Connifers Care Limited

Pine House

Inspection report

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Date of inspection visit:
27 June 2016

Date of publication:
12 September 2016

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

The inspection visit took place on the 27 June 2016 and was unannounced.

Pine House is a service of Connifers Care Limited. It is a residential care home registered to provide accommodation and personal care for up to three people who have learning disabilities or autistic spectrum disorder.

Prior to this inspection the service was last inspected on the 28 April 2015 and was found overall to require improvement and had four breaches of the regulations Breaches related to the service not consistently working to the principles of the Mental Capacity Act 2005 (MCA). Medicines administration systems were not always followed by staff, in particular when administering as and when required medicines to help manage people's behaviour. In addition systems of managing infection control were not effective and some aspects of safe management of the environment were compromised.

We checked these areas at this inspection and found that consent was requested from people and that medicines administration was safe. The service had effective infection control measures and environmental checks were undertaken.

There was no registered manager at this service at time of this inspection. 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 Director had undertaken the role of acting manager whilst supporting an experienced team leader who was in the process of applying to be the registered manager of the service.

We found that the service had adequate staff to meet the needs of the people using the service and there were safe recruitment processes in place.

The service had risk assessments to keep people and the environment safe. There were clear guidelines for staff to follow.

The service had provided supervision and trained staff to equip them to undertake their roles. Staff told us they were well supported by the acting manager and team leader.

The service was meeting people's health and nutritional needs and supported people to access appropriate health services.

The staff were caring in their support of people. People and their families were involved in care planning and reviews but the care plans were not always signed to reflect this. We brought this to the attention of the acting manager who agreed to ensure this took place.

People undertook a variety of activities and were supported to have a routine that was meaningful to them.

There was a complaints policy and procedure displayed and a complaints book was placed in a communal area to assist people to complain.

The service was well-led, the director was acting manager and an experienced team leader was in the process of applying to be the registered manager.

Regular audits were undertaken to ensure the quality of the service, and the service worked in partnership with other agencies.

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. There were enough staff to enable people to go out when they wanted to and to undertake activities of their choice.

The service had systems in place to protect people from hazards and abuse.

Staff maintained effective systems of infection control.

There were systems in place for the safe administration of medicines.

Is the service effective?

Good

The service was effective. Staff could demonstrate an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately.

Staff received supervision and training to equip them to provide appropriate support to people.

People were supported to access appropriate health care and people's nutritional needs were being well met.

Is the service caring?

Good

The service was caring. Staff were caring in their approach to people and understood what was important to the people they supported.

Staff treated people with dignity and respect, and maintained their privacy.

The service kept information in a confidential manner.

Is the service responsive?

Good

The service was responsive. People had person-centred plans that were reviewed and updated on a regular basis.

People were given their choice of individual activities and some

appropriate group activities were available.

The service had systems in place to address complaints.

Is the service well-led?

Good

The service was well led. Staff said they were well supported by the acting manager and team leader.

Audits were undertaken to ensure the quality of the service provided to people.

Pine 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 inspection took place on 27 June 2016 and was unannounced.

The inspection team consisted of one adult social care inspector. Prior to the inspection we reviewed the information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with all people using the service. We looked at three people's care records including associated documents such as risk assessments and medicine administration records. We observed one person's medicines administration. We interviewed two staff and talked with the director and the team leader. We talked with other staff including the maintenance worker. We looked at four staff personnel files including recruitment documents, supervision and training records.

Following the inspection we spoke with two family members and the commissioning body.

Good

Is the service safe?

Our findings

The service had systems in place for the safe administration of medicines. We observed staff administering medicines appropriately and looked at people's medicines administration records (MAR). These contained a pen profile of the person and a medicines profile that named allergies and specific conditions such as diabetes. The records described the medicines' purpose and possible side effects so staff could monitor people to ensure their safety. We found that there were no errors or gaps in MAR and medicines checked tallied with the MAR. People had as and when medicines (PRN) that recorded appropriately why PRN medicines had been administered. There were PRN guidelines for staff to follow and the staff member administering medicines could tell us how and when the PRN medicines should be administered. Staff described a good working relationship with the pharmacist and there was a system for the ordering and receipt of medicines.

The service had systems in place for infection control. Staff had received infection control training. We observed staff putting on preventative equipment such as disposable gloves and aprons when supporting people with personal care. All bathrooms and toilets contained paper towels and hand wash, and there were reminders for people to wash their hands.

The service was clean and free from malodour. There were colour coded mops and staff could tell us what area each mop was used for. There was a yellow bin for waste situated in a separate outside area and the service had a contract with a certified company to dispose of the waste. Laundry protocols were displayed in the laundry area. Staff had signed to say they had read the soiled linen policy and could tell us the appropriate temperature to wash soiled items.

The kitchen was given a five star food hygiene rating in March 2013. Staff had received food hygiene training. We saw that there were colour coded chopping boards for food preparation, and work surfaces were designated as preparation areas for meat or vegetables which reduced the risk of cross infection. Food was stored appropriately was labelled in the fridge with dates of opening to avoid the risk of people eating out of date food.

The service undertook weekly fire alarm checks. The procedure to be followed in the event of a fire was displayed with a floor plan of the building in a communal area. There was an up to date fire safety risk assessment. There was fire prevention equipment throughout the service and exits were clearly sign posted. One person had a personal evacuation plan for use in the event of a fire because they had higher support needs and would not be able to respond by themselves. We recommended the service complete personal evacuations plans for all people living in the service regardless of their ability to evacuate. The team leader agreed to undertake this. There were fire drills every two months and an 'emergency grab bag' that contained the fire plan, mobile phones and other necessary information and equipment. There was a designated smoking area for people's use and smoking was not allowed inside the building. Staff had received fire safety training as part of their induction and had refresher training.

There were environmental risk assessments for the safety of people using the service. These included risks of

hot surfaces and slips, trips and falls. People had been risk assessed to keep them safe in the service. Measures had been put in place to make the service safe for people, for example there were window restrictors and polycarbonate sheets across lower windows, to manage the risk to one person whose behaviour might put them at risk of injury. People had specific individual risk assessments that included travelling in transport, smoking and risk of choking. These contained guidelines for staff to follow to minimise the risk to people and others. The service had ensured electrical appliances and gas were tested yearly and these were up to date.

People told us, "It is safe here, the staff are nice." Staff had received safeguarding adults training and could describe symptoms and signs of abuse and tell us who they would report concerns to. There was an up to date safeguarding adults and whistleblowing policy and procedure available to staff. The service reviewed incidents and accidents, sending incidents to the provider's head office to ensure any possible safeguarding adults concern would be reported appropriately. There was a safeguarding adults poster displayed to tell people how to report abuse, however it might not have been readable by all people living in the service. One person told us how they would "tell the manager" if they were upset by anyone. We talked with the team leader that an easy read poster would empower people using the service to report abuse. The team leader told us they would address this.

On the day of inspection there were enough staff to meet the support needs of the people using the service. A staff member told us, "I feel there are enough staff." People told us they went out each day and could attend the activities they wanted to do. We saw people supported to go out to activities with the assessed staffing ratio. The team leader explained some people have higher staffing needs when going out in the local area and the service ensured there were enough staff to meet the assessed staffing ratio.

The service had recruitment processes in place. Staff personnel files contained application forms, interview notes, and a photo of the staff member and proof of their ID. We saw that two references were requested and Disclosure and Barring Service checks undertaken to ensure that staff were safe to work with vulnerable people.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The team leader was able to tell us when they would make a DoLS application. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service as the managing authority had applied for DoLS from the statutory bodies appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment.

Staff told us they "support people who have capacity to make decisions and to say what they wanted to happen." Staff had received training in MCA and DoLS and could tell us their understanding of MCA. Staff gave us examples of when they would ask people's consent before providing support and how they would support people to make an informed decision. We observed that staff asked people's consent before supporting them and gave people choices. Staff told us best interest meetings were undertaken with family members and health and social care professionals attending.

We saw in people's care plans recordings where meetings had occurred. However these meetings were not named as a best interest meetings or best interest decisions. There were no forms seen that deduced that people did not have capacity in specific areas and what the best interest decision was, with the exception of as-needed medicines when the GP had signed consent forms.

We raised with the team leader and acting manager that work with people was being undertaken under the values of the MCA. However care records needed to reflect clearly when people had consented and when they did not, and when a decision or meeting was a best interest decision or meeting or a care plan review. The team leader and acting manager agreed to address this.

Staff had induction training when they joined the service. Induction was staged over a six week period. A new staff member told us they had an induction book that covered different areas week by week starting with using protective equipment, infection control, fire safety and safeguarding adults. They had read people's care records and could tell us key facts about people. They said, "I have learnt a lot from other staff, how to look for triggers that affect people's behaviour to avoid confrontation" and "I have learnt things to keep people safe." Staff had received training in a range of relevant topics, for example, medicine administration, first aid, health and safety, support planning, MCA and DoLS, risk assessment and risk management. There was also training that was specifically relevant for people using the service such as autism, Makaton (a communication system using signs and symbols), mental health awareness, and

managing behaviours that challenge and break away techniques.

Staff received regular supervision. Staff told us supervision was regular and supportive and they had an opportunity to raise any issues they might have. The team leader showed us they go through a different policy each month with staff in supervision. Staff had completed a policy knowledge test that confirmed what they had read and understood. Staff were scored in the test and had to undertake the test again if their score was low. The service was actively ensuring staff remained familiar with their policies and were providing ongoing relevant training and support.

People told us, "I like my food, you get good food here; it's very nice" and a relative said, "The food is gorgeous, all freshly cooked." We saw there was fresh food available including vegetables and fruit. Snacks such as biscuits were offered to people but access to these were managed by staff as some people had diabetes and high cholesterol and did not have the capacity to understand that eating many biscuits would make them unwell. Staff explained how they directed people to healthier snacks, which was as described in people's care plans.

Staff told us how they gave people their choice of foods by talking about menu planning with people, showing pictures and involving people's family members. As such people ate different foods, for example, one person liked spicy foods and would have a curry prepared for them. Staff were able to tell us about people's dietary support needs. For example, one person was allergic to mushrooms so these were avoided, another person had their food cut up into small bite sized pieces as they were in danger of choking and staff described the need to sit with the person to ensure they ate slowly. A relative told us their family member was now fitter than before, explaining staff had supported them to eat more healthily. They had lost some weight and were attending a gym.

Staff could tell us about people's health conditions and the support they required to keep well. The staff supported people to access appropriate health care professionals. We saw that people had GP visits, and that weight and blood pressure was monitored. People had been supported to regular health checks such as the dentist and optician. People were supported to access specialised services such as psychiatry, hearing aid services and hospital eye clinics.

People had hospital passports; these are documents that contained information about the person a hospital might need to know including how they communicate and what support they might require in the event of an emergency admission.

The service was a two storey house situated on a residential road. There were no special adaptations but measures had been taken to ensure the environment was safe for people who had behaviours that might challenge the service. A programme of decoration was in place and rooms were being decorated to make them cheerful and pleasant. There was an enclosed garden that was maintained and functional but which could benefit with some input to make it a more inviting space to be in.

Good

Is the service caring?

Our findings

One person told us "The staff are all nice and very good" naming certain staff that "look after them." Relatives said, "Staff are good; they care very well for people."

We saw staff were kind and friendly in their responses to people and made time to meet people's requests. Staff told us for some people the most important thing was their routine and they showed they cared by supporting them in their routine. Another staff told us they talk to people, listened to them, and have learnt a lot about the person by listening to them. Language used in care plans and daily notes was respectful and appropriate.

One person had signed their care plans as they had the capacity to do so. They told us, "I read my care plan." Other people had family support and input into their care plans. A family member told us, "Yes I read through and signed the care plans; they always run things past me and let me know if there have been any changes or ring me if anything has happened." We saw there was involvement of family members and responses to family suggestions.

Staff had received equality and diversity training and care plans stated people's cultural and religious support needs, for example, that one person did not like to go to church or join in prayers. Another person's plan stated they attended a place of worship with their family members. The service celebrated cultural festivals and encouraged celebrations such as people's birthdays.

Staff recognised the need to maintain people's privacy and dignity. For example, one person had the lower part of their bedroom windows made opaque with a plastic cover to give them privacy and maintain their dignity from passers-by whilst they were in their bedroom. Another person's care plan stated they liked to have privacy when they showered. We saw staff knock on people's doors before entering and people's personal records were kept in a confidential manner.

The team leader had attended end of life training and care plans contained people's end of life wishes. These were personalised, for example, one person had a funeral plan and another person's plan stated family were to be notified.

Good

Is the service responsive?

Our findings

People had detailed care plans that told staff how they wanted to be supported and what people's likes and dislikes were. For example, one care plan specified the person did not like to be alone but also did not like crowds. Care plans stated if people required a set routine be followed and what was important to the person, for example, that their room must be exactly as they left it and they must be offered a can of a specific drink once they returned home. Other people's care plans detailed support they required for personal care specifying, for example, when they liked to shower and how often they liked support to shave. Care plans were reviewed on a regular basis and updated by staff once a month.

People undertook different activities with staff support. People told us, "I go out with staff and I enjoy myself when I go out every afternoon," describing "I have nice cheese burgers in the café." Other activities included going for walks, playing football and swimming. We saw staff helping a person to get their 'walkie talkie' to work by checking the batteries; they explained that using the 'walkie talkie' was an important activity for the person so they ensured there were several available and that some were always working. People had individual activity programmes that included what they liked to do at day centres such as use the sensory room and the support they required to attend the day centre. There were some group activities. One person told us, "I enjoyed my holiday," commenting on a recent holiday when all people using the service had gone away together with support from staff.

People had personalised bedrooms that reflected their personality and containing items they liked. One person's room was in the process of being redecorated and items in the room were being repositioned following staff discussions with their family.

The service had systems in place to address complaints. We asked people how they would complain if they had a problem. One person told us, "I would tell my manager, he is good to me." A relative told us that they had raised concerns on several occasions and the matters had been addressed appropriately. There was a complaints policy and procedure that was displayed to tell people how they could complain. A complaints book was displayed for people to write complaints in but no complaints were noted. We asked the team leader why the book had no entries. The team leader explained that concerns raised were addressed immediately and they had received no written complaints. We discussed with the team leader the service could consider further ways to support people who did not read or write to complain. The team leader agreed to explore this with the staff team.

Good

Is the service well-led?

Our findings

People said the manager was "good" and staff told us "the manager's good and supports us"

Lines of communication were clear in the service. There were daily handovers to staff coming on duty and any concern was reported to the team leader who would discuss with the acting manager. There were regular team meetings and staff told us they were encouraged to take further responsibilities. The team leader explained they allocated tasks to staff so they had an area of responsibility such as co-ordinating residents meetings; these were then reviewed as part of the staff performance in supervision sessions. The team leader told us he had found the provider supportive of staff progression and had been encouraged in their own career progression. They attended regular managers' meetings with other managers working for the provider. There were annual directors' meetings; staff were invited and different themes were explored and staff views were sought to find out what works well and what does not.

People had one to one sessions with their allocated staff member and there was a service users' meeting on a monthly basis to gain people's views. Relatives told us that they were made very welcome in the service and staff and the team leader were always available to talk to. They had attended relatives' meetings and were kept updated about changes in the service.

Audits were undertaken to help maintain and improve on service quality. There was a daily environmental check that was all staffs' responsibility along with weekly health and safety checks. Medicines were checked daily and audited once a month in addition to meetings with the pharmacist to ensure medicine administration was undertaken appropriately. The directors completed a comprehensive audit of the service every six months and produced an action plan to address any issues found.

The provider also assured the quality of the service provided by sending out an external survey to stakeholders including relatives and social care and health professionals. The results of surveys were responded to and explored. The provider analysed statistics and produced a report. There was also a yearly survey for people using the provider's services that was due to take place again in November 2016.

The service worked in partnership with the commissioning body and with local health and social care professionals.