

Conifer Lodge Limited

# Conifer Lodge Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Conifer Lodge is a residential care home providing accommodation and personal care for up to 20 people aged 65 and over. At the time of the inspection 12 people were using the service.

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

At our last inspection we found multiple failings which put people at risk of harm. This included but was not limited to failings in infection prevention control for the management of COVID-19, safe care and treatment, the providers governance systems and processes and the competency of the two registered managers and nominated individual.

At this inspection we found significant improvements were made and lessons were learnt. These improvements were facilitated in the main by a director of the company who previously only played a small part in running the company.

The director and registered manager were open and transparent and accepted newly implemented systems and processes needed to be embedded and sustained over time.

The provider had implemented robust infection control procedures and followed government guidance to ensure people were now protected as far as possible from the risk of infectious diseases such as COVID-19.

Arrangements were in place to safely manage and monitor risks associated with people's care. Care plans and risk assessments were reflective of people's needs, and people's medicines were managed safely.

People were protected from harm and abuse, and relatives felt their family members were safe and well cared for. Staff were trained in safeguarding and knew how to report concerns to the relevant authorities if needed. Improvements to recruitment processes ensured staff employed were safe to care for vulnerable people.

Staffing levels were safe. Staff provided people with safe and compassionate care and gave us many examples of how the service had improved to support them in providing quality care. They felt supported by the provider and the registered manager, and made reference to one of the directors who they felt had orchestrated the improvements.

Previous concerns over the safety of the environment had been addressed. The provider had made several improvements to the décor and presentation of the service which had a positive impact on people's quality of life. Plans to make further improvement was in place.

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

practice.

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 and update

The last rating for this service was Inadequate (supplementary report published 15 December 2020).

This service has been in Special Measures since 15 December 2020. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focussed inspection of this service on 9 September 2020. Breaches of legal requirements were found, and the service was placed in special measures. We imposed conditions on the providers registration. A director completed an action plan after the last inspection to show what they would do and by when to bring about the improvements needed.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at were used to calculate the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Conifer Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Conifer Lodge Residential Home

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Conifer 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

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two relatives about their experience of the care provided for their family members. We spoke with ten members of staff including a director, nominated individual, registered manager, senior care workers, care workers and the housekeeper and chef.

We reviewed a range of records. This included three people's care records and a sample of medicines records. A variety of records relating to the management of the service, including recruitment processes and policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, audits of the service and the provider's improvement plan.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. Improvements identified needed to be embedded in practice and sustained over time to ensure people were always safe.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received safe care. Their needs and risks were assessed, managed and monitored safely. Detailed risk assessments and care plans had been introduced following the previous inspection. They now contained all the necessary information for staff to support people safely. These were reviewed regularly and when any change in people's needs were identified.
- All of the staff we spoke with told us the care plans and risk assessments were now reflective of people's needs. One staff member told us, "Before the new care plans came in, we felt we didn't know enough about people. They now reflect the person's needs and importantly are updated as soon as there is any change." Another staff member told us, "The care plans are now person centred and a true reflection of the person."
- Accidents and incidents were reviewed by the director and registered manager and action had been taken to mitigate against future risk. For example, one person had been assessed to require a hoist and wheelchair following a previous fall. During the inspection we found this equipment to be always in use.
- Relatives told us they their family members were cared for safely. One told us, "We feel [Name] is safe. [Name] is prone to pressure sores and staff show me records when repositioning has been done which gives me confidence in them [staff]. It's far more professional there now."
- A visiting health professional told us, "The registered manager and staff follow our guidance and recommendations and engage with us well. We have no concerns with the care they provide."
- Environmental hazards had been addressed. For example, a loose, hanging electrical wire had been made safe, a communal lounge that previously posed risks to people had been fully renovated and was now safe for people to access. Cupboards containing products hazardous to people's health were secured.
- A staff member told us, "When urgent repairs are needed these are done quickly. I reported a toilet handrail needed repairing recently and It was fixed the same day. Before it would have taken constant reminders to the management team to get it fixed and would take days to get it sorted."
- Medicines were managed safely and regularly audited. Systems and processes ensured any changes to people's medicines were now clearly recorded to prevent any misadministration.

- Medicine administration records (MAR) showed people had received their medicines as prescribed, and on time. Protocols were in place to enable staff to identify when people needed 'as required' medicines.
- Medicines were securely stored. Medicines that required refrigeration were stored at the right temperature.

#### Preventing and controlling infection

- Significant improvements to infection control measures had been made. People were protected from the risk of acquiring infectious diseases including COVID-19. A robust infection prevention and control policy had been implemented. This was reflective of government guidance for care settings.
- Individual COVID-19 risk assessments were in place. These detailed the specific risks to people from acquiring COVID-19 and any actions required to reduce risks to them.
- Improvements had been made to the cleanliness of the service, which reduced the risk of transmission of COVID-19.
- Additional cleaning staff had been deployed to ensure the service was cleaned to a high standard. The service was visibly clean and free from any odours. An increase in the frequency of regular cleaning and high touch areas such as door handles and handrails, including deep cleaning of the service was in place.
- Improvements had been made to the services waste management system, which meant laundry and the disposal of used PPE were safely handled.
- Staff had access to the personal protective equipment (PPE) they required to undertake their role safely.
- People and staff were observed to socially distanced within the service.
- COVID-19 testing for people and staff was undertaken in line with government guidance.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from harm and abuse. At our last inspection we found the registered persons did not investigate or take seriously when care staff reported concerns for people's safety. At this inspection records showed safeguarding concerns had been appropriately reported to the local authority safeguarding team and CQC.
- Staff told us they were confident any concern raised would be addressed. One member of staff told us, "The management team listen when we go to them with a concern, however small it maybe. We are encouraged to report anything to you [CQC] and safeguarding if we don't think they [management] are doing what they should. It was never like that before."
- Staff had received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to safely meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Systems and processes for the safe recruitment of staff had been introduced. Records showed recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff.
- Staffing levels had been reviewed and there were enough staff deployed to meet people's needs in a timely way and keep them safe. One staff member told us, "There are no issues with staffing levels." Another told us, "We have the time we need to support people when they need it now."
- A recruitment drive had resulted in vacancies being filled across the service. This had in turn reduced the dependency on agency staff and meant people were supported by a consistent team of staff who knew them well.
- Relatives gave positive feedback on staffing levels. One told us, "With more staff around now they can give people a lot more attention. Staff sit and read with [Named person] and go through old photographs with them which they really enjoy."

# 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 Inadequate. At this inspection this key question has now improved to requires improvement. Improvements made to the governance and systems and processes introduced need to be embedded and sustained over time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been a change in the management structure since the last inspection. There was now one registered manager. A director of the company was now involved in the day to day running of the service. This had brought about significant improvements to the leadership and governance at the service.
- Quality assurance systems and processes had been reviewed and new audits had been introduced and were undertaken frequently. Where areas of concern had been identified, action had been taken to address these. For example, an audit to monitor people's weight ensured where needed people had been referred to health professionals, charts were introduced so people's food and fluid intake could be monitored closely.
- There was a much-improved culture in the service and care delivery was person centred. We observed kind and caring interactions between staff and people.
- Staffing levels had been reviewed and increased to ensure they were reflective of the needs of the people at the service. Staff provided positive feedback regarding the staffing levels.
- The service had addressed recommendations made by Leicestershire Fire and Rescue Service (LFRS) in relation to the services fire procedures, testing of the fire panel and fire drills.
- People's care records were reflective of their needs and guided staff to support them safely.
- Staff told us they had clear roles and responsibilities. The registered manager implemented competency checks of all staff to ensure they continued to deliver safe care to people.
- A director had implemented a new training programme. This ensured staff had the necessary skills and up to date guidance to carry out their role effectively.

At our last inspection the provider and registered manager had failed to notify CQC and the local authority of incidents that could indicate abuse or improper treatment of people at the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). Notification of other

incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- All legally required notifications were now being submitted to CQC and the local authority.

At our last inspection the registered manager did not demonstrate the capability and competence to carry out their role effectively. This was a breach of Regulation 7 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Requirements relating to registered managers.

Enough improvement had been made at this inspection and the registered manager was no longer in breach of Regulation 7.

- The registered manager demonstrated a commitment to making the required improvements and had worked hard to address areas of concern identified in our previous inspection.
- They cited support from a director, autonomy as sole registered manager, and learning lessons from previous shortfalls as key drivers to carry out their role more effectively.
- A systemic approach to the oversight and governance of the service had been implemented by a director and the registered manager. The provider and registered manager accepted the previous failings in the service and were committed to sustain the improvements made.

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

- At our last inspection we found registered persons were not open and transparent when things went wrong. At this inspection we found they were. The provider had introduced robust systems to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment. Incidents were now reported, recorded and investigated and action taken to minimise any recurrence appropriately.
- Records showed there had been three unplanned readmissions to hospital following our previous inspection. Relatives told us they were informed, provided with an explanation of the circumstances leading up to an admission and kept up to date with the progress their family member was making.

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

- Staff felt better supported and valued in their roles. They received regular supervisions and appraisals and a presentation of 'carer of the month' took place during the inspection. One staff member told us, "I feel proud to work here." Another staff member told us they had been offered opportunity to progress to a more senior role.
- Risk assessments had been undertaken for staff with pre-existing conditions and measures had been put in place to support them safely in their role.
- At the last inspection relatives told us, action was not always taken when they raised concerns. At this inspection feedback from relatives was overwhelmingly positive and they commented on the improvements made. One relative told us, "We are always consulted with and kept up to date with [Name's] care. I have written to CQC expressing our positive views."
- During the period leading up to this inspection CQC had received six positive feedback forms from relatives relating to the improvements and care for their family members.
- Staff told us communication with relatives had improved. One staff member told us, "Relatives seem a lot

happier now, we speak to them all the time and one told me recently they recognised the hard work we do to provide good care which was a real complement of all of us."

#### Continuous learning and improving care

- A director had an ongoing action plan in place to address the failings identified at the previous inspection. Many of these actions had been met and those outstanding were near completion.
- The provider had plans to continue investing in the environment. Since the previous inspection bedrooms, communal areas and the reception area had been renovated, and flooring and seating replaced in communal areas,
- Relatives and staff recognised the improvements made. One relative told us, "It's lovely what they had done with [Name's] room". A staff member told us, "The whole appearance and feel of the home is a 'million' times better than before."

#### Working in partnership with others

- Working relationships with multi-agency professionals had improved markedly. The service had developed good working relationships with professionals such as, community nurses and GPs to improve people's outcomes and ensure they received joined up care.
- The local authority commissioners told us significant improvement had been made at the service, and how the provider and registered manager had worked in partnership with them.