Islington Social Services

Islington Social Services - 4 Orchard Close

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

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 18 and 24 October 2017 and was unannounced. At our previous inspection on 29 October 2015 we found that the service was meeting all the legal requirements we looked at and was rated as good.

At this inspection we found the service remained Good.

There was a registered manager in place at the time of the 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.

Everyone we spoke with who either used the service, relatives, and a healthcare professional praised staff for their caring attitudes. The service was tailored to not only meet people's needs but to do so in the most caring and unique way possible, taking account of people as individuals and not making people fit around procedures or processes. Care plans showed that considerable emphasis was given to how staff could ascertain each person's wishes including people with limited verbal communication. Staff demonstrated not only that they knew the people they supported but went the extra mile to care about people's best interests and enhance their life experiences. Staff were committed to this by doing as much as they could to promote people's emotional as well as physical wellbeing.

The service is owned and run by the London Borough of Islington and used the local authority's borough wide safeguarding adults from abuse procedures. The provider ensured that staff had training about safeguarding people from abuse and members of staff, whether management or care staff all told us they were trained about protecting people from abuse, which we verified on training records.

Potential risks to people were assessed and responded to, this too helped to keep people safe from known risks and avoidable harm. These assessments were detailed, and were regularly reviewed.

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 appropriately and making the necessary applications for assessments when these were required.

Most people had complex healthcare needs which were assessed, and care was planned and delivered in a

consistent way. Staff knew about, and were very familiar with people's needs and the information and guidance provided to staff was clear.

The staff team demonstrated that there was a real commitment to providing the most caring and person centred support possible. This meant the staff team took time to really get to know people and support them, not least when people needed to spend time in unfamiliar places such as hospital, to looking to make a positive impact on people's life and life experience opportunities. Assumptions about people and their support needs were not made and significant effort was put into exploring the possibilities for real effective and beneficial changes, this effort achieving notable success and praise from families and other professionals alike.

Significant efforts continued to be made to engage and stimulate people with activities whether these were day to day living activities or those for leisure time. People received the support they required to engage in these activities, maintain contact with family and friends and to maximise their opportunities to engage in normal life experiences.

The staff team did work as a team and views about the way the service operated were respected. Everyone's input was valued and we observed conversations that demonstrated that the staff team co-operated and saw their work as collaborative in order to maximise the effectiveness of the service.

The provider carried out regular audits of all aspects of the service. The provider monitored the operation of the service, carried out regular reviews of the service performance, as well as regularly seeking people's feedback on how well the service operated.

At this inspection we found that the service met all of the key lines of enquiry that we looked at and was not in breach of any of the regulations.

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?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

The service provides care in a bespoke and uniquely tailored way that put people at the centre of how support was provided. A flexible and uniquely tailored approach to care was provided and this achieved highly positive outcomes.

The staff team demonstrated clear and notable commitment to each person they supported. They knew people very well and placed emphasis on enabling people to have positive and life enhancing opportunities.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Islington Social Services - 4 Orchard Close

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 18 October 2017 when we visited the service and the 24 October 2017 when an inspector contacted relatives. One inspector carried out the visit to the service and another inspector made phone calls to relatives.

Before the inspection we looked at notifications that we had received and any other communications made with the commission.

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 speaking with one person and 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 two relative's and a healthcare professional who had regular contact with the home as well as speaking with the registered manager and in detail with two other members of the staff team as well as less detailed conversations with other staff.

As a part of this inspection we reviewed three 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.

Good

Is the service safe?

Our findings

A person using the service told us that "Staff listen well." A relative told us over the telephone that, "Yes, [relative] is safe, sometimes there are agency staff in the home which don't know [relative] as well, but I think he gets on well with them. I know accidents do happen, but they always contact me." Another relative contacted us by e mail and wrote "They regularly update and discuss with us about my [relative] and how best to meet their varying needs, including their health when there are any concerns. [Relative] is happy and settled in this home."

Staff at the service used the provider's 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 safeguarding adults from abuse procedures.

It was the policy of the service provider to ensure that staff had initial safeguarding induction training, which we confirmed, when they started to work at the service. Our review of staff training records confirmed that staff training did occur about keeping people safe from harm and there was clear knowledge and awareness of staff about how to do this. The safety of people using the service also received praise from responses that were received, both to questionnaires that the service had received directly, and in the feedback received by CQC.

Staff, regardless of their role, were recruited safely with background checks, employment history, references and qualifications (where relevant) all being verified. 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. Most people required continuous one to one support and this was provided with additional staffing resources also being used to cater for specific circumstances or events.

People's needs continued to be assessed taking into consideration general and specific risks. Risk assessments covered areas such as eating and drinking (Some people were at risk of choking), epilepsy, behaviour, activities and what to look for which may show that someone's health could be deteriorating. As an example of this, the evening prior to our inspection, staff had spotted that a person really seemed to be becoming unwell, the person had been monitored overnight and urgent medical advice had been sought. Fortunately the person was not seriously unwell and care staff were diligent in making sure that medical advice and assessment was obtained. Risk assessments were usually reviewed every six months although this happened more regularly if a person's needs changed.

We spoke with three care staff with regard to the process for handling and administering medicine and all had clear knowledge of the correct procedures. Although there had been a couple of errors in the last year these had fortunately not resulted in any harm and the provider had responded quickly to addressing what action needed to be taken to mitigate against future errors. 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.

Care 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 errors 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.

Good

Is the service effective?

Our findings

A relative told us "We have found [the manager and staff] to be approachable, respecting and encouraging the input and value of relatives and incorporating their perspectives into the service user's individual care plans." Another relative told us ""[Relative] has lived in home since it opened it is a home from home and I know he feels comfortable. New staff are told about behaviours and how to look after him, I think they are well trained. [Relative] gets on well with the staff and they know and understand the gestures and signs when he wants something."

A professional that had contact with the service told us "Their role is to provide a first rate care home for their clients who have high level care needs. We consider that they provide this role very effectively."

The provider ensured that staff participated in regular training and supervision, which records confirmed. The provider had systems in place to ensure that staff training was kept current and up to date and this included the regularity with which specific areas of training needed to be updated. 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 continued to be working well.

A more recently recruited member of staff told us "I had a very structured induction which lasted two weeks before I worked on shift. I had spent the two weeks having training and shadowing other colleagues on shift."

Staff we spoke with told us they had "excellent" and effective training, which included specialised training about caring for people with complex physical and healthcare needs. They also told us they received supervision every six to eight weeks. When we looked at the frequency of staff supervision records for the whole staff team we found this was happening consistently for all staff and newer staff participated in supervision more frequently.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act [MCA]. The procedures for this in care homes and hospitals were called the Deprivation of Liberty Safeguards [DoLS]. Where people lacked capacity an assessment had been carried out. Records showed that were previous DoLS authorisations had expired, new applications and authorisations had been completed. Mental capacity was assessed for each person and the ability to make informed decisions was not assumed to be lacking. Best interest decisions were made on a situation by situation basis. This included consultation with the client, as far as possible, family members being involved and also health and social care professionals.

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. A relative told us ""The food is very good and they know about [relative] risk of choking and will always mash up his food

and don't give him pulses." People's care plans showed that staff continued to consult 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 different evening meal choices each day. These choices were based on people's preferences and took account of their dietary needs such as cultural or health related needs.

People were supported to maintain good health. What was notable was the service allocating staff to continually be with people if they needed to spend time in hospital. This happened for someone very recently.

Outstanding ☆

Is the service caring?

Our findings

A relative told us, "The staff are very caring, I can tell, they think the world of [relative]." Another relative told us, "Staff at Orchard Close genuinely appear to care and have a positive attitude to helping people." A healthcare professional told us, "We have witnessed the staff working with clients and families for many years. I cannot recall a single episode where any of our staff had a moment of concern." We were shown a survey the provider had carried out in August 2017 where other professionals had reported that the direct support and care given by the service was "outstanding".

We identified a number of ways that the service had developed positive caring relationships with people using the service. One person we spoke with described instances where staff had responded to their requests with a personal touch. For example, staff dressing in a certain way for a party they had held. We identified that care plans included information about people's cultural and religious heritage, daily activities and communication and guidance about how personal care should be provided. When we spoke with staff about this they were able to describe in detail each person's needs and wishes and how they worked with them.
One particular caring example of staff working directly with a person was where a staff member was assigned to work on a one to one basis with a person who had recently needed to spend a few days in hospital. The staff members supporting the person were able to provide support and guidance to medical staff about the person's unique needs and the way they made their needs known. We had been aware of this intensive level of support also previously having been provided for another person. This demonstrated a continuing and very real commitment to providing a service that puts people's wellbeing first, not only in their day to day life, but also in what can be frightening and anxious circumstances. This support had been highly praised by the person's relative. The staff team went the extra mile and responded flexibly to enable this support to be provided throughout the days and nights of their hospital stay.

Another caring example was in the support of a person whose health had improved. They had previously needed to have food through a PEG feed tube but now their health had improved so that they were able to eat solid food. We saw that, over a period of time, staff had supported the person to develop their diet and social activities so that the person had much greater access to ordinary activities in the community, not least to have meals out with their friends at local pubs and restaurants, enabling them to feel fully involved in this social activity. The work involved close work with specialist health care colleagues to ensure the person's wishes and aspirations were effectively supported.

We identified that one of the main aims of the service was to work with people and help them make decisions. The provider had embraced local initiatives to assist them in this work. For example, the service was fully engaged with the Islington Challenging Behaviour Resource which is designed to support a positive approach to behaviour management for people with severe and profound learning disabilities and/or Autism. Staff were also using 'PROACT SCIP' [Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention]. For example, when people found particular environments challenging, such as being out in busy public places, staff carefully planned for this. This planning resulted in people to experience enhanced opportunities to engage in normal daily life activities as strategies had been

put into place to respond to any distress or anxiety people may feel.

The service was also piloting a project called "The Five Good Communication Standards", which was being led by local authority Speech & Language therapy colleagues. We observed staff communicating with people using the service and we saw that were adept in various techniques of non-verbal communication. Staff were seen communicating with people in different ways that were most useful in helping the person to understand and participate as much as they were able to. We saw that staff were attentive with people and treated them with kindness and compassion. Staff engaged people with their care and supported them to be involved as much as they were meaningfully able to Staff continued to use objects of reference, such as communication boards and pictures and Makaton, which is a form of sign language. A member of staff told us "On the whole this is a pretty good service. It is caring and responsive to people's needs and we are very flexible." The staff team demonstrated their belief that they should make every effort to engage with people and always look at how best to do this. This demonstrated the person centred culture that was more than evident at the service, enabling people to express themselves so the service could be shaped around their views, wishes and aspirations.

Staff were able to demonstrate how the service supported people to maintain important relationships, particularly with members of their family. The staff team put significant time and effort to support people and their families to maintain contact. As an example staff escorted people on visits to their families as well as collecting a member of one person's family to come to the home for visits which they would otherwise be unable to do.

During our inspection 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. The service continued to place a great deal of emphasis on maximising people's right to maintain as much autonomy as they could, to engage in activities they enjoyed but this did not limit opportunities for people to try new things. The staff team did not see the people they supported from the perspective of their disabilities first but as people who, regardless of complex needs, had the right to engage in life experiences and opportunities.

We saw that staff were attentive with people and treated them with dignity kindness and compassion. Staff engaged people with their care and supported them to be involved as much as they were meaningfully able to. Staff did not assume that people were unable to engage or understand what was happening. On the contrary they assumed that people did have at least some understanding. People's privacy was respected, staff did not talk about people's care and support needs in front of other people. In the conversations and handover that we observed staff spoke about people with respect and focused on person centred needs not merely tasks to be performed.

People's individual care plans continued to include information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. Staff were all familiar with people's heritage and care plan's described what should be done to respect and involve people in maintaining their individuality and beliefs. We noted that staff knew this in conversation with us and did not need to look at any care plan documentation to be able to tell us in detail about the people they supported. This demonstrated the depth of knowledge that staff had about people.

The service had not historically provided palliative care, however, we noted a recent example of how the efforts of the staff team had resulted in a remarkable turn-around for someone using the service. The person had some time ago been receiving palliative care as the range and complexity of their healthcare needs had lead health and social care professionals to believe palliative care was appropriate. However, this was no

longer the case. Although the person continued to have complex healthcare difficulties it was a testament to the service as just how well their caring and attention to detail had resulted in a significant positive change for this person. This had also been highly praised by the person's family and palliative care team nurse who had been working with the person.

We saw that the efforts that staff made to go the extra mile in supporting people using the service had been recognised in awards. One member of staff had won the Islington Epic awards 2017 for outstanding customer service. The registered manager had previously won the Housing and Adult Social Services Staff Awards 2016 (an award for staff working for the local authority) for "Outstanding Partnership Working", for their partnership work with health colleagues and the multi-disciplinary team at the Islington Learning Disability Partnership.

Good

Is the service responsive?

Our findings

A relative told us ""Staff will always listen to my concerns and do something about it, for example sometimes I tell them to change his clothes as they are not appropriate for the season and they do it. I had bigger complaints in the past, but not for a long time now." Another told us "They regularly update and discuss with us about my brother and how best to meet his varying needs, including his health status when there are any concerns."

Care plans continued to describe personal, physical, social and emotional support needs. Care plans were updated at regular intervals, families and advocates were involved and each person as much as they could be was also involved. The service took all of the necessary steps and consulted with the relevant people to ensure that information remained accurate and reflected each person's current care and support needs.

A medical professional who contacted us told us that "Staff respond to our medical requests and instructions without fail. If they notice a change or concern about their client's health, they reliably and consistently elevate this concern to us or the out of hours medical services same day."

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. A member of staff told us "Staffing is getting towards one to one support and the service has responded to people's changing needs." We found that this was indeed the case and that the staff team were flexible and made changes to working patterns to accommodate people's needs.

The complaints system allowed people to make a complaint to anyone working at the home or to the provider directly. The complaints information provided clear 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. A person told us during our conversation about them being kept awake by another person sometimes making noise. The registered manager was present when this comment was made and kept us informed of the action being taken to resolve the issue.

Good

Is the service well-led?

Our findings

A relative who contacted us said "The home is well run, with responsive and proactive management under the leadership of [the registered manager]. We have found him to be approachable, respecting and encouraging the input and value of relatives and incorporating their perspectives into the service user's individual action plans. We have found the management to be open and honest about what happens there." Another relative said "The management is very good, they are fantastic. They are on mine and [relative's] wave lengths."

A healthcare professional told us "Leadership from their current manager seems excellent to us. He has been highly responsive and communicative with the surgery, and is there when we need him for more complex matters relating to his clients. He has been a great support to the GP surgery, and we value our ongoing relationship with Orchard Close and the care we provide together for this vulnerable group of people."

We also asked staff about the leadership and management of the home and all staff responded with significant praise for how much they were supported by the management team.

The current registered manager informed us that they were taking up a new post in the local authority and were in the process of transitioning to a new manager, this was someone who had already been working at the home and knew the service well.

There was a clear management structure in place and staff were aware of their roles and responsibilities. There was clear communication between the staff team and the managers of the service, which we saw throughout our inspection and not least at the afternoon staff handover which we attended. There were regular team meetings, which we confirmed by looking at the minutes of the most recent three months staff meetings, People using the service were discussed as well as other day to day matters about the running of the service.

The provider maintained a system for monitoring the quality of care. The service continued to submit regular monitoring reports to the provider about the day to day operation of the service. Written and verbal feedback was obtained through day to day conversations as well as quarterly relative coffee mornings.

The provider operated 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. As a result of this oversight the service developed plans to address any matters raised and looked at making continuous improvement for the benefit of people using the service.