records which showed that staff received regular training, and supervision. The provider had systems in place to ensure that staff training was kept current and up to date. Where staff were about to, or had exceeded, the necessary timescale for refresher training this was flagged up by the provider's training department and action was taken to ensure that staff attended the required courses. We found that this system worked well.

The staff we spoke with told us they had effective training, which included more specialised training about caring for people with complex physical and healthcare needs. They also told us they received supervision every month. When we looked at the frequency of staff supervision records for the whole staff team we found this was now happening consistently for all staff, which was an improvement to what we had found at our previous inspection. The staff we spoke with found this time helpful and supportive of them in their work and had a good understanding of the aim of supervision.

Evidence of the home obtaining people's signed consent, or more usually consent agreed by a relative or advocate to their care and treatment was available, which had improved since our previous inspection.

All of the staff we spoke with had a good knowledge of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff were also aware of the Deprivation of Liberty Safeguards (DoLS). The staff we spoke with were able to tell us what this meant in terms of their day to day care and support for people.

The care plan records we looked at had the correct forms in place recording decisions about resuscitation choices. Where DoLS decisions had been made the records indicated where a DoLS authorisation had been obtained to restrict a person's liberty or where this had been applied for.

Breakfast and lunches were prepared by staff. People could choose before each meal what they wanted and were offered a wide range of meal options based on their own preferences and dietary needs. People's care plans showed staff liaised with Speech and Language Therapy (SALT), dieticians and relatives and communicated with each person to ascertain both choice and preferences. SALT and dieticians were involved in ensuring food was nutritious and provided safely, especially where people had difficulty swallowing safely.

A chef worked from 2pm each weekday and prepared the evening meal. The chef offered evening meal choices per day. We found that these choices were based on people's preferences and took account of their dietary needs such as culturally or health related needs. We also found that nutritionist advice was available from the local health care services when required and the service had sought this advice when the home's procedures identified that it was needed.

People were supported to maintain good health. Staff told us they felt that healthcare needs were met effectively and we saw that staff supported people to make and attend medical appointments, for example at hospital and described how they advocated for people to receive the healthcare support they required.

A relative who contacted us had no concerns about the provider's ability to meet their family member's health care needs. Care plans showed the provider had established clear procedures and links with associated health and social care professionals.

Is the service caring?

Our findings

A social care professional who contacted said that the staff team do an extraordinary job making Orchard Close a warm and friendly home. They also said they worked with the team as a trainer for Positive Behaviour Support training and found the staff team eager to learn and demonstrating passionate advocacy for their clients

The interactions we observed between staff and people living at the home were sensitive and caring.

Staff were able to tell us about people's communication needs and all the methods used and were aware of how best to communicate with each person. Staff were able to explain how they used objects of reference, such as communication boards and pictures and Makaton, which is a form of sign language. We observed this throughout our visit on a number of occasions and saw that staff communicated effectively with people.

The provider had organised training in 'PROACT SCIP' (Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention). Staff spoke positively about this communication technique. Staff told us the provider ensured all permanent staff were adept in various techniques of non-verbal communication. Our observations and conversations with staff showed that people were treated with kindness and compassion and supported to be involved in their care as much as they were meaningfully able to do.

People's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. We found that staff knew about people's unique heritage and had care plans which described what should be done to respect and involve people in maintaining their individuality and beliefs.

We found by looking at care plans that relatives had been included in their family member's decision making as had associated professionals. We were told by one relative that the staff team always "respond well" to their visits.

People's independence was promoted. On the day of the inspection there were seven people using the service, although one person was in hospital. The home were providing a member of staff throughout each afternoon and evening to be with this person so that they could support hospital staff in providing the most appropriate care and pass on their knowledge about how the person made their needs known. This was in partnership with the family whom have considerable knowledge.

During our visit some people were assisted to engage in activities both inside and outside of the home and others were attending a resource centre to take part in activities there. We found that the service continued to place a lot of emphasis on maximising people's right to maintain as much autonomy as they could.

Is the service responsive?

Our findings

Care plans covered personal, physical, social and emotional support needs. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

A social care professional who contacted us told us that at a recent meeting with the staff team they had found to be an inspiring conversation. They went on to say that the staff team highlighted a number of areas where a person with mid stage dementia had become more independent and more productive, as a result of the way they had engaged them in person centred care. They also said that the home had taken on board ideas for developing their practice with real enthusiasm. They had been impressed by how the staff were working in partnership with the person's family to build upon their practice.

We asked how staff can ensure personalised care and were told, and each were able to describe people using the service in a lot of details as well as what their individual care and support needs were.

Staff were able to demonstrate how the service supported people to maintain important relationships, particularly with members of their family.

The complaints system allowed people to make a complaint to anyone working at the home or to the provider directly. The complaints information gave details about what action would be taken to resolve a complaint, who would take the action and what people could do if they remained dissatisfied with how their complaint had been handled with.

We looked at the complaints that the home had received since our previous inspection in November 2014 and found that a total of two had been made. These were of a minor nature and were responded to quickly by the service, with one person apologising for making their complaint as it had been due to a mis-understanding. We also noted that in the same period the home had received seven compliments about the way the service was provided and about the commitment shown by the staff team. These were all recorded and had been resolved quickly with no other formal investigation required.

Is the service well-led?

Our findings

A relative who contacted us said that they thought there could be more done to arrange events and provide a newsletter about what was happening at the home. We spoke with the recently appointed manager who showed us what they had begun to meet with relatives individually to introduce themselves. In one case they had already visited a relative at their own home to talk with them about their relative's care and support needs.

Social care professionals who contacted us all stated their high degree of confidence in how the service was led and managed.

We asked staff about the leadership and management of the home and were told, "the team work really well together, we are a solid team", "we communicate well and it's a pleasure coming to work" and "since the new manager came into post we are working towards adapting the service to achieve the results we know we should."

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff told us they felt comfortable to approach the manager and other senior staff. Several of the staff we spoke with had worked at the home for a number of years.

We found that there was clear communication between the staff team and the managers of the service. Staff views about how the service operated were respected as was

evident from conversations that we had with staff and that we observed during the staff team handover. Staff told us that there were regular team meetings, which we confirmed by looking at the minutes of the most recent two months staff meetings, where staff had the opportunity to discuss care at the home and other topics.

The provider had a system for monitoring the quality of care. The home was required to submit regular monitoring reports to the provider about the day to day operation of the service. Written feedback survey questionnaires were being developed and we were told that the ones for relatives were to be issued shortly but that other professional's surveys had been issued in the week before our inspection. The home was awaiting feedback from these. We did, however, see that relatives were in regular contact with the service and their views were obtained through these contacts and during people's day to day conversations when they visited or made contact by telephone.

The provider had an organisational governance procedure which was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We found that the service developed plans to address the matters raised and took action to implement changes and improvements. We viewed the 2015 to 2016 action plan which confirmed the measures in place to review and address the development of the service.