Care Quality Commission

# Bramble Lodge Care Home Limited

# Conifer Lodge

**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 |

## Overall summary

This was an unannounced inspection which took place over two days, 7 and 9 April 2015. The last inspection took place on 29 May 2013. At that time, the service was meeting all the regulations inspected.

Conifer Lodge is a single story detached building set in its own grounds in a residential area of South Shields. It is registered to provide accommodation for people who have personal care and nursing needs, diagnostic and screening procedures, treatment of disease, disorder or injury, up to a maximum of 16 people. There were 14 people living there at the time of inspection.

There was a registered manager for the service. 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 the service was safe, that peoples complex needs were managed safely and that staff would raise any issues with confidence. Risk assessment and care planning records showed how people's rights were not

# Summary of findings

restricted unnecessarily; without first considering alternatives which allowed people to have choice and control over their care. People felt their concerns would be addressed by the staff and registered manager.

We saw the registered manager recruited and trained staff to meet the complex needs of the people they cared for. Staff were encouraged to work safely and share good practice.

We saw medicines were managed safely, and people were encouraged to manage their own medicines. We saw that 'as and when required' medication was used based on clear guidance. As people's needs changed their medication and treatment was reviewed.

The care plans we saw and the feedback we received from people and staff indicated that people received effective care, based on their individually assessed needs. Staff were knowledgeable about people, and knew how best to support them. Support for people was based on clear care plans which had been developed collaboratively.

Peoples consent and involvement was sought by the staff in delivering care and treatment based upon best practice that was shared between the team members. We saw people were supported to eat and drink enough. People were encouraged to make choices about their food and drink. Staff encouraged the development of kitchen skills so people could take control of their meals and become more independent.

People told us they were supported to access health care services and social support to work towards their goals of managing their own mental health issues. Support was available and staff were intervening effectively when people needed them

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw that where people were deprived of their liberty this was in their best interests, and assessments of capacity had been carried out.

We saw staff were caring and knew people well. Staff responded in a compassionate way to requests for support. People and relatives felt that the staff were interested in people's development and encouraged them. Through the use of one to one time people and staff felt they had a stronger relationship based on trust and mutual respect, whilst encouraging people to express their views about how best to support them.

People were supported in way that encouraged them to maintain choice and dignity. People's privacy was promoted and we saw that peoples relationships outside were supported and encouraged.

The care plans we saw were person centred and had been created through the involvement of people from the outset. People were encouraged to review and adapt their care and its delivery so that it remained focussed on them; and changed as they did. We saw an excellent pilot of care planning and review where the people and staff involved were able to show us the positive impact this had. The person in the pilot had been encouraged to be part of the roll this out to other services and through their involvement in this they had been further developed and encouraged.

We saw that the registered manager encouraged staff and people to speak up and make suggestions. From the creation of an employee of the month programme, through to their open door policy, the manager ensured the service listened to people, their concerns and complaints and made changes.

The registered manager created a positive, inclusive culture in the home, where choice was encouraged. We saw that through regular reviews, supervision and appraisal they could encourage and support the staff to develop the service further.

# Summary of findings

## 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

This service was safe. Staff knew how to act to keep people safe and prevent further harm from occurring. The staff were confident they could raise any concerns about poor practice in the service. People in the service felt safe and able to raise any issues they had. Medicines were managed effectively and people were supported with medicines.

The staffing was organised to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

**Is the service effective?**

Good

The service was effective. Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. Care records were written in a person centred way and progress towards agreed goals were met.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. They attended training, as well as accessing local resources, as required.

Arrangements were in place to request health and social care support to help keep people well. External professionals' advice was sought when needed.

**Is the service caring?**

Good

This service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families, to provide individual care.

**Is the service responsive?**

Good

This service was responsive. People were fully involved in their care planning and review, had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made to respond to requests from people who used the service and external professionals.

People who used the service and visitors were supported to take part in therapeutic, recreational and leisure activities in the home and the community.

# Summary of findings

**Is the service well-led?**

Good

This service was well led and had a registered manager. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and other investigations. This helped to reduce the risks to the people who used the service and helped the service to continuously improve and develop.

The provider had notified us of any incidents that occurred, as required.

People were regularly consulted on the service provided to influence service delivery.

Those people, relatives, professionals and staff spoken with all felt the registered manager was approachable.

# Conifer Lodge

**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.

The first day of the inspection was unannounced. The inspection took place over two days, on 7 and 9 April 2015. The inspection team was made up of a lead inspector, a bank inspector, and an expert by experience; accompanied by their support worker. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of mental health services.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to inform us about within required timescales. We also contacted the local authority safeguarding adult's team and the local commissioners to inform our inspection.

During the inspection we talked with people, eleven staff including the registered manager, clinical lead and provider's area manager. We also spoke with a lay visitor from the provider organisation, a visiting relative and two external professionals. We inspected the communal areas of the home as well as the medicines room, laundry, kitchen, sluice and smoking room; the grounds and peoples bedrooms when invited. We reviewed eight care plans and the medicines records for seven people. We examined the service complaint records, safeguarding adults records supplied to the local authority, health and safety records for the last year and the applications to deprive people of their liberty. We reviewed the services recruitment and staff supervision files, as well as their training records and nurse registration checks. We carried out observations throughout the day(s) including a morning handover between shifts as well as the mid-day meal time and a medicines round.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Conifer Lodge. One person said, "I always feel safe in here. If any of the others start to kick off, the staff make sure I am safe and help me to get away and leave the area. I usually go to my room till it's all over." A relative told us "The staff have a lot to deal with sometimes, as some people have lots of issues and can be very hard to deal with, but the staff know how to deal with them and calm them down. My relative can be difficult at times but the staff know how to handle them."

Staff told us the home had systems, processes and policies in place to manage and monitor risks to people, staff and visitors. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. They told us all staff carried out visual checks daily when walking around the building to identify, document and report any health and safety risks. We saw records of these incidents and how they were managed and risk assessed. The home also had a health and safety policy for all staff to follow.

A staff member said, "Risk assessments of this type help to ensure that management and staff were aware of any potential risks to service users, staff and visitors, and helps us to take action to reduce the risks. All staff are made aware of risk assessments from the day they start and this forms part of their induction". Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. One staff member told us they had raised a concern with their manager quite recently regarding the safety of a service user and this had been actioned and dealt with appropriately by the manager.

People told us they felt secure in the home, one person said, "We have alarms in our bedrooms and I like this, no one is going to get in unless I want them to. The staff are here all night and I can get help if I need it".

The garden had a large gap in the fence which had caused a recent issue with members of the public entering the gardens and harassing people in the service. The police were contacted about the harassment. The registered manager advised us the maintenance issue had been reported and the provider was to take action to repair this.

Staff we spoke with told us they felt there were enough staff to maintain the smooth running of the home and there were always enough staff on duty to keep people safe. The home employed sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs. We observed there were enough staff providing care and support to meet people's needs on the day of our visit. This included nursing, care and ancillary staff.

The registered manager showed us how they calculated staffing based on people's needs within the home and to ensure people were still able to be supported in activities in the community. This was reviewed with the area manager and extra staff could be sourced if there was a change in people's needs.

Given the complex mental health needs of the people at Conifer Lodge the staff included mental health nurses as well as carers. The nurses' registrations were checked regularly and peer support and training provided to ensure their skill base reflected the needs of people. This included training on alcohol misuse and preventing self-harm.

From notifications we had received we saw that referrals to the police and external mental health professionals were made appropriately. As a result of these incidents peoples care needs and placements were reviewed.

We reviewed staff recruitment files; these showed that all staff went through an application and interview process which included references and police checks. Evidence was seen in supervision files and induction records of where the registered manager had taken action to ensure staff followed the provider's policies and procedures. Training records seen showed that all staff attended relevant training.

We observed a medicines round and looked at people's medicines records. We saw that people's medicines were managed well and that people were supported to take their medications. Staff we spoke with knew what the medicines were for, possible side effects and were aware of what to do if medicines were refused as this may have an impact on their mental health. Records were kept which gave details of professional advice, such as from a community psychiatric nurse. The use of 'as and when required' medication for pain or symptom relief was considered by the nursing staff and was used flexibly to suit people's needs. For example, medicines that were used to control behaviour as an when required were only used

Good

# Is the service safe?

after the nurse made an assessment with the person involved. People who could manage their own medications were supported to do so and risk assessments were in place to show how this was managed safely.

The home had two infection control leads that conducted regular audits and supported staff to maintain hygiene standards. The home was clean and communal areas were odour free. Bathrooms had cleaning products and suitable pedal operated bins.

Good

# Is the service effective?

## Our findings

Conifer Lodge was felt to be effective by people who used the service. One person told us "The staff are good here, always want to help you". Another told us "The staff here have really helped me to get sorted and back to feeling good about myself. I am feeling very positive and looking forward to moving out of here. The staff have been supportive and have always spent time to sit and listen to what I had to say. I think the fact that they listened to me has made the biggest difference to helping me move on, my confidence has improved, they have been great and I will miss them."

The staff were supported to develop the skills and knowledge required to meet the needs of people at Conifer Lodge. New staff were inducted into their roles and this included mandatory training and hands on experience. One new staff member told us, "I have had to do lots of mandatory training and I also shadowed experienced staff to observe their practice to see how they support people with their different needs. I also have regular supervision with a senior staff member and receive feedback on how I am doing and this helps me to learn and do my job right".

We looked at induction, training and supervision records. These showed that staff were supported into their roles, as well as getting appropriate training for the needs of people. Supervisions were recorded every two months and were carried out by senior staff. Records showed that clinical and non-clinical staff received appropriate support and mentoring to ensure that staff follow agreed procedures. We saw evidence of detailed discussions about peoples changing needs and reviews of goal planning, for example encouraging people to self-manage behaviour that challenged the service.

All staff had an annual appraisal which was detailed; looking at personal goals as well as training for the next year. There was evidence of staffs' performance being managed and that senior staff were clear about their professional responsibilities within the home.

The registered manager met with people regularly. Minutes of staff, resident and relatives meetings were seen, as well as a newsletter. People told us they felt the service met their needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were three people at Conifer Lodge who were subject to a deprivation of liberty and appropriate referrals had been made and a review process was in place. There was evidence in the files seen of people's capacity to make decisions having been assessed. There was recognition of people's rights to make unwise choices being respected, for example continuing to use drugs and alcohol. The provider had a policy on the use of restraint. Staff told us, and records confirmed, restraint had not been used for some time, but staff were aware of the use of breakaway techniques and when to seek police support. Periodic refresher training on restraint techniques was planned to ensure staff were aware of current safe practice.

Staff sought peoples consent throughout the day. We observed staff seeking peoples consent and encouraging them to be involved in decision making about meals, activities and their care. For example, people who were due to go out to the local shops were reminded by staff what the plan was and were asked if they still wished to go.

The home offered meals and access to snacks and drinks throughout the day. There was a skills development kitchen where people were encouraged to make their own food as well as carry out their own laundry. We saw people being encouraged to eat healthily and maintain weight, as well as recognition of their right to make choices. We spoke to the cook and they told us that they liked to ensure a good healthy nutritional balance when preparing meals/ menus. The cook told us they were aware of people's diets and prepared meals for people who had specific dietary requirements. Changes were made when health professionals had been involved such as speech and language or dieticians.

The building was well maintained and bedrooms personalised by people. There was ample communal space and in the dining area we observed that the tables were all nicely set ready for lunch. There were tablecloths, napkins and jugs of water on the table. We also looked at the menus on each table and noticed that people had a choice of what they wanted to eat. Staff told us that they liked the dining room to look nice and welcoming as it encouraged service users to come and sit together and socialise over their meal.

Some parts of the communal skills kitchen needed updating and we highlighted this to the manager who agreed to review the environment.

Good

# Is the service caring?

## Our findings

We spent time observing staff and people around the home. We saw in all cases that staff spoke to people with respect and kindness. We also found that staff were able to anticipate people's needs and used appropriate techniques to encourage people to be happy and safe. One person told us "The staff are good here, always want to help you. I have complained about the noise from others sometimes and they always deal with it, never have to ask twice." A relative told us "I am very happy with the care my relative receives. I have a good relationship with the staff and manager. My relative is taken care of properly. There is a nice fun and calm atmosphere here."

We looked at the care plans of eight people. We found a consistent and positive focus on building knowledgeable and caring relationships with people. We saw that some included detailed personal histories written by the person themselves or with input from family and friends. Each care plan included a section of visual aids such as family photos, pictures of important events such as weddings and birthdays and photos of the peoples' favourite music artist and home town. This helped staff to understand the background of each person and provided a useful tool for them when sitting chatting to people, enabling them to reminisce about happy events in their lives.

The level of detail in care plans ensured people received care that was person-centred and acknowledged how important it was for their needs and wants to be met. For instance, each person had a 'sleep and rest plan' in place. This included information for staff such as how many pillows the person liked to sleep on, if they liked their door to be open or closed during the night, if they wanted to be checked on during the night and whether or not they liked their window open.

Care plans included detailed information on each person's communication needs. This had been written by staff and people together and let staff know how people most liked to be spoken to, including how they would sound if they were becoming agitated or upset. The level of individual detail ensured that staff cared for people personally and not simply as a procedure or task. We saw that this worked well in practice. For example, a person who was agitated during our visit was invited into the garden to enjoy some sunshine and a member of staff took the time to sit with them for a chat to find out what was wrong.

We talked with staff about how they encouraged people to express themselves. One member of staff said, "It's been great getting to know people by actually talking to them, rather than having to read it from a form." Another member of staff said, "Each person has a key worker and together we encourage them to discuss their goals for the future. We already spend a good deal of time with people but once the new care plans are finalised, we'll be able to spend even more with them, which is something they tell us they enjoy." Another member of staff also said, "Time with residents is absolutely the priority. There's nothing more important. Everyone can come and go as they please but we know them well enough to understand when a problem might occur so we can resolve it."

People told us they felt involved in their care planning and were at the centre of the decisions reached about how best to support them. We spoke with a person who had been involved in the recent pilot of new care plans. They told us, "As part of the new care plans, I completed a monthly review with a member of staff about how I felt about being here. They're a brilliant chance to reflect. You can see how much progress you've made and where you might need more help." This showed us that staff felt it was important to obtain people's views in relation to their care.

We also saw that families, advocates and external professional's advice and support was sought by the staff when supporting people at reviews and other meetings.

We saw that people's privacy and dignity was respected and promoted at all times by staff. For instance, staff always knocked on the door of bedrooms and asked for permission to enter. We found that staff knew people well enough to plan their care safely and with their dignity as a priority. For example, people who were in relationships with people outside of the home were supported to be able to meet with them safely and privately, whilst ensuring that their care and medical needs were met.

A staff member said "If I had any concerns or observed any instances of discriminatory behaviour or where people's privacy and dignity was not being respected, I would raise this with the individual staff member and the manager".

Good

# Is the service responsive?

## Our findings

We spent time observing people and staff in the communal areas of the home, including the lounge and dining area. We saw staff delivered personalised care that was based on the needs of each individual and on staff understanding of their personality. For example, staff knew that one person was pacing anxiously because they were due to go out and did not want to be late for an appointment. We saw staff used appropriate diversion techniques to help the person relax and reassure them that they would not be late.

We saw the care provided by staff was person-centred and not led simply by tasks. People had access to their own kitchen, which they were encouraged to use to maintain independence. For instance, they were able to prepare their own drinks and breakfast. The kitchen was used as a tool to encourage people to be involved in the running of the home. One person we spoke with said, "It's a great idea. I don't really want to be waited on hand and foot. When we want to do something staff really listen. The kitchen proves this I think, because we want a space that we can be responsible for."

We looked at the care plans of eight people. In all cases we found people had been involved in planning their care in detail. We also found evidence that care was based on people's needs, wants, likes and dislikes. Care plans included clear instructions to staff, such as "Staff must have knowledge of [name] as a person taking into consideration their history and family." A nurse told us, "It's really important for us here to establish what people's wants are, not just their needs. Every week each person gets some dedicated one to one time with a member of staff, whoever they choose and feel comfortable with. In this activity we always ask if their care is working for them and if they'd like anything changed." This showed us that staff were able to provide person-centred care because steps had been taken to assess peoples' social needs in addition to their health needs.

We found a new format for care plans had recently been piloted. The manager said, "We're trying to make the care plans more specialised, more streamlined and more relevant for people as individuals." A person said about these, "The new care plan includes all of the important stuff, like if my behaviour or condition has changed or deteriorated, but it's much more focused. Staff used to have to spend hours on the care plans; they were full of writing. The new pilot version is much more focused on us, making sure we're safe and happy and have everything we need."

Care plans had a section entitled 'Supporting Decision Making.' This had been used by staff to promote people's independence safely. For example, it prompted staff with ways in which the person could be supported to make their own decisions, such as by arranging meetings with other people involved in their care. In all cases we saw that staff had a good understanding of how to enable people to take part in the social activities they enjoyed, whilst promoting their dignity. For instance, a person who was not able to keep their own tobacco when inside the home due to an identified fire risk was able to carry their own tobacco when out in the community. This reduced the stigma the person had felt previously that occurred when they had to ask staff to give them tobacco.

The new care plan design included the self-evaluation of care needs. Staff had used this document to help people reflect on how they wanted their life to be in the home. For example, people were able to decide how much support they wanted with taking their medication and whether they wanted to be able to make their own GP appointments. The pilot version included details of de-escalation techniques, written by the person, which could be used by staff to help them understand how to better provide care.

The provider regularly asked people, their friends, relatives and visiting medical professionals for their views on the service. We saw the results were used to improve the service. We found evidence of this by reviewing the results from the most recent 'Your Views' survey that had been undertaken in 2014. 100% of relatives had rated staff as 'helpful and friendly' and agreed the care provided was focused on dignity and respect. All respondents had also stated the staff were knowledgeable of the needs of each person.

We discussed with the registered manager a person who was due to move to another, more independent living service. They had used this persons experience as an example for the organisation about supporting people through transition. They had encouraged this person to be part of the roll out training to other homes so they could use their example and empower and develop the person's confidence at the same time.

Good

# Is the service responsive?

The provider had a clear and robust complaints policy in place, which was displayed in the main lobby of the home. This policy was also available in each person's care plan. All members of staff we spoke with were able to tell us about the complaints policy. It was clear they understood their role in relation to this and handled any concerns raised by people or their visitors in the best interests of people. One member of staff said, "We have developed really good working relationships with people and have very few complaints." Staff had been provided with a complaints management workbook. This was used as part of a training programme to help staff deal with complaints appropriately and sensitively. We found that the home had not had any formal complaints in 2015.

Good

# Is the service well-led?

## Our findings

The service was well led; they had a registered manager in place since opening in 2010. The registered manager told us the ethos of the service was, "It's about encouraging staff and residents to make decisions and have control". Staff we spoke with supported this, telling us they were given opportunities to make suggestions and share ideas and ways to move forward. People told us they thought the registered manager was approachable and listened to them. External professionals also spoke of how the service was quick to make changes, would try out new ideas and that the registered manager was "Very tolerant of peoples complex issues and knows what they are doing".

Staff told us they felt the registered manager had the right knowledge, skills and training to lead the team and manage the home. One senior staff member said "After any incident the manager always encourages us to take time out and have a break when things become intense with the service users. She will always spend time with us talking about the situation and this helps us to learn by thinking about how we can manage situations differently".

We met with the registered manager and area manager. They described how the provider's local registered managers met as a group for peer support and to share good practice. The area manager also visited the service at least monthly to carry out regular quality audits. These visits were often with a colleague and involved talking to staff and people as well as looking at records and plans. The registered manager was able to show us their action plan for the service based on feedback from people, incidents in the service, as well as feedback from the area manager.

We also met a lay visitor from the provider organisation. Theirs was an unannounced visit to the service to speak with people and staff and gave the provider a 'critical friend' view of each of their services. We spoke with them and found their approach to be based on the same person centred principles and ethos that the registered manager told us was at the heart of their service.

The registered manager organised an employee of the month scheme which encouraged staff to bring new ideas into work, share them and develop together. The scheme rewarded this activity and encouraged all staff to bring their ideas forward.

We saw evidence of relationships with other local organisations, from the local church, shops and community activities, through to specialist debt advice services.

We saw that systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. We saw concerns and complaints were responded to promptly and were used to improve the service. Records showed the service worked well with the local authority to ensure safeguarding concerns were effectively managed. Detailed records were made of accidents and incidents that had occurred and the immediate action taken. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

The registered manager was clear in their requirements as a registered person, sending in required notifications.