

Jutrad Limited

The Conifers Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Conifers 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 home can accommodate up to 33 people. This includes older people, people living with dementia and younger adults. Nursing care is provided. At the time of the inspection 26 people were living at the home. The home is situated close to local amenities and bus routes. Accommodation is on two floors with a passenger lift to provide access.

The inspection took place on 29 January 2019 and was unannounced, this means no-one connected to the home knew we were visiting the home that day. The home was previously inspected in September 2016 when we judged the overall rating of the service to be 'Good'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Conifers' on our website at www.cqc.org.uk.

At this inspection we rated the service 'Requires Improvement' as we found improvements were needed to meet the expected standards.

At the time of the inspection there was no registered manager in post as they had retired at the end of December 2018, however an acting manager had been appointed. 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.

People told us they were very happy living at The Conifers. They spoke positively about the care provided and the staff who supported them.

People were protected from the risks of abuse because staff had a clear understanding of safeguarding people, and care and support was planned and delivered in a way that ensured people were safe. Risks associated with people's care had been identified and appropriately managed.

Most of the time a safe staff recruitment system had been followed to ensure staff employed were suitable to carry out their roles and responsibilities in a safe manner. However, we found in one case where some essential checks had not been carried out in a timely manner.

Staff were trained and supported to develop their skills and provide people with the standard of care they required.

Staffing numbers were adequate to meet the care needs of the people living at the home at the time of our inspection. However, there was no formal allocation of staff to enable people to take part in regular social activities to meet their individual needs.

Medication was mainly managed safely and administered by staff who had completed appropriate training. However, we found information on 'as and when required' medicines needed improving.

People were supported to receive a healthy diet, which they said they enjoyed.

Staff supported people in an inclusive, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made very positive comments about how staff delivered care and said they were happy with the way the home was run.

People's needs had been assessed and care plans drawn up to highlight where they needed support, providing guidance to staff on how best to do this.

Various checks and audits had taken place to highlight areas for improvement, but these did not always have an action plan showing the timescale for the work to be completed and who was responsible. Neither did they evidence the shortfalls found had been addressed. Where new audits had been devised to improve the ones previously used, these needed to be embedded into practice to ensure on-going improvement.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Robust recruitment processes were not always consistently followed, which meant the provider could not be assured all staff were suitable to work with vulnerable people.

There were enough staff on duty to meet people's care needs. However, people told us staff did not always have time to offer social stimulation.

Systems were in place to make sure people received their medication safely. However, improvements were needed to make sure staff have detailed information about when to administer 'as and when required' medicines.

Effective systems helped to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Requires Improvement 

Is the service effective?

The service was effective.

Staff had access to a structured programme of essential training and support.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were met.

People received good nutrition and hydration, and their health needs were met.

Good 

Is the service caring?

The service was caring.

People were treated with kindness and understanding by staff who were caring and considerate. They spoke to people in an inclusive way, while respecting their privacy and dignity.

Staff had a good knowledge of people's needs and preferences. They knew the best way to support them, whilst maintaining their independence and respecting their choices.

Good 

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing care plans that told staff how to meet their needs and preferences.

Social activities took place, but these were not planned or provided consistently.

People could raise concerns with the confidence they would be taken seriously.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in post, however, an acting manager had recently been recruited to the post.

There were systems in place to identify areas for improvement, but these did not always evidence that timely action was taken to address shortfalls.

Staff were clear about their roles and responsibilities and had access to policies and guide them.

People were asked their opinion about their satisfaction with how the home operated.

The 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 checked whether the registered 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 comprehensive inspection took place on 29 January 2019 and was unannounced, which meant no-one connected to the home knew we were visiting that day. The inspection was carried out by an adult social care inspector.

To help us plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with eight people living at the home and three relatives who were visiting family members. We also spoke with the acting manager, the clinical lead nurse, a cook and two care workers. We spent time observing people going about their daily lives and looked round the home's facilities, including people's rooms, communal areas and bathing facilities.

We requested the views of professionals who were involved with supporting people who lived at the home, such as the local authority and we spoke with two visiting healthcare professionals.

We looked at three people's care records and records relating to the management of the home. This included minutes of meetings, medication records, three staff files and quality and monitoring checks carried out to ensure the home was operating to expected standards.

Is the service safe?

Our findings

Everyone we spoke with told us The Conifers provided safe care that met people's needs. We saw people looked happy in the company of the staff team and interaction was very positive. People said staff had a good understanding of how to care for them and they felt the environment was safe.

People's needs had been assessed to make sure any potential risks were minimised. Care records provided guidance for staff to help them manage situations in a consistent and positive way, which protected people's dignity and rights. These had been regularly reviewed to reflect any changes in people's needs. Where hoists were used to move people, information about this was included in their care plan. However, not all plans told staff how to attach the loops on the sling to safely move the person. This information would help to make sure staff had comprehensive information about moving individual people safely. This had not had a negative impact on people as staff knew them well, but would be important for new staff. The manager said they would add this information to care plans as soon as possible.

People could be safely evacuated from the building because risk assessments were in place which highlighted any support or equipment needed to safely move them should they need to evacuate the premises in an emergency. Equipment used to move people safely had been serviced in line with legal requirements.

Staff had a clear understanding of safeguarding people from abuse. They had received training in this topic and could describe what action to take if they had any concerns. All the staff we spoke with were confident that any concerns reported to the registered manager would be taken seriously.

There were sufficient staff on duty to meet the care needs of people living at the home at the time of our visit. One relative said, "There is always plenty of staff around." However, people told us there were no formal plans in place for them to receive regular social activities. One person said, "They [The Conifers] could do with some stimulation, otherwise everything is lovely." We spoke with the manager and staff about this. They told us care staff provided ad hoc activities when they had time, but acknowledged this was an area that could be improved.

The recruitment and selection process had not always been followed in line with the provider's policy. Two of the staff files we checked showed new employees had been subject to essential pre-employment checks. This helped to make sure unsuitable people were not employed. However, one file did not contain all the documents required. The criminal records check on file, although recently undertaken by their last employer, had not been obtained by the provider and there was no evidence their identity had been checked. During the inspection the manager obtained the latter and said they would apply for a current criminal records check immediately.

People received their prescribed medication safely and this had been appropriately recorded on the medication administration records [MAR] by staff. However, we noted for medicines that were only given 'as and when required' [PRN], there were no protocols to tell staff what the medication was prescribed for, how

the person presented when they needed it or what signs to monitor for after it had been taken, to make sure it was effective. This was particularly important if the person was unable to verbally tell staff when they need the medicine. The clinical lead nurse said they would ensure PRN protocols were completed as soon as possible. There had been no negative impact on people receiving these medicines because staff administering them knew people well.

Staff administering medication had received training in this topic, which included refresher training and periodic observational competency checks. Checks had been carried out by senior staff to assess if staff were following policies and procedures, and MAR were completed correctly.

Accidents and incidents had been monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

The service was clean and tidy and free from clutter. Relevant equipment was available for staff to promote good infection control practices. However, we saw an unused bathroom was being used to store equipment not needed. The manager said they were working on addressing this as soon as possible. Policies and procedures were in place and training had been undertaken to guide staff in infection control. Periodic audits had been completed identifying areas for improvement.

Is the service effective?

Our findings

People told us they were very happy with the way staff delivered care. We saw staff respected people's decisions and although busy most of the time they interacted well with people, were polite and approachable.

People were provided with a varied diet that met their needs. We observed the lunchtime meal in the dining room. People also ate in their rooms, either because they were being cared for in bed or because they preferred to do so. There was a pleasant atmosphere in the dining room with people engaging with each other and staff. We saw people were offered an alternative if they did not want the planned meal. People ate their meal enthusiastically and said they had enjoyed it. Comments included "The food's fantastic" and "I have no complaints about the food."

The cook on duty demonstrated a good knowledge of people's individual dietary needs, such as diabetic diets, the consistencies of meals, such as fork mashable and blended diets, as well as people's individual preferences.

People's day to day health needs were being met. They had good access to healthcare services such as GPs, dieticians and district nurses. The staff we spoke with clearly knew when external healthcare professionals had been involved in someone's care and what their role was in supporting that person.

We spoke with two advance nurse practitioners who said they visited the home regularly. They spoke positively about how staff worked with them to make sure people's changing needs were met. They said communication was good and staff were knowledgeable about the people they cared for. One nurse practitioner told us, "Staff work well with us, it's one of the better homes."

People received care and support from staff who had the training, skills and knowledge to meet their needs. When new staff were appointed they were required to complete a structured induction to the service, which, if applicable, included the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Following induction staff were expected to complete periodic refresher training in line with the provider's expectations. Staff confirmed they had completed essential training. However, training records were sometimes incomplete and disorganised, which made it difficult to track what refresher training was due. The manager said they would review all training records to make sure they accurately reflected training completed or required.

Staff were well supported by the management team. They told us they had received regular one to one support meetings and an annual appraisal of their work performance, which also looked at their development needs. The clinical lead nurse was new in post, but they described their plans to continue to support the nurses to maintain their registration.

Consent to care and treatment was sought in line with legislation and guidance. The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. The 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.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA] and staff had received training to help them to develop the skills and knowledge to promote people's rights. Staff we spoke with understood people had the right to make their own decisions and what to do if they needed assistance to make some decisions. Care files contained information about each person's capacity to make decisions and where possible people had signed to say they agreed with the planned care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. The manager told us five DoLS applications had been authorised and a further two had been applied for. The ones we sampled indicated appropriate action had been taken.

Is the service caring?

Our findings

We received consistently positive feedback about the approach of staff, and the care and support delivered to people. People described staff as caring, kind, patient and affectionate. Comments included, "The staff make this home the place it is [meaning a good place for their family member to live]" and "Staff are lovely."

People were appropriately dressed and appeared content, comfortable and cheerful. We spent time generally observing the interactions between staff and people who used the service and saw staff were compassionate, kind and respectful to people. Staff communicated with people well, and when necessary spoke with them by bending down to their eye level to communicate with them more effectively. We saw they displayed a genuine affection and caring for the people they supported and everyone seemed at ease with each other.

The service supported people to express their views and be involved in making decisions about their care and support. Staff we spoke with were keen to make sure people made their own choices and respected the decisions they made. Staff interacted with people positively and used their preferred names. None of the people living at the home at the time of our visit had any specific religious or cultural needs, but care records asked questions about these topics.

Staff demonstrated a good knowledge of the people they cared for and knew the best way to support them, whilst maintaining and encouraging their independence.

Staff respected people's privacy and dignity and demonstrated a satisfactory knowledge of this topic during our visit. Dignity champions were identified on the noticeboard and the service actively promoted dignity and respect. We saw staff knocking on people's doors before entering and closing doors while providing personal care.

People were supported to keep in touch with their families and friends. Visitors told us there were no restrictions on visiting times and they were always made to feel welcome at the home.

People were provided with information about how the home operated, such as the complaints procedure, as well as information about local advocacy services. The manager told us she had an open-door policy regarding people coming to talk to her. People told us communication at the home was very good.

Is the service responsive?

Our findings

Staff were responsive to people's needs and promoted their involvement in how their support was delivered. People told us they had been involved in care assessments and planning how their care was delivered.

Each person had a care file which contained information about their care needs, preferences, abilities and any risk associated with their care. We saw an initial assessment of people's needs had been carried out prior to them moving into the home. In general people's care plans contained satisfactory information about their needs and provided guidance for staff on how to meet these needs. However, we found one person's plans would have benefited from having more information about their individual preferences and the monthly care plan evaluations would benefit from more detail. The manager told us they were working with staff to improve these records.

Daily notes provided details on how each person had been that day, visits from healthcare professionals and any changes in their wellbeing. We also saw where necessary people were being monitored for topics such as food and fluid intake, falls and pressure relief monitoring. Care plans and risk assessments had been routinely reviewed to ensure they were up to date.

Two visiting advanced nurse practitioners told us staff were responsive to people's changing needs and praised the way staff contacted them in a timely manner when additional support was needed. They said staff followed their guidance well and were quick to report back any concerns or improvements.

At the time of the inspection there was no one receiving end of life care. Staff had received training in this topic and were aware of good practice guidance around end of life care. The clinical lead nurse described how they were working with a Macmillan nurse, in conjunction with the GPs, to develop advanced care plans and record people's medical histories and wishes.

People had access to social activities and stimulation, but this was not planned or consistently recorded. There was no activities coordinator so care workers said they provided activities on an ad hoc basis when they had time. This was the only area people we spoke with highlighted as needing improving. One person told us, "I sometimes get bored." "A relative commented, "It's a God send [the home], but there's not enough staff to provide entertainment for everyone. If I had a magic wand I'd wish for more stimulation [social activities]."

A member of staff told us, "There are not a lot now [activities]. People's (physical) needs outweigh social things, but staff do jigsaws and games with people when they have time and we are gathering information about what people would like to do." Staff also told us a singer came to the home each month to entertain people. The manager said this was an area they were looking to improve.

The system to manage any complaints or concerns raised by people was managed effectively. Where concerns had been raised these had been managed in line with the company's complaints policy, with outcomes recorded. We also saw 12 thank you cards were displayed on the noticeboard in the reception

area.

People were consulted about how the home was run and asked about their satisfaction in the service they received. No-one we spoke with identified any complaints or concerns during our visit.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. 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.

The registered manager had retired at the end of December 2018; however, a manager had been employed into the post. They told us they were in the process of applying to become registered. The new manager was reviewing systems and recognised the areas that needed to be improved. We saw they interacted very well with staff and people using and visiting the service.

The manager was supported by a clinical lead nurse who described how they were working closely with the manager to improve systems at the home.

People spoke positively about how the service was managed. They said they were happy with the care and support provided, as well as the way the home was run. They knew who the manager was and said they felt they could speak openly with her, or any of the staff, and they would be listened to.

The provider's quality auditing system did not always evidence shortfalls identified were addressed in a timely manner. Audits and checks highlighted areas needing improvement and the ones we checked had been addressed. However, shortfalls we found, such as missing recruitment records had not been identified. We also saw in some cases action plans were not in place highlighting areas to be addressed, or if in place they did not detail timescales for completion, who was responsible or the date the work had been completed. The manager told us they were working with the clinical lead nurse to improve the system. Once introduced these would need to be embedded into practice.

Staff understood their roles and responsibilities and had confidence in the management team. There was good communication maintained between the management team and staff, and staff felt valued and well-supported. Staff told us the new manager was very approachable and knew the home well, as they had worked there as part of the care team. When we asked staff if there was anything they would like to change, to improve the home, most said they could not think of anything. Although one person said they thought the activities available could be better. They added, "We haven't always got enough time now, but we try our best."

People were engaged in the service and asked their opinions. The home operated an open-door policy so people living at The Conifers, relatives and staff could give their opinions about the service and share their views at any time. Meetings and surveys had also been used to gain people's opinions.

The service worked in partnership with other health and social care professionals.

Notifications had been submitted to us as required by law and the rating of the last inspection was on display.

The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.