Conquest Care Homes (Peterborough) Limited

Conquest House

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

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

The care home accommodates 10 people in the main part of the house and one person in a self-contained flat within the same building. The home provides care and support to people with autism, learning disabilities and mental health conditions. Nursing care is not provided.

The unannounced inspection took place on 13 November and 11 December 2017.

At the time of the inspection there was a registered manager. However they were no longer working at Conquest House. A new manager had been appointed and was in the process of applying to become the registered manager. 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.

Staff had taken action to minimise the risks to people. Risk assessments identified risks and identified how to reduce them where possible. Staff had been assessed as competent to administer medication. Staff followed the correct procedures when administrating, recording and storing medication so that people received their medication as prescribed. Staff were aware of the procedures to follow if they thought anyone had been harmed. Information was not always available about people's history or mental health support needs.

Staff were only employed after they completed a thorough recruitment procedure. There were enough staff on shift to ensure that people had their needs met in a timely manner. Staff received the training they required to meet people's needs and were supported in their roles.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider had completed capacity assessments and DoLS applications. The provider could demonstrate how they supported people to make decisions about their care and the principles of the MCA were being followed.

Staff were kind and caring when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were respected and promoted.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were provided with a choice of food and drink that they enjoyed. People were given the right amount of support to enable them to eat and drink.

There was a varied programme of activities including in-house group activities, one-to-one activities, entertainers and trips out. Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

Care plans gave staff the majority of information they required to meet people's care and support needs. People received support in the way that they preferred and met their individual needs.

There was a complaints procedure in place and people and their relatives felt confident to raise any concerns either with the staff or manager. Complaints had been dealt with appropriately.

There was an effective quality assurance process in place which included obtaining the views of people that lived in the home and their relatives and the staff. Where needed action had been taken to make improvements to the service being offered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

There was no on-going process in place to analyse accidents and incidents to identify any patters or trends.

Staff did not always have the knowledge or experience about people's mental health needs.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective

Staff were acting in accordance with the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing

Is the service caring?

Good

The service was caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive.

Care plans contained up to date information about the care and support that people needed.

People were aware of how to make a complaint or raise any concerns.

Is the service well-led?

Good

The service was well-led.

Staff felt confident to discuss any concerns they had with the manager.

An effective quality assurance process was in place to identify any areas for improvement.

Conquest House

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 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 unannounced inspection took place on 13 November and 11 December and was carried out by one inspection manager and one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We also reviewed the minutes of meetings held by the commissioners to address the progression of improvements that were needed in the service.

During our inspection we spoke with five people who lived at the service, the manager, the deputy manager and three care assistants. We looked at the care records for three people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how people were cared for in the communal areas. This helped us understand the care provided to people who had limited communication skills.

Requires Improvement

Is the service safe?

Our findings

People told us they didn't always feel safe. This was mainly due to them observing or experiencing that some people living at Conquest House sometimes displayed challenging behaviour. Two people told us that they had experienced physical abuse from other people at Conquest House and this had left them in fear of it happening again. We observed during the inspection that one person was displaying challenging behaviour that included shouting and hitting items in the home, such as the wall. Extra staff had been provided to reduce the risk to other people living in the home, however we could understand why people felt at risk when this was happening.

We received feedback from four healthcare professionals that visited the home. Their feedback included comments about the complex nature of people's needs and that staff sometimes had a lack of understanding about mental health issues. The health care professionals felt that this sometimes led to missed opportunities to prevent people expressing behaviour that challenged others.

For some of the people living at Conquest House there was a lack of information such as pre admission assessments and possible mental health conditions. For example, the manager was not able to tell us why one person have recently moved from another service to Conquest House. The manager did not know if a pre-admission assessment had been completed. This person had shown challenging behaviours since living at Conquest House and regularly stated that they didn't want to be living there. Although staff had completed training on challenging behaviours and engaging in proactive methods of positive behaviour support, they had not received any training on mental health conditions. The manager stated that there was access to an online course regarding mental health so they would request the staff to complete this so they had basic information. The manager stated that they would try to arrange some more bespoke training for staff regarding people's mental health conditions. The manager also stated that they would try to gather further knowledge about people's history from other healthcare professionals who were supporting the people living at Conquest House.

There was an accident and incident procedure, which was being followed by staff. The manager told us that accident forms were completed by the member of staff who witnessed the accident/incident and they were then reviewed by the manager. Where necessary the accident/incident was investigated and any appropriate action was taken to prevent a recurrence. Staff confirmed that any learning from accident investigations was also shared during staff meetings. This meant that staff were aware of the action they needed take to minimise the risk to people. The manager stated that when they had first been in post they had analysed the recent accidents and incidents to identify any patterns or themes. However, they stated that there was no ongoing analysis of accident or incidents. This meant that the opportunities for learning lessons and making improvements when things go wrong could be missed.

Safeguarding procedures were in place and being followed and displayed in the manager's office. Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm and who they would report their

concerns to. Records confirmed that when there had been any concerns about people's safety the relevant agencies had been contacted.

Risks to people both at home and in the community had been assessed and where possible reduced. We found the risk assessments to be detailed and that they contained the information the staff required so that they were aware of what action they should take. For example, people had been assessed to see if they needed support of staff when they were out in the community. Some people were safe to go out on their own whilst others needed staff to be with them. This helped to reduce the risk to both them and other people.

We found that there were enough staff to keep people safe. We observed that staff had time to sit and talk to people. The manager stated that the staffing levels were based on the needs of the people living at Conquest House. The manager also stated that if people's needs changed, for example if someone needed extra support because of a decline in their mental health, the staffing levels were temporarily increased to meet people's needs. Some staff did express a concern about the reduced staffing levels at night. They stated that people were still awake and up the reduction in the number of staff on shift could place them at risk if people displayed behaviour that could be challenging to others.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and face to face interview. Staff told us they were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service.

Staff told us that they had completed training in the administration of medication and had annual competency checks. We saw that people's care plans included information about the way they preferred their medication to be administered. Written protocols where in place for medication that was to be administered when needed. However, we found that there was not always clear written guidance about where on the body creams should be applied. The records of storage and administration of medication matched the medication that was in stock. Where it had been assessed as appropriate people were being supported to work towards being responsible for the administration of their own medication. Regular audits and stock checks were being completed so that any issues could be identified and the correct action taken. This meant that people received their medication as prescribed.

Infection prevention and control procedures were in place and being followed. Staff were aware of how to dispose of clinical waste and how and when to use personal protective equipment such as gloves, aprons and hand gel. We saw that staff used gloves and aprons appropriately and the home was clean and fresh on the day of our inspection.

Good

Is the service effective?

Our findings

Staff told us that the provider's training programme equipped them for their roles. The manager told us that new staff completed an induction including training in health and safety and courses specific to meeting people's needs, such as learning about people's individual needs including autism awareness and epilepsy awareness. The training provided was a mixture of e-learning and face to face courses. Staff told us that their induction included working shadow shifts alongside experienced members of staff. This meant that new staff got to know people and how they liked their support to be provided before working on their own with them. There was an induction/orientation list for agency staff to complete before the start of their first shift.

All of the staff that we spoke with told us that they felt supported in their roles. Staff confirmed that they received regular supervisions and, when applicable, an annual appraisal.

People were supported to maintain a healthy diet. People were encouraged to choose, purchase and prepare their own food as appropriate. People were supported to access the kitchen by staff so that any risks to them were reduced. People told us that they enjoyed the food and could choose what they wanted to eat and drink. People could choose where they wanted to eat their meals and at what time they would like them.

The manager and staff told us that they worked well together as a team. We also saw evidence that important information was passed to external professionals and teams so that they could help to support people when needed. One member of staff told us, "We work well as a team. We are welcome to go in the office with any queries, they [the manager and deputy manager] will come and help with people."

Discussion with people and records showed that people had been supported to access health care professionals as needed. People had been referred to health care professionals such as psychiatrists when necessary.

Due to the needs of the people living at Conquest House some of the communal areas were bare. The manager stated that although the curtains had been replaced the week before the inspection they had recently been pulled down. The manager told us that the provider was looking at purchasing magnetic curtains so that they could easily be replaced when needed. The manager also stated that the home was slowly being redecorated as they had recognised that it could do with refreshing. Secure notice boards had been purchased so that information for people living at Conquest House could be displayed safely and would not pose a risk to people. The manager told us that the provider had authorised the fitting of a new kitchen and they were just waiting to hear when this would take place.

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 legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had normally been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice. However we did find that some 'house rules' were in place that restricted people's choices. For example, people told us that they were only allowed to smoke outside until 10pm. As there was no smoking allowed inside the building this meant that people could not smoke after 10pm. When we asked the manager and staff why the rule was in place no one was able to give us a reason and just stated it had always been in place since working at the home. Another rule in place was that people had to wear personal protective equipment such as gloves when preparing their own food. Again staff could not tell us the reason for this. The manager stated that they would remove any unnecessary restrictions with immediate effect. This meant that people were normally only having decisions made on their behalf or their liberty restricted after following the correct procedures.

Good

Is the service caring?

Our findings

People told us they thought the staff were kind and caring and knew them well. One person told us, "The staff know me well. Yes they are kind. They help me when I need it, if I need support with something they will help me." Another person told us, "Yes the staff treat me with respect, I like it when they are cheeky to me."

We saw staff treated people with kindness and respect. We observed one person who was becoming anxious and asking staff lots of questions. Practical action was taken to support the person with their anxieties. For example, one person was worrying about their money and having lots of change. The deputy manager exchanged the change for a note and reassured them that they had all of their money and when they would be getting some more.

Staff knew people well and were able to describe the needs of people to us. They explained what support people needed and how they preferred for this to be carried out. This information matched what we saw in people's care plans.

Staff told us that they promoted people making choices. We saw that people were choosing how they would like to spend their day. One person told us they could choose what they wanted to do and really enjoyed going out into the sensory room to the play their guitar. People's care plan's included support to make decisions outside of the home. For example, people were supported to vote and given the information they needed to make informed choices.

Staff told us that they promoted people's dignity and privacy by ensuring they always knocked on people's bedroom doors and waited for an answer before entering. They also said they always ensured that any support with personal care was carried out with doors and curtains closed to promote people's privacy and dignity. One person told us "Staff knock on my door and wait for me to answer."

People's care plans were written in a way to promote their respect, privacy, dignity and encourage them to make choices. For example, one person regularly refused help with personal care. However occasionally the person would request help and staff would go out of their way to ensure that someone could assist them straight away before they changed their mind.

Information regarding advocacy services was available to people if they required it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Care plans included information for staff so that they knew how people preferred to be supported. For example, one person was being encouraged to do their own clothes washing. Their care plan stated, "Staff will need to prompt [name] and show him which button he needs to press on the washing machine." People told us that they had read, agreed with and signed their care plans. One person told us, "I have seen my support plan and I've signed it. The best thing is being able to go the shops."

Care plans gave staff clear guidance on people's preferences. For example, how people liked staff to support them with personal care. One care plan stated, "[Name] likes to be approached with respect and then will give it back." The care plans also included agreed goals for people's development. One staff member explained that the daily notes were personalised so that they included information about people working towards their goals. One person completed their own daily notes so that staff had the information about what they had been doing and how they were feeling.

Care plans were written in a positive manner and included information such as, "What people like and admire about me." People were encouraged to be independent when possible. For example, risk assessments and care plans had been put in place so that two people were starting to administer their own medication.

Staff told us that they were "Kept up to date" with any change in people's support needs during the handover between shifts. They told us that there was also a staff handover book which they had to sign to show that they had read and understood any information.

People told us that they could choose on a daily basis how they would like to spend their time. One person told us, "I really enjoy going to the shop." Some people living at Conquest House chose to go out of the home on their own and others needed the support of staff to ensure they stayed safe. People were encouraged to take part in the household chores. One person told us it was their responsibility to take the bins out. Another person was paid to help with the washing up. We saw the person come and collect their wages from the office and they looked really happy to be collecting the money. The home was located in large grounds which people enjoyed. One person told us, "I can have freedom here, there are bigger grounds [than previous home]." They also told us that there was a music room in the grounds where they could play their guitar or music as loud as they wanted. One person told us, "I get to choose what I want to do during the day. I like going to watch football." One person told us that they quite often stayed in bed until late in the morning as there were not always enough staff working to take them out until after dinner.

Staff told us that there was a keyworker system in place. They explained that each person had a designated member of staff as their keyworker. The keyworker role included helping them purchase items, supporting them to clean their bedroom, reviewing their care monthly and writing a summary of the support they had received. Staff also raised any issues with the manager when needed.

There was a complaints procedure in place. The manager stated that two formal complaints had been

received and investigated since they had been in since August 2017. One person told us, "If I had any worries I would talk to the manager or a senior [carer]. I can talk to them in private." Another person told us, "If I wanted to make a complaint I would talk to [name of manager]."

Due to the people living in the home being young adults staff had not received training on end of life care. However the manager stated that this would be completed if needed.

Good

Is the service well-led?

Our findings

Although there was a manager registered with the commission they had ceased working in the home in September 2017. The provider had requested that the person apply to cancel their registration as registered manager. There was a new manager in post who was in the process of applying to become the registered manager. People told us that they found the manager approachable. Two people told us that they would talk to the manager about any concerns and that the manager had asked them if they were happy with how the staff were supporting them.

Regular staff meetings were being held. Staff told us that they could add to the agenda if they wished to discuss anything. They also told us that meetings were used to share information and also to reflect on staff practice. Staff told us that they were aware of the whistle blowing procedure and would report any concerns they had about staff practice. We saw that the whistle blowing procedures and safeguarding contacts were displayed in the home.

There was a quality assurance system in place to ensure that, where needed, improvements were made in the home. Feedback from healthcare professionals had highlighted the need for improvements to be made over the previous year. The provider's representatives had attended meetings with healthcare professionals to discuss the issues identified as part of their visits to the home and how improvements were going to be made. The provider's quality team had also supported the manager in identifying areas for improvements and putting an action plan together. The manager stated that they had weekly conference calls with the quality team to update them on the progress made with the action plans.

Staff inductions included information about the values and aims of the home. Where temporary staff were used such as bank staff or agency staff their shorter version of the induction still covered these areas. This meant that staff were aware of what standards were expected of them and what the provider was trying to achieve for the people living in the home.

Various audits were being completed regularly by the manager such as health and safety, medication and infection control. The audits identified any areas for improvements and an action plan was written when needed. Surveys had been sent to people's families to ask them for feedback about the quality of the support their relative was receiving. A report was not available of the results. The manager stated that staff had been asked to complete an online survey about working at the home.

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken.