

Coniston Lodge

# Coniston Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Coniston Lodge is a residential care home providing accommodation and personal care to seven older adults at the time of the inspection. The service can support up to 10 people and provides care to some people living with dementia. Accommodation is provided in one two storey building.

### People's experience of using this service and what we found

Records relating to risks to people had not always been completed or reviewed. Examples included risks associated with falls and trip hazards on the landing. We found no evidence that people had been harmed. Audits had not been regularly completed and therefore not identified areas requiring improvement found at our inspection.

People and their families described the care as safe and told us there were enough staff to meet their needs. Staff had been recruited safely, which included employment and criminal record checks. Staff had completed safeguarding training and understood their role in recognising and reporting any suspected abuse or poor practice. People had their medicine administered safely by trained staff. People were protected from preventable infections as staff followed safe infection control practices.

Pre-admission assessments had been completed which captured people's care needs and lifestyle choices. Staff had completed an induction and received on-going training and support that enabled them to meet people's care needs. Coniston Lodge worked with other professionals such as district nurses to enable effective outcomes for people. People had access to healthcare for both planned and emergency events. People had a well balanced diet; meals were home cooked and varied. The building and decoration enabled people independent access to private and social spaces inside and around the garden.

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

People and their families consistently spoke positively about their care. Staff were described as kind, caring, patient and thoughtful. Staff were knowledgeable about people and their past histories. People felt involved in decisions about their care. We observed people having their privacy, dignity and independence respected.

People received person centred care that reflected their wishes and lifestyle choices. Staff understood people's individual communication skills. No complaints had been received since our last inspection, but people were aware of the complaints process and felt able to use it if needed. People had an opportunity to be involved in end of life planning which reflected any cultural or spiritual wishes.

The culture of Coniston Lodge was open and honest with visible leadership. People, families and the staff team felt involved and able to express their views. Legal reporting requirements to CQC and other statutory bodies was met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

The last rating for this service was good (report published 25 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Coniston Lodge

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Coniston Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

During our inspection we spoke with three people who used the service and four relatives. We spoke with the proprietor, registered manager and three care workers. We reviewed five peoples care files and checked

their accuracy. We checked two staff files, medication records, management audits, meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Review of risks following accidents was not consistent, which meant people might not receive consistent, appropriate, safe care. One person had nine falls over seven months. Accident forms had been completed but not been used to review risk assessments.
- The registered manager had a good understanding of triggers to the falls and was able to describe actions that had been taken. They agreed records needed to reflect this and told us they would review the risk assessment and care plan.
- Some people living at Coniston Lodge had poor vision. One person had fallen on an internal step on a landing. No review of risk was completed after this accident. The registered manager agreed there was a possible risk to people. During our inspection they ordered high visibility tape so people were more easily able to distinguish steps around the building.
- People were not supported by waking staff during the night but had call bells should they need assistance. The proprietor and registered manager lived on site. The registered manager told us, "If somebody is unwell we hire agency (waking staff) and also have a floor (alarm) mat if needed". They agreed to complete risk assessments to review people's safety at night.

Systems and processes to safeguard people from the risk of abuse

- People and their families described the care as safe. One relative told us "It's a small home; feels like a family. (Relative) tells me they feel safe."
- Staff had been trained to recognise signs of abuse and understood their role in reporting concerns of abuse or poor care practice.
- People were protected from discrimination. Staff had completed training in equality and diversity and respected people's lifestyle choices.

Staffing and recruitment

- People were supported by staff that had been recruited safely. References had been obtained and criminal record checks completed to ensure suitability for working with in a care setting.
- Staffing levels met people's needs. One person told us, "If you press the bell they're here as quick as a flash.". A care worker told us, "If somebody (staff) is poorly we would get a telephone call asking if we can work; we're all really flexible".

Using medicines safely

- People had their medicines ordered, stored and administered safely by trained staff.

- Protocols were in place for medicines prescribed for as and when required (prn) which provided staff with guidance ensuring appropriate administration of these medicines.
- When people were prescribed topical creams, body maps had been completed which provided clear guidance for care staff on correct administration.

#### Preventing and controlling infection

- People were protected from avoidable risks of infection. Staff had completed infection control training. Staff had access to appropriate personal protection equipment such as gloves and aprons.
- The home was clean and free of malodour.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and their families had been involved in pre-admission assessments. Information gathered included details of a person's care needs and lifestyle choices and any spiritual or cultural requirements.
- Assessments had been completed in line with current legislation, standards and good practice guidance. They were used to create people's initial person-centred care and support plans.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. A care worker described their induction, "I felt nervous to start with but now I have done the course (care certificate), I understand everything much clearer." The care certificate sets out common induction standards for social care staff.
- Training reflected people's needs, including dementia care. One care worker told us, "It's helped me be more aware; there's certain ways of talking (with people), not getting confrontational."
- Staff had opportunities for professional development such as diplomas in health and social care.

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

- People had their eating and drinking needs met. Meals were home cooked by the care team who had a good understanding of people's likes, dislikes and dietary requirements.
- People described the food as good. One person told us, "The food is very good. You're never pressured to eat something you don't want." Another told us, "The food you can't fault."

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

- Staff had worked with other health teams to enable consistent, effective care. Examples included working with district nurses and speech and language therapists.
- People had access to a range of healthcare services including GPs, chiropodists, opticians and dentists for both planned and emergency situations.

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

- People had access to both private spaces, an area to meet and socialise and an enclosed accessible garden. A relative told us, "They've put a ramp outside an external door (from a bedroom) so (relative) can access a little courtyard". A passenger lift provided access to the first floor. Specialist bathing facilities were available for people when needed.
- People's personal space reflected their individual interests and lifestyles. People had pieces of their own

furniture and memorabilia which provided a homely environment.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were upheld as the service was working within the principles of the MCA. We observed staff seeking consent from people and offering choices before providing any interventions. A care worker explained, "I involve people, like offering the loo; I explain, make sure they understand and never do anything without their decision."
- Records were held regarding when DoLS applications had been made and whether these had been authorised. At the time of our inspection there were no authorised DoLS in place.
- Files contained copies of people's power of attorney legal arrangements. Staff understood the scope of decisions they could make on a person's behalf.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and their families spoke positively about the care. One person told us, "Staff give me enough time and they are very thoughtful." Another said, "We have a good old laugh; it's good to be able to laugh with somebody who cares for you."
- People were cared for by a small team of staff that they knew well. One relative told us, "They're a lovely caring family. it's a nice atmosphere when you walk in of people being cared for." We observed people and care staff having fun, sharing stories, relaxing and spending time together.
- Staff were knowledgeable about people's life histories and the people important to them. This meant they could have meaningful conversations that respected their individuality and lifestyle choices.

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

- People felt involved in decisions about their day to day care. One person told us, "If I want breakfast in bed, don't fancy getting up, they will do that."
- Interactions between staff and people were respectful and involved the person in decisions. Throughout the inspection we observed staff explaining their actions to people, giving people time, listening and respecting what they had to say.
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People and their families told us staff were thoughtful and respected their privacy and dignity. A person told us, "There very good girls (staff). Always knock on the door; makes you feel more comfortable."
- We observed people having their privacy, dignity and independence respected throughout our inspection. Staff meeting minutes recorded discussions about promoting dignity.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care by staff who had a good knowledge of people's care needs and lifestyle choices. Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met.
- People and their families felt involved in how care needs were met. Care plans included details of who was involved alongside the person and care staff, such as a district nurse when a person had a catheter.
- Staff were kept up to date with people's changing needs. A care worker told us, "At the start of my shift (registered manager) informs me of what's happening, if anybody is out, how everybody is doing".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in formats they could understand. Examples included staff reading and discussing the complaints process and fire procedures to people who were visually impaired, and a welcome pack being produced in large print.
- The registered manager was in the process of carrying out a communication assessment for each person to review their personal communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to be part of their local community and be involved in activities that interested them. Community trips included a weekly visit to a local church and trips to a garden centre.
- Music was a shared interest amongst several people living at Coniston Lodge with one person regularly playing the keyboards for people. One person told us, "We have games with balloons and feet exercises; it's a good laugh."
- Social events were held and families, friends and the staff team were invited along. A summer BBQ had been held and people had chosen a brass band they had heard at church to provide the entertainment.

Improving care quality in response to complaints or concerns

- People and their families had been provided with information about how to make a complaint which included details of how to appeal to external organisations against the outcome.
- No complaints had been received since our last inspection.

#### End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes, which included any cultural requirements and decisions on whether they would want resuscitation to be attempted.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records relating to risks to people had not been consistently completed or reviewed. Examples included the review of accidents and incidents in order that actions could be put in place to reduce risk and improve outcomes for people. However, the registered manager was aware of the individual events and anything that was immediately necessary to ensure people's safety.
- Audit processes were in place to monitor quality but were not being regularly used. The last care plan audit had been completed in June 2018 and the last risk assessment audit October 2018. This meant that systems in place to monitor the quality of care had not been effective at identifying areas of improvement found at our inspection. We discussed this with the registered manager who agreed improvements were needed and undertook to review their quality monitoring systems.
- The manager had a good understanding of their responsibilities for sharing information with CQC. The service had made statutory notifications to us as required and our records told us this was done in a timely manner. A notification is the action a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their families and the staff team all consistently spoke positively about the management team. One person told us, "The organisation is very good; everything runs smoothly." A care worker told us, "Feel very well looked after; family run home and they take care of us". The management team were visible and worked alongside care staff.
- Staff felt able to share ideas and be involved in improving outcomes for people. A care worker told us, "It's an open team, small which is quite nice, we all talk, everybody is really friendly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

#### characteristics

- People, their families and staff had opportunities for developing the service and sharing information and learning. The registered manager explained, "We gather feedback mainly verbally but also a questionnaire we use as and when." Families had fed back the porch needed a refurbishment and we saw this had been completed.

#### Working in partnership with others

- The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. The registered manager gave an example of keeping up to date by reading professional social care publications and said, "They provide information on things we can implement".