Four Seasons (Granby One) Limited

Conifer Lodge

Inspection report

134 North Brink, Wisbech,
Cambridgeshire, PE13 1LL
Tel: 01945 474912
Website: www.huntercombe.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This announced inspection was carried out on 08 January and 12 January 2015 and was completed by one inspector. We gave the manager and staff 48 hours' notice that we would be visiting. This is because this was a small service and we needed to be sure that people and staff would be available. The previous inspection took place on 22 May 2013, during which we found no breach of the regulations that we looked at.

Conifer Lodge care home is registered to provide accommodation and personal care, including nursing care, for up to 15 adults who have a learning disability and who may also have associated mental health needs.

There were 6 people living at the home at the time of this visit. There are internal and external communal areas, including a lounge/ dining area, conservatory and a garden for people and their visitors to use.

There was no registered manager in place during this inspection. There was an interim manager in place whilst arrangements were being made to fill the registered manager 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

Summary of findings

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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and appropriate applications had been made to the authorising agencies for people who needed these safeguards.

People who lived in the home were assisted by staff in a respectful and polite way that also supported their safety. People had individual care and support plans in place which gave guidance to staff about people's preferences, choices, needs and wishes.

Risks to people were identified by staff and plans put into place to minimise these risks and enable people to live as independent and safe life as possible.

There were arrangements in place for the safe storage, management and administration of people's prescribed medication.

Staff cared for people in a caring way. People were supported to maintain a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns acted on.

There were a sufficient number of staff on duty. Staff were trained to provide effective care which met people's individual support needs. They understood their role and responsibilities and were supported by the manager to maintain their knowledge and skills by supervision, appraisals and training.

People were able to raise any suggestions or concerns that they might have with staff members or the manager.

Staff told us that there was an open culture within the home and this was confirmed by our observations during this visit.

There was a quality monitoring system in place to identify areas of improvement required within the home. Where improvements had been identified there were actions plans in place which documented the action taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to support people to be cared for as safely as possible and to ensure that identified risk was minimised. Staff employed at the home were trained and knowledgeable about reporting any safeguarding concerns.

People's care and support needs were met by a sufficient number of staff on duty. Staff were recruited safely and trained to meet the needs of people who lived in the home.

Medicines were stored safely, at the correct temperature and administered as per the medication administration records.

Is the service effective?

Good

The service was effective.

People had been assessed under the MCA 2005 for specific decisions such as freedom of movement. Where the person was found to lack capacity to make their own decisions, an application to the DoLS supervisory body had been applied for.

People were supported to maintain a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns acted on.

People were involved in review of their care and support needs.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected.

Staff were caring and supportive in the way they assisted people with living as independent a life as possible.

Staff encouraged people to make their own choices about things that were important to them. Where people needed additional support to make important decisions an advocacy service was made available to them.

Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned and evaluated. People's individual needs and wishes were documented clearly.

People were supported by staff with their interests which took place both inside the home and out in the local community.

There was a system in place to receive and manage complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was no registered manager in place. There was an interim manager in place while arrangements were made to fill the registered manager's post.

There was an open culture within the home and this was confirmed by our observations.

There was a quality monitoring system in place to identify areas of improvement required within the home. Where necessary, plans were in place to act upon the improvements identified.

Conifer Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 January and 12 January 2015 and was announced. We gave the manager and staff 48 hours' notice that we would be visiting. This is because the service was small and people were often out attending college or taking part in social interests and we needed to be sure that they would be in.

This inspection was completed by one inspector. Before the inspection, we asked the provider to complete and return a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law.

We observed how the staff interacted and spoke with people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service and two relatives of people who use the service. We also spoke with the manager, quality manager, regional manager, a nurse, an occupational therapist, one member of care staff, and two chefs. We received feedback about the service from a psychiatrist who was visiting the home on the day of this inspection.

As part of this inspection we looked at two people's care records and staff looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring information, medication administration records, complaints and compliments, and the home's business contingency plan.

Good

Is the service safe?

Our findings

People we spoke with said that they were happy and one person confirmed to us that they, "Feel safe [living in the home]."

Staff we spoke with demonstrated their knowledge on how to identify and report any actual abuse or suspicions of abuse. They told us that they had undertaken safeguarding training and this was confirmed by the systems we looked at to monitor staff training. We saw that information on how to report abuse was displayed throughout the home for people living at the home, their visitors, and staff to refer to. Staff were clear about their responsibilities to report abuse and this showed us that staff knew the processes in place to reduce the risk of abuse.

People had individual risk assessments undertaken in relation to their identified care, support and health needs. We saw that specific risk assessments were place for, but not limited to; doing laundry, cooking meals, medication, eating and drinking, personal care, being safe and managing finances. These risk assessments gave guidance to staff to help support people to minimise the associated risk whilst promoting people to live as independent a life as possible. A relative of a person who used the service told us that staff, "Look after [family member's] physical health."

We saw that records were kept to monitor people deemed to be at risk of, but not limited to; weight gain/loss and choking. These records were completed by staff and we saw that these records helped staff to identify and respond promptly to any concerns by involving external health care professionals.

We saw staff working at the home supporting people maintain their independence and with their health care needs. Staff confirmed to us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw that enough staff provided care and support to people during this visit in a patient and unhurried way. One person said, "Staff support me to be independent." We spoke to the manager about people's dependency needs and how this information was used to determine safe staffing levels within the home. The manager confirmed that people's individual support and care needs were used to determine and set safe staffing levels. This was confirmed by the records we looked at.

Staff said that pre-employment checks were carried out on them prior to them starting work at the home. This was confirmed by the systems we looked at to monitor safe staff recruitment. This demonstrated to us that there was a process in place to make sure that staff were only employed if they were deemed suitable and safe to work with people who lived in the home.

We saw that people's prescribed medicines were stored safely and checks were made by staff to ensure that medicines were kept at the correct temperature. Records of when medicines were received into the home, when they were given to people and when they were disposed of were maintained and checked for accuracy as part of the nurse's quality checks. A person we spoke with told us that staff explained their medication to them when administering them to them. They told us that staff, "Talk through [my] medication before giving it." Staff training and competency checks were carried out on staff who were authorised to administer medication and this assured us that people would be given their medicine by qualified and competent staff.

We found that people had a personal emergency evacuation plan in place and that there was an overall business contingency plan in case of an emergency. This document gave a list of emergency contacts and their details. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Good

Is the service effective?

Our findings

Staff showed us that they were knowledgeable about people's individual care and support needs. One person told us that staff, "Assist [me] with my care and support." Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people required. This was confirmed by the systems in place to monitor staff training we looked at where we saw that staff training consisted of but was not limited to; conflict management, moving and handling, safeguarding adults, first aid, infection control and food safety. This showed us that staff were supported by the manager to provide effective support and care by regular training and development.

Staff said that they were supported by receiving supervisions and an annual appraisal. We also saw that new staff were supported with an induction when starting work at the home. One staff member told us that for part of their induction they had shadowed a member of staff for a couple of shifts before they were deemed confident and competent to provide effective and safe care and support.

We spoke with the manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. Staff we spoke with also demonstrated to us their knowledge of MCA 2005 and DoLS and this was confirmed in the records we looked at. We saw that the appropriate applications had been made to the supervisory body in line with guidelines. This demonstrated to us that people would only be deprived of their liberty where this was lawful.

We saw that staff respected people's right to make their own choices. A person we spoke with told us they did not attend a college course during the day and that this was their choice. Another person said that, "Staff support me to be independent, staff give [me] choice." Care records we looked at were in an easy read/pictorial format to support people's understanding. Records showed that people who lived at the home had signed to agree their individual care and support plans. Records also showed that people were encouraged to take part in their care plan review which was carried out to ensure that people's up to date support and care needs were documented. One person we spoke with said that staff discussed their support requirements with them.

The chef told us that they were updated by staff regarding people's weight gain or loss or any special dietary needs. They said that where a person had been identified as being at risk of weight gain, staff would encourage the person to select low fat and low sugar food options. One relative we spoke with told us how staff had effectively managed their family member's weight to ensure that their weight did not increase as this would increase the risk of poor health. People we spoke with told us that they were given a choice at mealtimes. One person who lived at the home confirmed to us that they, "Get a choice of food," and that they were, "Able to have snacks of choice."

A visiting health care professional told us that staff asked advice and listened to advice given by them during their visits. They said that staff were proactive in seeking advice if they had concerns about people living in the home. Records we looked at confirmed this as we saw that people deemed at risk were referred by staff to external health care professionals such as, but not limited to; the speech and language therapist (SALT), or psychiatrist for their guidance.

Good

Is the service caring?

Our findings

People who lived in the home and relatives spoken to had positive comments about the care and support provided by staff to maintain their or their family member's independence. One person told us that, "Staff are kind." Relatives we spoke with said that they, "Feel [family member] is safe, happy with the care and we have no reason to doubt that [family member] is looked after." People we spoke with said how staff supported them to be independent. This was confirmed during this visit as we saw people being supported by staff to attend college courses or go shopping in the local town. We saw that staff gave people choice and respected the choices they had made. One person told us that their bedroom was personalised with their own belongings. Another person said that the staff support them to, "Ring their [family member] daily," which was important to them.

One person told us how they were able to lock their bedroom door to maintain their privacy and went on to tell us that staff respected this privacy by knocking on their door before entering. We saw that people were dressed appropriately for the temperature within the home and outside of the home and in a way that maintained their dignity.

Care records we looked at showed that staff reviewed and updated care and support plans regularly. People were involved in their care and support reviews to make sure that they were up to date and this was confirmed in the records we looked at. A person we spoke with told us that staff discussed with them their individual support and care needs.

People were assisted by staff to be as independent as possible. We saw staff encourage people to do as much for themselves as they were able to and guide people when needed, in a discreet way which maintained their dignity. Our observations showed a person being persuaded by staff in a way that maintained the person's dignity to change their clothes after they had spilt a drink. Relative's we spoke with told us that they, "Feel that [family member] is looked after here – no concerns."

The manager told us that an advocate visited the home on a weekly basis. This was to support people to communicate their decisions and opinions on their care and support needs to staff, the manager and any external health care professional involved in their care. We saw that information on the advocate was displayed throughout the home for people and their relatives to refer to if they wished to do so. Advocates are people who are independent of the service and who support people to make and communicate their wishes. At the time of this inspection the people living at the home were supported to have access to the advocate when they visited.

Good

Is the service responsive?

Our findings

We saw that activities happened within the home and we saw people pursuing their interests by going out shopping in the local community, having part time jobs or attending college courses. One person was observed being supported by staff to pursue their interest in learning by completing knowledge tests. Another person we spoke with told us that they chose not to attend college but went on to show us the art work they had recently created as part of their interests. Staff we spoke with told us that activities were planned around people's individual choices.

Prior to living at the home, people's needs were assessed, planned and evaluated to agree their individual plan of care and support. Care records, written in an easy read/ pictorial format to aid people's understanding, showed that people's health, care and support needs were documented and monitored by staff to ensure that they held up to date information about the person. Relative's told us that staff kept them informed regarding their family member's health and support needs and said that, "Communication was good."

Our observations throughout this inspection showed that staff asked people about their individual preferences and were responsive to that choice. Staff told us and we saw how they engaged with people to make choices. We saw that this was done by both listening to a person's answer and understanding what a person's body language and facial expressions were also telling them.

Records showed and people told us that they had regular 'house' meetings so they could express their views about what was important to them. Minutes of these meetings showed any actions taken to issues and suggestions raised at the previous meeting were discussed.

We saw that manager had sent out surveys to both people who lived in the home their relatives and staff to ask them to formally feedback on the quality of service provided. These surveys asked them what was going well and if there were any improvements needed. Reports collated from the feedback of these surveys showed us that the responses about the service were positive. One improvement suggested from one of the surveys was to involve people who used the service even more in their care and support plan reviews. During this inspection we saw that people's care records documents were being updated to be simpler in their layout. These documents were still in easy read/ pictorial format to aid with people's understanding as a result of this suggestion.

We spoke to the chef about whether the service would be able to respond if a person had any special cultural dietary requirements. The chef said that if a person moved into the home with these requirements they would be able to react promptly and cater for the individual's diet. This showed us that the service was able to consider and respond to people's individual cultural needs.

We saw that people's incidents and accidents, compliments and complaints were used to inform the services on-going quality monitoring system. We saw recorded evidence of the investigation and what action was taken by staff as a result of learning to minimise the risk of it happening again. People and relatives spoken with told us that they knew how to raise a concern or complaint but had not yet needed to do so. When asked about who they could raise a concern to if they need to, one person told us that, "Staff listen."

We asked staff what action they would take if they had a concern. They confirmed to us that they would raise these concerns with the manager or at their staff meetings. We looked at recent compliments and complaints received by the service. We found that the complaints records documented the investigation into the concern, any learning as a result of the incident and whether the action taken by the home resolved the concern raised to the persons satisfaction. This showed us that the manager and staff worked to resolve people's concerns to the person's satisfaction wherever possible.

Good

Is the service well-led?

Our findings

During this inspection the home was without a registered manager in post. An interim manager was in post running the home on a day to day basis supported by nurses, care staff and non-care staff. We spoke to the regional manager about their plans to fill the registered manager vacancy and they told us that the recruitment for this role was in progress.

We saw that people who lived in the home and staff interacted well with the manager. People, we spoke with had positive comments to make about the staff and manager. Staff told us that the culture in the home was open and that the manager was supportive. This was confirmed by our observations during this inspection.

People told us that they could attend monthly 'house' meetings to discuss and update what was going on with the service. We saw in the meeting minutes we looked at that these meetings discussed what was important to people such as fishing and exercise classes as proposed new activities for those who wished to take part.

People and their relatives were given the opportunity to feedback on the quality of the service provided. We saw that this information was used to improve the quality of service where possible. The reports we saw included the collated feedback which had been received, and showed positive comments about the quality of the service provided. One of the actions following on from the survey was for staff to use more 'easy read/pictorial paperwork in people's care records. This was so that people would feel more involved. During this inspection we saw staff updating people's care records into the new paperwork as a result of this improvement required.

Staff told us that they attended staff meetings and staff meeting records showed us that staff meetings happened. We saw that these meetings were an open forum where staff could raise any topics of concern they wished to discuss and this was confirmed by the staff we spoke with. Meeting minutes demonstrated to us that staff were updated about refresher training that was due and informed of any learning to result from any recent incidents or safeguarding concerns.

The manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. This showed us that the manager had an understanding of the registered manager's role and responsibilities.

Staff showed us that they understood their roles and responsibilities to people who lived in the home. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. They demonstrated to us their knowledge and understanding of the whistle-blowing procedure. This showed us that they understood their roles and responsibilities to people who lived in the home.

The manager showed us their on-going quality monitoring process, including accidents and incidents and corresponding plans of action for areas of improvement that had been identified. Other areas that were monitored by the manager included, but were not limited to; medication, care documentation, consent and infection control. The manager reviewed their quality monitoring on regularly and looked for trends that could be used to highlight areas within the home requiring improvement. Any actions taken as a result of these incidents were used to reduce the risk of the incident reoccurring. This demonstrated to us that the manager had systems in place to monitor the quality of the service provided at the home.

The manager told us how they kept up to date with the latest health and care home guidelines. Updated information was distributed to the homes manager via their organisation's quality team. This showed us that the manager was informed of medical, health and care home current guidance and best practice.