Connifers Care Limited

Oak House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Oak House provides care and support for up to three people who have mental health needs. At the time of our inspection, three people were using the service.

At the last inspection of 8 June 2015, the service was rated 'Good'. We carried out this unannounced inspection of the service on 9 June 2017. At this inspection, we found that the service had maintained its 'Good' rating.

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

People were safe at the service. People received support from staff who had received relevant training on how to identify and report potential abuse to keep them safe. Risks to people were identified and managed to keep them safe.

Recruitment and selection procedures in place were appropriate and followed to ensure people received care from suitable staff. There were sufficient numbers of staff deployed to meet the needs of people. People were supported to take their medicines. Medicines were administered and managed safely by staff who had the competency to do so.

People continued to receive effective care because staff had attended training to undertake their role. Staff were supported in their role. Staff received regular supervision and appraisal of their performance to enable them to reflect on their practice and make improvements when needed.

Staff sought people's consent to care and treatment. People's care was provided by staff with a good understanding and application of the Mental Capacity Act. People enjoyed the food provided at the service and were involved in menu planning. Staff supported people to prepare their food and drink. People's dietary and nutritional needs were met and they had access to healthcare professionals as appropriate.

People were cared for by staff who were kind and compassionate. Staff treated people with respect and upheld their privacy and dignity. People were supported to maintain relationships that were important to them. Staff understood people's communication needs.

People had their needs assessed and reviewed and a support plan put in place detailing how their individualised care would be delivered. People received care responsive to their needs. Staff encouraged people to pursue activities of their choosing and supported them to develop new interests if they wished to do so.

People were involved in how the service was run and their views were considered. People and relatives knew how to complain about any aspect of care at the service. They had access to a complaints procedure and

were confident their concerns would be resolved in a timely manner.

There was an open and transparent culture that put people at the centre of service provision. The registered manager was approachable and visible at the service. Staff were supported in their role and felt valued at the service.

Quality checks of the service ensured improvements were made when needed. People benefitted from the close partnership of the service and other healthcare organisations

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Oak 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 unannounced inspection took place on 9 June 2017 and was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with three people using the service, a member of care staff and the registered manager. We reviewed three people's care records, their medicine administration records and risk management plans. We looked at three staff records including recruitment, training and duty rotas. We reviewed records about how the service was managed including monitoring checks and quality assurance reports.

After the inspection, we received feedback from two healthcare professionals who were involved in people's care and a member of care staff.

Good

Is the service safe?

Our findings

People remained safe living at the service. One person told us, "I'm happy here and feel safe." Another person said, "This place is great. It's secure." We observed people were comfortable around staff. Healthcare professionals were happy in the manner in which staff supported people to remain safe.

People continued to be protected from the risk of abuse because staff knew how to identify abuse and understood their responsibility to report any concerns to keep people safe. Staff had received training in safeguarding adults. They were confident their concerns would be taken seriously. Appropriate safeguarding procedures were in place and followed to ensure concerns were reported and investigated. The registered manager told us and records confirmed reports were made to the local authority safeguarding to make sure action was taken to keep people safe. Staff had access to the whistleblowing procedures and knew how to alert external agencies about concerns of poor practice and abuse.

Incidents were recorded, monitored and analysed to identify trends. Post incident meetings were held for each incident that occurred at the service and the registered manager discussed with staff how they could prevent the situation from happening again. Care plans were updated to provide staff with guidance on how to minimise accidents.

Risks were consistently identified and managed without unnecessarily restricting people's freedom. Risk assessments were detailed. Detailed support plans were in place with information on how staff were to support people safely in areas such as the kitchen, managing medicines, accessing the community, behaviours that challenge others and eating and drinking. A positive risk taking focus enabled people to pursue daily activities safely and one person had been supported to take up swimming. Healthcare professionals were involved to assess risks to people and staff followed their guidance for example supporting a person when their mental health declined. Risk assessments were updated when people's needs changed to ensure staff had sufficient information on how to support them safely. People's care records and Medicine administration records (MAR's) files had stickers on the outside that were colour coded to enable staff to easily identify a person who had diabetes, at high risk of falls or choking , an allergy and were on a Do Not Attempt Resuscitation order. This ensured staff were alert to the risks to people's health.

People were supported by a sufficient number of regular staff who knew them well. The staffing levels were based on people's needs and was increased to enable them to attend appointments and activities. Staff told us they had enough time and were able to support people safely without rushing. A regular review of people's needs was undertaken for example, one person was on a one to one support because of an increase of their needs. We observed people were supported safely as there were enough staff on duty. Staff told us and rotas confirmed that there were sufficient numbers of staff deployed to provide people's care. Absences were covered by both permanent and the provider's pool of bank staff to ensure people received consistent care from staff who knew their needs well.

Staff continued to have access to out of hour's advice and guidance through an 'on call' system provided by

the management team. Staff told us the registered manager was available when needed and visited the home during weekends and nights when needed.

People's care was provided by staff who were recruited safely. Appropriate selection and recruitment procedures were in place. Records showed pre-employment checks were carried out to ensure the suitability of staff before they started to provide care.

People received the support they required to take their medicines safely. Assessments were carried out on each person's ability to manage their medicines and staff supported them as needed. Staff told us and records showed they were trained and assessed as competent to administer and manage people's medicines. Staff knew the medicines people were on and the effects they had on their wellbeing. Medicine administration records (MAR's) were consistently and accurately completed. Medicines were stored safely and securely in a lockable cabinet. Staff understood and followed the provider's medicines procedures and 'when required' medicines protocols. Regular medicines checks ensured errors were identified and addressed promptly.

People lived in a clean environment free from dirt and odours. Staff understood the provider's infection control and used personal protective clothing when carrying out tasks such as cleaning and personal care. Gloves, aprons and wipes were available at the service. All staff had undergone infection control training to inform their practice and understood their responsibility of good hygienic practices. Regular cleaning and checks of the premises minimised the risk of infection.

Good

Is the service effective?

Our findings

People were consistently cared for by staff who were skilled in their role. Staff told us and records confirmed they attended the provider's mandatory training and specialist courses to help them to meet people's needs. The registered manager maintained a record of training attended and ensured staff attended refresher courses to keep their knowledge up to date. Staff new to care had completed the Care Certificate training aimed to equip health and social care support workers with the knowledge and skills which they need to provide safe and compassionate care. There was a good mix of staff skills and knowledge across the staffing team to provide care appropriate to people's needs.

Staff were clear of their role and responsibilities because they had received a detailed induction. The induction included reading the service's values, policies and procedures, familiarising themselves with people, attending classroom based training, completing e-learning, and shadowing experienced colleagues to develop their knowledge and skills. New staff had to successfully complete their probationary period before they were confirmed in post.

People's care was delivered by staff who were supported in their role. Staff told us and records confirmed they received regular supervisions and an annual appraisal. Records showed the registered manager monitored staff performance and put a personal development plan in place to ensure their training needs were met.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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).

One person was subject to a DoLS authorisation at the time of our inspection. Records showed their care was in line with the authorisation such as accessing the community. The registered manager had a good understanding of the MCA and their responsibility to ensure staff delivered care in line with its principles.

People consented to care and treatment. People's care was provided in line with the requirements of MCA. Staff had received training in MCA and understood how to support make decisions about their care. The registered manager told us and records showed they discussed and checked if staff applied the MCA principles when providing care. Mental capacity assessments showed areas in which people were unable to make decisions about their care and that a best interest's process was followed.

People enjoyed the food provided at the service. One person told us and records confirmed they were involved in menu planning and that their preferences were reflected. Care records identified people's dietary and nutritional needs and the food they needed to maintain a healthy lifestyle. A Speech and Language Therapist (SALT) was involved because a person had a swallowing difficulty and was at risk of choking. Staff cut the person's food into pieces and encouraged them to eat and chew slowly in line with the guidance

from SALT. People were encouraged and supported to prepare their meals. We observed one person cook their breakfast and they told us they accessed the kitchen when they wanted.

People accessed health care professional services when needed. Records showed GP visits, social care reviews and monitoring and management of a person living with diabetes by district nurses. Staff made referrals to ensure people received specialist services from consultants, community mental health team and psychiatrists. Records showed staff followed guidance received to support people with their well-being. Each person had a health plan which detailed their needs and the support they required. A person had a behaviour support plan with information for staff on how to support the person with their needs and when to contact healthcare professionals if their mental health deteriorated.

Good

Is the service caring?

Our findings

People remained happy with the staff at the service. One person told us, "I get on well with everyone [staff] here. Nothing to worry about in this house." A health professional commented that staff were patient with people and were committed to supporting them to live a full life as possible. We observed the atmosphere at the service was pleasant and relaxed.

People had developed positive relationships with staff. Staff knew people well and understood their needs. Staff were able to tell us each person's routine, preferences and the support they required. They said they used this knowledge to provide personalised care which enabled them to get to know them better. Care records stated people's preferences, likes and dislikes and how staff supported them to make choices in their daily living. We observed staff interacted with people in a manner that showed they knew them well and understood how to support them to manage their mental health. We observed there was banter between people, staff and the registered manager which encouraged positive relationships among them.

People continued to enjoy relationships with relatives and friends. Staff supported people to maintain contact with relations that were important to them. People told us their friends and family were welcome at the service and visited them. Staff told us and records confirmed relatives were updated about people's well-being as appropriate. We observed the registered manager contacted a relative and shared information about a person's health. The relative had called back and spoke to the person when they had returned to the service. Records showed staff supported people to communicate with their relatives by telephone, emails and mobile phone.

People continued to be supported to make decisions about their care. A person told us, "Staff give me information about the activities and I choose the ones I like." Another person said, "I have a care plan. I am involved in all the decisions about my welfare." We observed the interaction between staff and people was respectful and compassionate. Staff were able to describe how people wished to spend their day such as going out and taking part in activities at the service or in the community. Staff knew how to support each person to undertake these activities and supported them as she wished. Records confirmed people and their relative's involvement in planning their care.

People's privacy and dignity was consistently maintained. Staff told us they knocked on people's doors before entering, closed doors and curtains when providing personal care and gave them space when they wanted private time in their rooms. People told us they could meet their visitors in private and without interruption, carry out a telephone conversation on their own and received their mail unopened. Care records were stored safely and securely in locked cabinets and computers were password protected to keep people's information safe and maintain their privacy. Information was shared on a need to know basis with other healthcare professionals. Daily observation records showed staff promoted people's dignity by providing support in line with each person's individual preferences which promoted their dignity.

People were encouraged to do as much as possible for themselves. Staff promoted people's independence by supporting them to carry out tasks that they were assessed as able to do for themselves. People told us

and records confirmed they knew their routines and when to do their laundry, tidying up, shopping and preparing meals and drinks. We observed a person discuss with a member of staff that they were going to the local shops on their own.

Staff knew how to provide care to people at the end of their lives. No one at the service at the time of our inspection who was receiving end of life care. However, the registered manager and staff were able to describe how they would involve specialist healthcare professionals and organisations such their local hospice to ensure people received appropriate care. Care records showed staff had recorded people's end of life wishes and how they would ensure that the service supported each person as they wanted.

Good

Is the service responsive?

Our findings

People received individualised care that met their needs. Detailed assessments of people's needs were carried out before the service started to provide their care. People and where appropriate their relatives and healthcare professionals were involved in planning their care. This ensured that the service was appropriate and that staff had the right skills and experience to meet people's needs. Care plans reflected the assessed people's needs and were personalised to the support each person required. Care records contained information about people's background, health, likes and dislikes and preferences and that they had received the support they required.

People's care was responsive to their needs. Regular reviews of people's needs ensured staff provided appropriate support. Each person had a keyworker who was a member of staff assigned to coordinate their care with relatives and healthcare professionals. Keyworker sessions between staff and people showed they discussed changes in the person's health, the progress they were making, any future plans and the support they required. The registered manager talked to people on a daily basis and identified any changes in their care needs and highlighted this to staff. Care records were up to date and support plans contained sufficient guidance for staff to meet people's changing needs. Records confirmed the involvement of relatives and healthcare professionals in regular reviews of people's needs.

People enjoyed the activities provided at the service and in the community. Each person had an activity plan that showed their interest and the support they required. People had access to the provider's recreational activity centre off-site were they attended at the times of their choosing and took part in a varied range of events including arts and crafts and playing football. Staff encouraged people to try new activities to develop their interest. People visited the local shops, gyms and leisure centres which reduced social isolation and increased their participation in the local community.

People knew how to complain and raise a concern about any aspect of their care. A person told us, "I have never had any reason to make a complaint. We talk about things that bother me with the staff and the [registered] manager every day." People and relatives had access to the complaints procedure and were made aware of the timescales in which their issues would be resolved. They knew they could report any unresolved issues to the provider and external agencies such as the ombudsman. The registered manager told us they resolved people's concerns before they escalated to complaints. At the time of our inspection, the registered manager and records showed they had not received any complaints in the last 12 months.

The transition between services was coordinated to ensure people received appropriate care. The registered manager worked with people, relatives and healthcare professionals to make sure information was shared appropriately and that support plans addressed all the needs identified in the preadmission assessments. Reviews were made when necessary to ensure the service was appropriate for the person.

Good

Is the service well-led?

Our findings

A registered manager was in post. 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.

People continued to receive support from a service that promoted a person centred and open culture. People and their relatives told us the registered manager involved them in all decisions about their care and said the service was managed well. Staff were confident to report any concerns and knew that these would be addressed. Team meetings, daily handovers, communication book and emails were used effectively to share information about people. Staff told us the registered manager encouraged openness and learning from mistakes and incidents.

The registered manager was approachable and visible in the service. People knew the registered manager by name and said they were able to approach them and discuss any issues about their well-being. The registered manager and staff knew each person's needs and understood how these affected their health. There was an open door policy at the service which enabled relatives to contact the registered at any time by telephone, emails and adhoc meetings. Staff told us they could contact the registered manager at any time for support and guidance. The registered manager told us and records confirmed staff met the provider's senior management yearly where they had the opportunity to discuss the vision of the service and the changes they wanted to see at the home. The registered manager and staff applied the provider's vision to 'motivate and encourage service users, involving them in setting realistic targets' towards positive outcomes.

People's voices were constantly sought through annual stakeholder's surveys, key working sessions and one to one meetings and feedback was responded to. One healthcare professional commented, "The [registered] manager is very clear about improving the quality of care at the service. All the staff shared that passion to empower people as far as possible." Regular resident's meetings ensured people had the opportunity to talk about the changes they wanted to see at the service. People, relatives and healthcare professional's feedback of December 2016 was positive on all aspects of care provided and comments were used to develop the service. People had rated the food, registered manager and activities offered as excellent.

The quality of the service was consistently subject to regular checks to drive improvement. There were daily, weekly and monthly checks of various aspects of the service to ensure staff had followed best practice and the provider's procedures. Records of the audits on the quality of care included medicines management, care planning, risk assessment, record keeping, finances, menu planning, activities, health and safety and cleaning checks. Audits were carried out on staff supervision, training and personal development plans. The registered manager identified any shortfalls and put an action plan in place to ensure these were addressed. The audits of the last six months did not raise any concerns about the quality of care provided. The provider had an oversight of the quality assurances process. A monthly visit by a senior manager reviewed the audits

carried out and discussed with the registered manager any ways to develop the service.

The service worked in partnership with other healthcare professionals and external agencies to ensure people received care that was coordinated and appropriate.

The registered manager was passionate and focused about providing care to people and supporting them to be as independent as possible. They were happy with the dedication of staff to supporting people and were confident of their ability to provide good care in their absence. Staff told us the registered manager was enthusiastic and always looked for ways to develop the service. The registered manager attended manager's meetings for all services under the provider's brand to share best practice and gain knowledge about changes in legislation. Policies and procedures were updated and contained information for staff on how to support people following best practice. The registered manager and staff discussed legislation, CQC standards and shared knowledge from training courses attended at team meetings and one to one sessions to improve the quality of care at the service.