Central England Healthcare (Great Wyrley) Limited

Conifers Nursing Home

Inspection report

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Date of inspection visit:
15 March 2017

Date of publication:
24 April 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 March 2017 to see if the provider had met the requirements as set out in the warning notice. We found that the provider had made the necessary improvements in this area.

The service was registered to provide accommodation, personal care and nursing care for up to 40 people. At the time of the inspection 37 people were using the service.

There was a not registered manager in post. A new manager had recently been appointed and had started working in the home. 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.

We found that quality checks were completed within the service. However, we did not see how this information was used to drive improvement within the service as we were unable to see previous audits that had been completed. The provider sought the opinions from people who used the service however we could not be assured this information was used to make changes.

We could not be assured people received personalised care as care was task focused and staff felt rushed to deliver this care. The provider had not fully considered how people living with dementia made choices.

When people lacked capacity to make certain decisions for themselves we saw capacity assessments were in place however these decisions were for key areas and not always specific for the decision that was being made. In some capacity assessments it was unclear how decisions had been made and details explaining this were not documented.

There were enough staff to support people. As the provider had increased staffing since the last inspection people, relatives and staff felt this had helped improve the time people had to wait for support. People felt safe and were supported by staff who knew them well. The provider had suitable recruitment processes in place to ensure staffs suitability to work within the home.

Staff understood how to recognise and report potential abuse. They felt listened to and were assured action would be taken if concerns were raised. Individual risks had been identified for people and staff had the information needed to keep people safe. Medicines were administered, stored and recorded to ensure people were protected from the risks associated to them

People were supported in a caring way and encouraged to remain independent. People's privacy and dignity was maintained. When people needed support to access health professionals this was available for them. Visitors felt welcomed in the home.

A new manager had recently started working within the home that some people had the opportunity to meet. The provider understood their responsibilities around registration with us and notified us of significant events with in the home, they were also displaying their previous rating as required.

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 available for people and they did not have to wait for support. Staff knew how to recognise and report potential abuse and people were safe. Risks to individuals were identified and action taken when needed. Medicines were administered, stored and recorded to ensure people were protected from the risks associated to them. The provider had a system in place to ensure staffs suitability to work within the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.
When needed people's mental capacity had been assessed, however it was not always specific to the decision being made and it was unclear how the decision had been reached. Staff received an induction and training that help them to support people. People enjoyed the food and had access to health professionals when needed.

Is the service caring?

Good

The service was caring.
People were supported by staff they were happy with in a kind and caring way. People were encouraged to be independent and make choices about their day. Family and friends were free to visit at any time and felt welcomed.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Care was not always delivered in an individualised way and appeared task focused. We could not be assured people had understood the choices they had made. People and relatives felt involved with their care and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
Quality checks were completed however we could not be assured this information was used to drive improvements within the home. The provider sought the opinions from people who

used the service however we did not see how this had been used to make changes. There was a new manager in post, staff felt listened to and were given the opportunity to raise concerns. The provider understood their responsibilities of registration with us and notified us of significant events within the home. The previous rating was displayed in line with our requirements.

Conifers Nursing Home

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 visit took place on the 15 March 2017 and was unannounced. The inspection visit was carried out by three inspectors. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area to see how staff interacted with people who used the service. We spoke with six people who used the service, five relatives, three members of care staff and two registered nurses. We also spoke with the development and delivery manager and the operations manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

At our focused inspection on 22 November 2016, we found there were not enough staff available and people had to wait for support. This was a breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. We issued the provider with a warning notice. We told the provider that improvements must be in place by 31 December 2016. At this inspection we found the provider had made the necessary improvements within this area.

There were enough staff available for people. One person said, "Its better now in a morning". Another person told us, "They have an extra staff now it's made it better, I don't feel that I have to wait as long when I need anything". A relative told us, "When I come and visit the people seem to be up much earlier, they have an extra staff on in a morning which has helped them get people up quicker. You see the staff about more, there seems to be more of them about". A staff member said, "Its better staffed now so the workload is easier". They went on to say, "We used to finish late and we were always behind. Now we are usually are on time. It was much more rushed before it's more relaxed now". We spoke with the development and delivery manager who told us that since the last inspection staffing levels had increased. There was now one more care staff on shift each morning. The development and delivery manager showed us a tool that was used and reviewed each month to identify the amount of staff needed dependant on people's levels of need. We saw staffing levels were reviewed in line with this.

The provider had a recruitment process in place to ensure staff suitability to work within the home. We looked at staff files for two people and we saw the relevant checks had been completed before the staff members started working within the home.

People were safe. One person said, "I am safe. I feel safe." Another person told us, "I don't worry about anything happening to me whilst I'm here". A relative commented, "I have no worries about them being here". We saw when people needed specialist support it was provided to them. For example, some people needed to be transferred using specialist equipment; we saw staff operating this equipment safely and in line with the person's care plan. We saw this equipment was maintained and tested to ensure it was safe to use. This demonstrated that people were supported in a safe way.

Staff knew what constituted abuse and what to do if they suspected someone was being harmed. A member of staff said, "It is keeping people safe from any kind of abuse". The staff member continued, "We would report our concerns to the manager and they would take further action". We saw procedures for reporting safeguarding were displayed around the home. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

When people were at risk we saw assessments had been completed and action taken to keep people safe. For example, when people had developed sore skin, risk assessments and plans had been introduced. This included information about what equipment people should use and how this risk should be minimised for people. Records showed and we saw that these actions were being completed. Staff we spoke with told us

how they supported people with this. One staff member said, "We have to do two hourly turns, we do this as part of our daily routine and then we know it's been completed. We have a chart to fill in to say we have done this. We have a check of the area as well as if we are concerned we let the nurse know".

Staff we spoke with were aware of people's emergency plans and the level of support people would need to evacuate the home. We saw plans were in place to respond to emergencies. These plans provided guidance to staff and the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was individual and specific to people's needs.

We saw staff administer medicines to people individually. Time was taken to explain what the medicine was for and staff ensured people had taken them. Medicines were recorded and stored in a safe way to ensure people were protected from the risks associated to them.

Requires Improvement

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 or 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).

We checked to see if the provider was working within the principles of the MCA. We saw when people lacked capacity to make certain decisions for themselves mental capacity assessments had been completed. However, some areas of the capacity assessments were unclear. In some mental capacity assessments, we did not see how the decision had been made or what questions and understanding the person had to make this decision. For example, the provider used a checklist which offered a yes or no response to the questions asked. We also saw that capacity assessment completed were for key areas such as 'being dependant on staff for care needs' and were not always specific to the decision being made. Furthermore we saw one person had a do not resuscitate plan in place. We saw this had been agreed by the relative even though the person had been assessed as having capacity. We spoke with the person about this who told us they were unaware of this. We discussed this with the mangers within the home who removed it and told us they would revisit it with the person immediately. This meant we could not be assured the principles of the MCA were always followed. We recommend when people lack capacity to make particular decisions that the provider should complete full assessments about those decisions to ensure they are made in their best interest.

The provider had considered when people were being restricted unlawfully and applications when needed had been made to the local authority. We saw that care plans had been put into place for some people while these applications were considered. However, we could not be assured this was completed in line with the MCA. For example, for one person we saw that a care plan had been introduced to support them in the least restrictive way. The care plan stated that 'along with a consent form from the person's family it allows staff to act in the person best interest'. We did not see any further evidence of how this best interest decision had been made or evidence of what other options had been considered to ensure they were supported in the least restrictive way.

People told us staff knew how to support them. One person said, "The staff know me as I tell them. they are all very nice". Staff received training and an induction that helped them to support people. One staff member said, "I had my induction with the manager they showed me around. Then I shadowed staff, I found out a lot about people". Another staff member commented, "We do training, some online and some face to face like the moving and handling". This demonstrated staff received training that was relevant to meeting people's needs.

People enjoyed the food and were offered a choice. One person said, "It's good, very good. I have had a

lovely breakfast". Another person said, "The food is beautiful. I have it mashed up and it's always presentable". We observed that people were supported in line with their care plans and when people needed specialist diets these were provided for them. Throughout the day people had cold drinks available to them and hot drinks and snacks were offered regularly. Records we looked at included an assessment of people nutritionals risks. We saw when these risks had been identified people had their food and fluid intake monitored. We saw that any concerns with this were recorded and reported to the nurse so that further action could be taken.

People were supported to access healthcare services when needed. Records we looked at confirmed referrals had been made to various professionals such as speech and language therapists and dieticians. During the inspection we observed that the GP was called out to visit someone and we saw this took place.

Good

Is the service caring?

Our findings

People and relatives were happy with the staff. One person said, "The staff are very good, excellent in fact. The way the look after you, speak to you and treat you, they are great". A relative told us, "They all seem friendly, if you ask them for something they will help". We observed people were supported in a kind and caring way in a relaxed and friendly manner. For example when someone was transferred using specialist equipment, staff offered the person reassurance throughout.

People made choices about their day. One person said, "I always stay in my room. I have a pleasant view and visitor's everyday so I don't get bored". Another person said, "I decide each day what I would like to do, the staff always ask me. I ask them what's happening in the communal areas and then I tell them what I would like to do, it's never a problem". During the inspection we saw that the local church had come into the home for holy communion. We saw people were offered the choice if they would like to participate with this.

People told us and we saw that people's privacy and dignity was promoted. One person said, "Very good with all that". A relative said, "Everything is very private, you see them discretely asking people if they would like to do things or go somewhere, it's really quite nice. If I need a chat we go somewhere private so others can't hear". Staff gave examples how they used this to support people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. This demonstrated that people's privacy and dignity was upheld.

People's independence was promoted. One person said, "The staff encourage me to do what I can for myself. I take my own medicines". Another person told us "I'm still walking and they keep encouraging me to do so". The care plans we looked at showed information about the levels of support people needed. This demonstrated people were supported to maintain their independence.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said "You can come anytime, we come at different times and they have never told us we can't". Another relative told us, "You get to know the faces; if the staff are around they will ask me if I need anything". We saw relatives and friends visited throughout the day and they were welcomed by staff.

Requires Improvement

Is the service responsive?

Our findings

At our focused inspection on 22 November 2016, we found people were not always provided with the care they required. At this inspection further improvements were needed

We could not be assured people received personalised care as staff were focused on completing tasks, such as personal care. One person said, "There are more staff but they are still in hurry to get to the next one". One staff member said, "We have enough time, but not extra time to spend with people". We observed that staff were rushed and were focused on routines. For example a staff member explained their routine for the morning. They said, "We make sure everyone's up and dressed, and then we start the turns for people who need them. Once we have done that we do toileting and then it's time for lunch". We observed some people remained in bed, a staff member told us this was because there were not enough suitable chairs for people living in the home. They told us this had been raised with the management and was being addressed.

The home was supporting people who were living with dementia; and we found the provider had not fully considered dementia support. For example, people were asked what they would like to eat before the mealtime. There were no pictures or prompts used to support these people make their choices and there was no reminder when the meal arrived. Therefore we could not be sure people understood the choices they had made. At lunchtime when the meal was served upstairs, we observed that the meals were not individualised. For example, all meals were exactly the same; we did not see any smaller or larger portions, all meals had the same vegetables and staff added gravy to all the meals before serving to the person.

We saw there was an activity co-ordinator in post and people were participating in activities they enjoyed. One person said, "We are going to have a sing song to this video now". Another said, "I like the music". People also had the option of having their hair done by the hairdresser who was in the home on the day of inspection. One person said, "Oh it makes you feel so much better".

People and relatives told us they were involved with planning and reviewing their care. One person said, "They have asked me how to do things and I have told them, the staff follow this so I am happy". A relative told us, "They keep me up to date; they have rang me at home to let me know things. If I am here and I ask they give me an update. Before my relation moved here the manager come around and did an assessment to see if my relations needs could be met. They asked us all questions and we felt involved". We saw there was a review record in people's care files stating who had been involved with the review of the persons care. The care files we looked at confirmed where possible people were involved with reviewing their care.

People and relatives told us they were happy to complain. One person told us, "I would ask to speak with a manager if I wasn't happy". A relative said, "They have a complaints policy in place if we have any issues". The provider had a complaints policy in place and systems to manage these complaints. We saw when complaints had been made the provider had investigated and responded to these in line with their policy.

Requires Improvement

Is the service well-led?

Our findings

Quality checks were completed by the provider. These included checks of accidents and incidents and a quality compliance report. Where areas of improvement had been identified through an audit, an action plan had been put into place. However, we could not always see how previous audits had been used to drive improvements. For example we saw a medicines audit had been completed in March 2017, we saw and the registered nurse confirmed the actions on the audit were being completed. However previous audits could not be found so we therefore could not see if improvements had been made since the last audit and if actions had been completed. This meant we could not be sure the provider used information from audits to drive improvements within the home.

The operations manager told us that they sought feedback from people who used the service. They told us this was due for completion in March 2017 and was currently in progress. We did not see how the information from the previous audit had been used or what changes had been made as a result of this. Therefore we could not be assured the provider used this information to make changes to the service.

A new manager had very recently started working within the home. The development and delivery manager told us they would be registering with us. Staff and relatives told us they had the opportunity to meet the new manager. One relative said, "I met them yesterday they seem helpful". Staff felt listened to and were given the opportunity to raise concerns. One staff member said, "I have had supervision and we have staff meetings too, we can have our say". The provider understood their responsibility around registration and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home in line with our requirements.

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. This demonstrated that when concerns were raised staff were confident they would be dealt with.