

Rapport Housing and Care Connors 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

Connors House provides accommodation for up to 47 people who need personal care and support. There were 37 people living at the service at the time of our inspection. The service provides care for older people some of whom may be living with dementia. Connors House is a single storey residential care service located close to Canterbury city centre.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

The service met the characteristics of Good in all areas.

- People and their relatives told us they felt safe living at Connors House. People were relaxed in the company of each other and of staff. People and their relatives said the quality of care was good and the service was well managed. Their comments included, "I have made friends since I moved in. The staff are all lovely and I couldn't ask for more. They help me do the things I can't manage anymore" and "[My loved one] is so well looked after – I can't thank the staff enough".
- People were protected from the risks of harm, abuse and discrimination and people's health was monitored to make sure they remained as healthy as possible.
- People were involved in making decisions about their care and felt in control of their day to day lives. They 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. They were encouraged to keep busy and were offered a wide range of activities.
- People told us there was a 'family' and 'homely' feel at Connors House. There was a relaxed, calm and inclusive atmosphere at the service where people and staff valued each other.
- Staff responded quickly to people's needs and worked closely with health care professionals promoting 'joined-up' care.
- Management and staff worked as a cohesive team, spoke with each other respectfully and promoted an open and transparent culture.
- The service was well-led. The registered manager promoted an 'open door' policy and was approachable to and trusted by people, relatives and staff.
- There were effective audits to monitor the quality and safety of the service. Identified shortfalls were acted on to continually improve the service.

Rating at last inspection: At the last inspection in November 2017 the service was rated Requires Improvement overall. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to manage the risks of people falling. The provider failed to ensure there were systems and processes operated effectively to include a record of the care and treatment provided. The provider failed to effectively audit the service. We required the provider to take action to make

improvements. The provider sent us an action plan detailing how they planned to address the breaches of Regulation. During this inspection we found the service had made and sustained the improvements and the breaches in Regulation had been met.

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Connors House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Connors House is a care home. People in a care home receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during the inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

- Before the inspection we reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least annually to give key information about what the service does well and the improvements they plan to make. We used this information to plan our inspection.
- During the inspection we reviewed a range of records which included four people's care plans, recruitment, training and supervision records, and records relating to the quality monitoring and management of the service.
- Some people were not able to verbally communicate their experiences of living at Connors House. We

observed the care and support provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

- We spoke with seven people, two relatives, six staff, the deputy manager and registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the previous inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments had not been consistently updated when people's needs had changed and some fluid monitoring charts were not accurately completed. At this inspection risk assessments were consistently updated to reflect people's needs when they had changed and fluid charts were fully completed. The breach of Regulation had been met.
- Risks to people's health and welfare were identified, assessed, monitored and reviewed. There was guidance, followed by staff, about how to reduce risks. For example, when people were at risk of developing pressure areas there was information about when and where to apply creams and what settings special equipment, such as air mattresses, should be on to ensure people's skin was protected.
- Individual moving and handling assessments were carried out for those who required it. For example, there was information about how people were supported to walk or get out of bed and any specialist equipment that was needed, such as a hoist. Staff were trained on how to use equipment safely.
- Environmental risks, including fire and safety risks and the use of special equipment, were assessed and regularly reviewed.
- Contingency plans were in place to ensure people remained safe and were provided with consistent care in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Connors House. A relative commented, "[My loved one] is very safe here – the staff make sure they are safe. I feel very comforted that [person] is so well looked after".
- People were protected from the risks of harm, abuse and discrimination.
- Staff understood how to keep people safe and how to report any concerns. They completed regular training about safeguarding people to make sure they kept up to date with best practice.
- The provider had effective safeguarding systems, including guidance about referring to the local authority. The registered manager had reported concerns to the local safeguarding authority and worked with them to make sure people were safe.

Staffing and recruitment

- People and relatives told us there were enough staff. One person said, "There is always someone here. If I need anything I can ask any of them [staff]".
- There were enough staff on duty to meet people's needs. The registered manager considered people's needs and staff skills when arranging the allocation of staff. During the inspection people were supported when they needed it and did not have to wait. There were contingency plans to cover emergency shortfalls, such as sickness.

- The registered manager kept staffing levels and deployment under constant review and made changes when needed. For example, staff had spoken with the registered manager about needing additional staff to support people on one unit at meal times. An additional member of staff had been allocated at this time and people were able to eat their meal at their own pace.
- Staff continued to be recruited safely with the required checks being completed before they began working at the service. Disclosure and Barring Service (DBS) criminal record checks had been completed. The DBS helps employers make safer recruitment decisions. The registered manager followed the provider's disciplinary process when needed.
- People were involved with the recruitment process and help the management team interview staff. This gave people an opportunity to say if they felt the applicant was suitable and would fit in.

Using medicines safely

- People were supported to have their medicines safely and on time. Staff were trained to administer people's medicines and their competency was checked to make sure they were confident and competent to do this.
- Medicines were ordered, stored and disposed of in line with best practice. The medicines room was well-organised and rotation of stock was closely monitored by a senior member of the staff team.
- Some people were supported to administer their own medicines and staff monitored this to make sure it was done safely.
- The management team completed regular audits of people's medicines and the medicines records to make sure people continued to receive medicines safely.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents to identify any patterns or trends.
- Action was taken when a pattern was found. For example, when a person had an increase in falls the person was reviewed by their GP and referred to the Falls Team to check if there was a reason for the increase. Senior staff discussed any incidents at the shift handovers to make sure staff knew as soon as possible what action had been taken or needed to be completed. This also took into account any changes in people's care and support needs.
- The registered manager told us, "Multiple falls are investigated, protocols are completed and a prevention plan is drawn up using a flow chart to assist staff with assessing the information. Measures are put into place to safeguard the individuals and prevent re-occurrence".

Preventing and controlling infection

- The service was clean and free from odours. The domestic team took pride in making sure there was a clean and homely environment. A relative said, "The place is spotless. [My loved one's] laundry is always returned, nothing goes missing. They are very careful".
- Staff used protective personal equipment, such as disposable gloves, to protect people from the risks of infection. Staff completed training about infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they moved to the service to make sure staff would be able to meet their needs. Assessments considered any needs a person might have to ensure their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability or religion. For example, a person living with a learning disability was able to choose which GP practice they wanted to register with but needed support to complete the registration process – staff supported them with this to allow them to continue to be as independent as possible.
- A relative said, "[My loved one] was assessed before they moved to Connors House and we have had reviews to see if any of their care needs to be changed".
- People's needs were assessed using recognised tools to assess things, such as nutrition, following best practice.

Staff support: induction, training, skills and experience

- People received effective care and support from staff that were skilled, competent and suitably trained. During the inspection people were supported by staff who knew them well.
- Newly recruited staff completed an induction and shadowed experienced colleagues to gain an understanding of people's individual routines and preferences. Staff were supported to complete the Care Certificate – this is an identified set of standards that social care workers adhere to in their daily working life.
- Staff had regular training to keep their knowledge up to date with best practice. They told us, and records confirmed, there were regular one to one supervision meetings to discuss their performance, review their objectives and training and discuss their personal development.
- The management team coached, mentored and motivated staff to take pride in their work and to provide a good quality of care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed a variety of healthy meals. Meal-times were social occasions when people sat together and chatted. People said, "The food is lovely and there is always a choice" and "It is proper home-cooked dinners and if we want more we can have more". During the inspection staff asked people if they had enjoyed their meal and checked to see if they wanted any more.
- When people needed support to eat, staff sat with them, explained what they were eating and were kind and patient. Some people required a 'soft diet', advised by a dietician, staff made sure this was provided. Each food type was mashed or pureed separately so people could still enjoy the different flavours.
- When people were unable to choose their meals in advance from the daily menu staff offered them choices of plated meals so they could pick what they liked. Staff told us that when people could see and smell the food they were able to make the choice more easily.

- People's weights were monitored and staff liaised with GPs and referred to dieticians when they had a concern about a person's nutritional intake.
- When people needed a special diet, staff were aware of this. For example, people who lived with diabetes were offered low sugar desserts. People could also choose from low fat and vegetarian options.
- People were involved in choosing the menu options on offer. When people were unsettled and chose to spend time walking around the service and grounds, finger food on a light weight plate was provided to make sure people still had something to eat.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked closely with health care professionals to make sure people received effective joined-up care. A relative commented, "When [my loved one] has needed to see a doctor they have arranged it all. I am always kept in the picture".
- People were supported to access services such as opticians, dentists and chiropodists. Since the last inspection more in-depth assessments had been implemented which focused on dental and foot care for people living with diabetes.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and any conditions on such authorisations were being met. The registered manager had applied for DoLS authorisations appropriately and there were no conditions on the authorisations.
- When people were unable to make decisions for themselves staff met with relatives and health care professionals to make the decision in the person's best interest.
- People were empowered to make decisions and maintain control of their lives and staff supported people to do as much as possible for themselves.

Adapting service, design, decoration to meet people's needs

- The décor and signage was designed to take into account people's individual needs and to enable them to orientate themselves easily around the service.
- For example, people chose if they wanted to have their photograph or name on their door. Some people were living with dementia and this helped them to identify which room was theirs.
- People had access to communal areas and were able to spend time with others when they wanted to.
- People also had access to outside space and, during the inspection, we saw people enjoying pottering around the gardens and the service ran an active 'gardening club'. One person proudly showed us a pot of weeds they had collected whilst gardening. People, relatives and staff told us they enjoyed having barbecues in the garden during the good weather.
- People and staff were involved in making changes to the environment in which they lived and worked. For example, the registered manager told us about their plans to develop the environment. They had noted on the information they provided before the inspection, 'I hope to make the home more Dementia friendly by

introducing themes at the end of the corridors, we have been looking at theming the corridors by seasons with the final approval from residents which is on-going at present'.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, understanding and empathy. A relative told us, "Everyone is treated with dignity. The care is second to none".
- Throughout the inspection staff frequently engaged with people and interactions were positive demonstrating they knew people well.
- When people needed support from staff this was done discreetly. Staff noticed and responded quickly when people were anxious or unsettled. For example, staff placed a hand reassuringly on a person's shoulder and maintained eye contact whilst they spoke with them about providing support. The person smiled and appeared more relaxed.
- People were supported to maintain relationships with family and friends. Visitors were welcome at any time. Relative's confirmed this.
- Staff worked closely as a cohesive team. They spoke with each other respectfully and valued each other's input.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff listened to them and respected their decisions about their care.
- People and their relatives were involved in reviewing their care to make sure they were receiving a good quality of care and support and to check if any changes were required. Relatives were written to every three months to invite them to participate in reviews when people were unable to do this on their own.
- Care and support was centred on the choices, needs and preferences of each person. Information about how people preferred their care to be delivered was clearly recorded in their care plans.
- When people did not have relatives to support them the registered manager arranged for an advocate to provide this. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to protect people's privacy and dignity. They knocked on people's doors before entering and kept doors closed when supporting people with their personal care. People's records were stored securely to protect their confidentiality.
- People were supported to remain as independent as possible. People were empowered to stay in control of their day to day lives. For example, people helped with setting tables, cleaning chores and gardening.
- Staff arranged for people to have special equipment when needed to aid their independence. For example, when a person's eye sight had deteriorated they had found it difficult to see their cup and plate. Staff arranged for them to use bright red crockery and this meant they could continue to eat independently.

- Connors House was a 'pet friendly' service. People were encouraged to move in to the service with their pets and were supported to continue to care for them. People visibly enjoyed having their dog or cat living with them and, during the inspection, we saw that other people benefitted from the calming feel of stroking and talking to the animals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to and responsive to their needs. Care plans, which staff followed, reflected people's physical, emotional, social and mental health needs.
- People's life history, preferences and interests were recorded. This helped staff get to know the person and initiate topics of conversation that were of interest and familiar to the person.
- People's communication needs were assessed and easy to read, larger print documents were available.
- People were encouraged to continue with their interests and hobbies. An activities co-ordinator worked with people to find out how they liked to spend their time and create meaningful opportunities for people to share their passions with other like-minded people. They had set up a gardening club, a poetry club and a regular current news focused session.
- The registered manager arranged for people to have trips out, such as bus trips to local coffee shops, which people told us they enjoyed.

Improving care quality in response to complaints or concerns

- People knew how to complain but had no complaints about the service. A relative commented, "The manager has an open door. If I was worried about anything I would talk to them or any of the staff. I certainly have nothing to complain about".
- The complaints policy and process, along with feedback forms, were prominently displayed in the entrance to the service.
- When a complaint was received the registered manager investigated and responded to it in line with the provider's policy. There had been five complaints in the last 12 months and these had been satisfactorily resolved.

End of life care and support

- Staff received training about supporting people at the end of their life. They worked with health care professionals, such as the local hospice and community nurses, to make sure people were supported to have a dignified, comfortable and pain-free death.
- Relative's told us that staff discussed this stage of people's lives with empathy and respect. Comments included, "[All the staff] showered us in love - they were the arm that came around us".
- People's preferences for their end of life care, including any spiritual or cultural choices, were discussed and recorded. These were reviewed to make sure people's views remained the same.
- The registered manager and staff spoke proudly about how they supported people's relatives at this difficult time. Relatives were able to stay overnight with their loved ones and were provided with either recliner chairs or a bedroom.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because checks and audits had not been fully effective. At this inspection there were regular effective audits and the registered manager had taken the necessary action to improve and sustained the changes. The breach of Regulation had been met.
- Checks and audits of things such as medicines, falls, care plans, risk assessments and the environment had been completed. When a shortfall was identified it was addressed and plans put in place to reduce the risk of it happening again.
- It is a legal requirement that a registered provider's latest Care Quality Commission (CQC) inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating on their website and in the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives spoke positively about the leadership of the service and said the service was well-led. Relatives commented, "The management team are all lovely and are always available" and "The management team are calm, responsive, measured, fair, balanced and committed to ensuring high standards of care".
- There was an established registered manager in post who had been at the service for many years. They promoted an open, inclusive and fair culture where the views of people and staff was valued.
- The provider had a clear vision and set of values which were central to the care provided. The core values of Compassion, Integrity, Openness and being People-focused were promoted by staff.
- Staff told us they worked closely with the management team and that there was a culture of openness and transparency.
- The registered manager understood their duty of candour responsibility. When things went wrong or there were incidents the registered manager informed people's relatives and reported any concerns in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were regularly asked to provide feedback about the quality of the service. There were frequent residents and relatives' meetings.
- Quality surveys were sent annually and the results, along with any actions needed / taken, were displayed.
- People made suggestions about how the quality of service could be improved. For example, people had decided how the layout should be in the conservatories.
- Regular staff meetings provided staff with an opportunity to share their learning and experiences. Staff told us they felt confident they could be open and said their views were listened to.
- Staff told us they felt valued. A 'star of the month' award was presented to a member of staff who people and their relatives felt had gone 'the extra mile' and staff spoke proudly about this.

Continuous learning and improving care; Working in partnership with others

- The registered manager reviewed and analysed feedback from people, relatives and staff and from audits. They used their findings to identify areas for improvement and to implement positive changes. Information, ideas and lessons learnt were discussed with the staff team.
- The registered manager attended care related forums to share best practice and subscribed to health and social care publications to keep abreast of new developments.
- The registered manager and staff worked closely with health care professionals, such as community nurses, speech and language therapists and the local hospice team.
- People engaged with the local community. For example, there were visits from local schools and churches throughout the year. A chaplain regularly visited the service to provide support to people and their relatives.
- The service had recently joined the NHS 'red bag scheme'. This involves using a red bag when people need to attend hospital and when they return to the service. The bag contains important information about people's health and care needs as well as essential personal possessions, such as glasses and hearing aids. The scheme aims to ensure people's possessions and information are protected and do not get lost.