

Care Opportunities Ltd

The Conifers

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on the 18 and 20 January 2016.

The Conifers is a care home which provides residential care for up to six adults with mild to moderate learning disabilities. People receiving the service also live with health conditions such as schizophrenia and epilepsy. The care home comprises of two floors with its own secure garden and is situated on the outskirts of Basingstoke town centre. At the time of the inspection six people were using the service.

The Conifers has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider and registered manager were highly committed and passionate about support worker training and development. The registered manager used creative,

Summary of findings

proactive and innovative ways of developing support workers that enabled them to apply their learning in their practice. Clinical quizzes were created on peoples support needs and used to consistently check support workers knowledge to ensure they delivered outstanding personalised, quality care.

There was strong emphasis that people were supported to eat and drink safely whilst maintaining their dignity and independence. Innovative methods were used to ensure that people remained safe. People at risk of choking received personalised health care professional assessments. Recommendations made were followed by support workers to ensure their needs were being met. Where required unique visual templates were created and use to support people with their eating to minimise their risk of choking. We saw that people were able to choose their meals and they enjoyed what was provided. Records showed people's food and drink preferences were documented in their support plans and were understood by support workers. People were supported to eat and drink enough to maintain a balanced diet.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. The provider and support workers were motivated to ensure that people were provided with the opportunity to experience holidays and participate in activities which they had not previously experienced.

Support workers were highly motivated to develop close relationships with the people they were assisting. Support workers understood people's communication needs and were committed to enabling people to express their views. Innovative non-verbal communication methods such as social stories and communication cards were used to exceptional affect to interact with people. These methods of communication were well known and practically demonstrated by the registered manager and support workers. Support workers also used verbal reassurance and touch when people had limited understanding of the care support workers were providing for them in order to enable the person to feel safe and cared for.

Support workers actively promoted people's independence and sought activity placements to ensure people's continued personal development. This had resulted in positive changes in behaviour being noted for people who could demonstrate behaviours which

challenged. Support workers interactions demonstrated that they knew, understood and valued the needs of the people they were supporting. Support workers had received training to enable them to work with and support people who displayed behaviours which challenged.

People received personalised, dignified and respectful care from support workers who had an exceptional understanding of their specific care needs. People had care and support which was delivered from individualised care plans delivered by skilled and tested support workers. Support plans contained detailed information to assist support workers to provide outstanding care in a manner that respected each person's individual requirements and promoted treating people with dignity. People were encouraged and supported by support workers to make choices about their care including how they spent their day within the home or in the community.

Relatives of people using the service told us they felt their family members were kept safe. Support workers understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and guidance provided to manage appropriately. People were assisted by support workers who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable support workers. New support workers induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely. There were sufficient support workers employed to ensure that people's individual needs were met.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as large scale support worker sickness and fire or floods. Fire drills were documented, understood by support workers and practiced to ensure people were kept safe.

Summary of findings

People were protected from the unsafe administration of medicines. Support workers responsible for administering medicines had received training to ensure people's medicines were administered, stored and disposed of correctly. Support workers skills in medicines management were regularly reviewed by the registered manager to ensure they remained competent to administer people's medicines safely.

People, where possible, were supported by support workers to make their own decisions. Support workers were able to demonstrate that they complied with the requirements of the Mental Capacity Act 2005 when supporting people. This involved making decisions on behalf of people who lacked the capacity to make a specific decision for themselves. The home promoted the use of Independent Mental Capacity Advocates (IMCA's) where people were unable to make key decisions in their life. This is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views.

Support workers sought people's consent before delivering their care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and support workers showed a comprehensive understanding of what constituted a deprivation of a person's liberty. Appropriate applications were in the process of being submitted to the relevant supervisory body to ensure people were not being unlawfully restricted.

Relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond

to complaints in an effective way although none had been received in the previous year. Relatives and support workers were encouraged to provide feedback on the quality of the service during regular meetings with support workers and the registered manager. Information was made available in alternative formats to allow people receiving the service to provide their feedback or complaints enabling them to feel valued.

The registered manager and support workers promoted a culture which focused on providing individuals with the opportunities to live their lives as independent members of the community. People were assisted by support workers who encouraged them to raise concerns with them and the registered manager. The provider routinely and regularly monitored the quality of the service being provided.

The provider's value of care was communicated to people and understood by support workers. We saw these standards were evidenced in the way that care was delivered to people.

The registered manager provided strong positive leadership and fulfilled the legal requirements associated with their role. The registered manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe. Quality assurance processes were in place to ensure that people, support workers and relatives could provide feedback on the quality of the service provided.

Relatives told us and we saw that the home had a confident registered manager and support workers told us they felt supported by the registered manager.

The last inspection of this home was completed on the 10 July 2013 where no concerns were raised.

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?

The service was safe.

People were safeguarded from the risk of abuse. Support workers were trained and understood how to protect people from abuse and knew how to report any concerns.

There was a robust recruitment process in place. Support workers had undergone thorough and relevant pre-employment checks to ensure their suitability.

People were supported by sufficient numbers of support workers to be able to meet their needs.

Risks to people had been identified, recorded and detailed guidance provided for support workers to manage these safely for people.

Medicines were administered safely by support workers whose competence was assessed by appropriately trained senior support workers.

Good



Is the service effective?

The service was outstanding in ensuring people received effective care and support.

Support workers had specific knowledge of people's specific needs as innovative testing methods were used to ensure training was relevant and understood to the highest degree. Support workers were highly skilled in meeting people's needs and were able to evidence where this knowledge testing had resulted in a positive impact on people's wellbeing.

People were assisted by support workers who demonstrated a strong awareness of how to offer choice and make best interest decisions for people. Support workers evidenced that they understood how to support people effectively so their needs were met.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. Support workers knew people's preferences regarding food and drink and encouraged people to make healthy food and drink choices. Unique steps had been taken to ensure that people at risk of choking were encouraged to eat safely whilst still maintaining their dignity.

Support workers understood and recognised people's changing health needs and sought healthcare advice and support for people whenever required. Where people required medical treatment innovative methods of communication and consistent support was provided to ensure people understood what was happening to meet their health needs.

Outstanding



Is the service caring?

The service was very caring.

Support workers were very compassionate and caring in their approach with people, supporting them in a kind and sensitive manner. Support workers had developed

Outstanding



Summary of findings

companionable and friendly relationships with people. Support workers had a strong understanding of people and built a level of trust with them which enabled them to provide outstanding care. This knowledge and trust had led to people enjoying life experiences such as holidays which they had never experienced before.

Where possible people participated in creating their own personal support plans to ensure they met their individual needs and preferences. Innovative communication methods were used to empower people to express their wants and needs. These were adhered to by support workers and evidenced in their every interaction.

People received outstanding care which was very respectful of their right to privacy and maintained their dignity at all times.

Is the service responsive?

The service was responsive to people's needs.

People's needs had been appropriately and thoroughly assessed and reviewed by support workers as well as the provider's behavioural specialist and psychologist. Support workers and the registered manager reviewed and updated people's risk assessments on a regular basis and were able to recognise when reviews were required when people's needs had changed.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was very flexible and responded quickly to people's changing needs or wishes.

People were assisted by support workers who actively sought new and activities and experiences for people to enjoy and to allow them to lead full, active and meaningful lives.

Peoples views and opinions were sought and listened to. Appropriate communication methods were used to ensure that people could express their wishes.

Good



Is the service well-led?

The service was well led.

The registered manager promoted a culture which placed the emphasis on individualised care delivery and the promotion of people's independence.

The provider sought feedback from people and their relatives in order to continuously improve.

The registered manager provided strong leadership and fulfilled the requirements of their registration by informing the Care Quality Commission about important and significant events.

Support workers were aware of their role and felt supported by the registered manager and the provider. They told us they were able to raise concerns and felt the registered manager provided good leadership.

The provider and registered manager regularly monitored the quality of the service provided so that continual improvements could be made.

Good



The Conifers

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 the 18 and 20 January 2016 and was unannounced. The inspection was conducted by an adult social care Inspector.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with one person, one shift leader, three support workers, the provider's behavioural specialist, the provider and their specialist support team which included assistant psychologist, Clinical Lead and the registered manager. We looked at six people's support plans and their associated daily care notes, three support workers recruitment files, support workers training records and six medicine administration records. We also looked at support workers rotas for the dates 21 December 2015 to the 19 January 2016, quality assurance audits, policies and procedures relating to the running of the service, maintenance records and relative and family quality service questionnaires. During the inspection we spent time observing support workers interactions with people including a lunch time sitting. After the inspection we spoke with three relatives and two healthcare professionals.

Is the service safe?

Our findings

Relatives told us that their family members were safe at The Conifers because of the professional working experience of the support workers and clinical team in supporting people with learning and physical conditions.

People were protected from the risks of abuse. Support workers were able to describe physical and emotional symptoms people suffering from abuse could exhibit and knew their responsibilities when reporting a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. The provider had a safeguarding policy in place which was signed by support workers to say it had been read and understood. This provided information about preventing abuse, recognising signs of abuse and how to report it. Support workers had received training in safeguarding adults and were required to refresh this training annually.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm to them. All people's support plans included their assessed areas of risk. These included risks associated with people's behaviours which may challenge support workers including violence, risk of self-harm and risks associated with people's mental health. Risk assessments included information about action to be taken by support workers to minimise the possibility of harm occurring to people, for example; people using the service who were at risk of choking as a result of their medical conditions. Information in people's support plans provided guidance for support workers about how to assist them to eat safely and minimise the risk of suffering an adverse incident. Support workers signed people's support plans to state that they understood these risks and we observed them assisting people in a manner which ensured people's safety. Records showed people had received the appropriate treatment in accordance with their risk management plans. Risks to people's care were identified and documented. Support workers knew how to meet people's needs safely.

People were protected from the risk of harm because there were robust contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to fire or flood. Support workers knew the fire response procedure and this was practised to

confirm their understanding of the actions to take in an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place for people living at the home. These provided a guide for support staff and emergency personnel in regards to the assistance people required in the event of a fire. Plans were in place if rooms were no longer suitable for habitation, in this event people would be moved to a local hotel within the county to ensure their continuity of care. These plans allowed for people to continue receiving the care they required at the time it was needed. In the event of a lack of support workers being available due to sickness people would be assisted by known support workers from the provider's other homes. This ensured familiarity and consistency for people who may be sensitive to changes in their living environment and their daily routine.

Accidents and incidents were recorded appropriately. When incidents had occurred a detailed description of what occurred was documented. To ensure that learning came from these incidents and that the risk of future incidents were minimised incident debriefing was documented. These detailed what went well when managing the situation and what could be done differently next time to prevent the situation reoccurring.

Robust recruitment procedures ensured people were assisted by support workers with appropriate experience and who were of suitable character. Support workers had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of support workers who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by support workers who had been assessed as suitable for the role.

People were assisted by sufficient numbers of support workers to be able to meet their needs safely. The provider independently funded additional support workers where they felt necessary to keep people and support workers safe, for example, during the night. The records showed that the service routinely operated with over the identified required number of support workers.

People received their medicines safely as arrangements were in place for the safe storage, administration and

Is the service safe?

disposal of medicines. Support workers received additional training in medicines management and were also subject to annual competency assessments to ensure they could manage and administer medicines safely. There were clear arrangements in place to ensure that people were protected from receiving the wrong medicines. Before people received their medicines a shift leader or the registered manager would double check that the right medicine, in the right dose was to be administered to people by the right route. Documentation would be signed to identify that the correct medicines were to be administered. Medicines were mostly administered using a monitored dose system from a blister pack prepared by the

providing pharmacy. The home contained no controlled drugs, these are prescription medicines controlled under the Misuse of Drugs Act 1971, In the event that these were required by those living at the home support workers and the registered manager knew the appropriate methods to store and dispose of these medicines appropriately. Medicines and nutritional supplements that required refrigeration were stored appropriately and the temperature of the fridge monitored to ensure it remained suitable for storage. People were supported to receive their medicines by support workers who received the appropriate, training, guidance and support in order to be able to appropriately manage medicines.



Is the service effective?

Our findings

Relatives we spoke with were positive about the ability of support workers to meet their family members' care needs. Relatives said that they felt support workers were suitably trained and had sufficient knowledge and skills to deliver care, one relative told us, "My family member is well looked after, I can see that, (the home) is nice and the staff are good". One relative told us that since moving to the home their family member had lost a significant amount of weight which had improved their health and had been managed in a respectful way. A healthcare professional told us, "They have some very complex service users and they do a sterling job...they (staff) are very positive and forthcoming, everything is done in a friendly and supportive way".

People were assisted by support workers who received a thorough and effective induction into their role at The Conifers. This induction had included a period of shadowing experienced support workers to ensure that they were competent and confident before supporting people. Support workers had undergone training in areas such as dealing with behaviours that challenge staff, learning disabilities, communicating effectively, strategies for dealing with crisis behaviour intervention and prevention as well as safeguarding to enable them to conduct their role.

The service had an innovative, creative and well documented approach to support workers learning and development. Support workers knowledge of people and their ability to safely and effectively complete their role was subject to continual monitoring and review. This monitoring took place by the use of free text response clinical quizzes and support worker observations by the homes clinical team. The clinical quizzes were completed to ensure support workers knowledge on people they assisted remained consistent and up to date. This included being aware of people's situations and any environment triggers which could cause them to exhibit behaviour which could challenge staff. The clinical quizzes consisted of three or four questions on each person living at the service and the support they required. Through the thorough training into people's specific needs support workers knew how to interact with people on a level which was appropriate to their individual needs. For example, people living with some medical conditions have difficulties with forming

appropriate attachments to support workers. Training and guidance was provided to support workers detailing these conditions which enabled them to provide the best care in a way that was required by each person.

In August 2015 a clinical quiz identified that support workers did not always know how often during the day one person should have been encouraged to use the toilet in order to maintain their dignity. The clinical quiz identified that this information was lacking and support workers were provided feedback to ensure that this information was retained. In the three months prior to the quiz there had been seven occasions when one person had been incontinent. After the use of the clinical quiz and subsequent learning in the three months following this person had not had one incidence where they had been incontinent. The clinical quiz was an innovative way to identify where specific areas of support may be inconsistent and improve this to give people a better quality of life. Support workers were able to evidence that they knew the people they supported in great detail and the guidance which had been provided in order to meet people's needs effectively.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the support staff were able to demonstrate that they complied with the MCA 2005. This involved making decisions on behalf of people who were unable to



Is the service effective?

make specific decisions for themselves. The registered manager and support workers showed an understanding of the DoLS which was evidenced through the appropriately submitted applications to the local authority.

The provider promoted the use of Independent Mental Capacity Advocates (IMCA's) for people unable to make key decisions in their life. This is a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views. Records showed that the registered manager was able to respond appropriately when people were no longer able to make decisions which could affect their wellbeing and did not have relevant persons to act on their behalf. This included involving health and social care professionals in best interest decisions regarding the need for significant medical treatment.

People were assisted by support workers who received guidance and support in their role. There were documented processes in place to supervise and appraise all support workers to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help support workers develop in their role. These supervisions also included identifying any strengths in people's abilities which could be supported and encouraged to be used to assist their colleagues such as specific medical knowledge. One person had expressed a wish to use their previous medical knowledge to support their colleagues. This request had been accommodated and additional training was to be provided to enable senior support workers to further support their colleagues with their knowledge. Support workers told us and records confirmed supervisions occurred approximately every four weeks. When support workers had identified a particular need for additional support supervisions were available every two weeks. This process was in place so that support workers received the most relevant and current knowledge and to enable them to conduct their role confidently and effectively.

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support was requested by support workers. We saw that people were referred to speech and language therapists when appropriate, such as when they were at risk of choking. When issues or concerns had been raised about people's

health, immediate suitable healthcare professional advice was sought, documented and communicated to support workers. This enabled health plans to be followed and for people to receive the care they required to maintain good health.

When people required medical treatment for potential life threatening conditions support workers and the provider's behaviour specialist ensured that people were kept informed every step that was to be taken with their medical treatment plan. This included creating social stories to explain every action which would happen with their medical care. Social stories are a short story written in a specific style and format which describe what happens in a specific social situation and presents information in a structured and consistent manner. These provide social information through pictures and text as opposed to speech and provide clear, concise and accurate information about what is happening in a particular social situation.

One person required additional support whilst in hospital and a social story was created when a new treatment or activity was to take place describing every step of the process. This social story included what action the medical professionals were going to take, why they were going to take that action and what that person's appropriate response should be. This person was unable to communicate verbally and the use of the social stories was used successfully to allow this person to consent and be aware of what medical treatment was happening and why. The provider's behavioural specialist supported this person by staying in a local hotel for the duration of the person's medical treatment to ensure a consistent and familiar face was available to minimise the stress of the situation for this person. Support workers also volunteered to work additional hours to support this person whilst they were receiving retreatment and recuperation. The person subsequently received the treatment they required and were able to manage with the unfamiliar situation due to the support they received from all staff. The hospital at which they were treated identified this had been a very effective system in assisting people with learning difficulties. As a result they subsequently asked the behaviour specialist to assist them in establishing this social story system to assist them to care for other people



Is the service effective?

living with similar needs and requirements. The provider worked with other organisations to develop and disseminate good practice to ensure people received outstanding care.

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. We saw that people had a choice of menu and they enjoyed the food provided. Support workers prepared people's meals and encouraged people to be involved in this process by discussing menus and when healthier alternatives could be sought. People ate well and were provided with sufficient time to eat their meals at their own pace.

Support workers recognised when people were at risk of choking and steps had been taken to ensure that when required, and without compromising people's independence; people were reminded to slow down the rate at which they were eating. One person who was at particular risk of choking because they ate too fast had a specially designed place mat and eating plan in place. Their place mat had visual prompts to ensure that the person was aware of the action they required to keep them safe. When this person ate too fast they were visually prompted by support workers using visual communication cards to slow down. They had visual

prompts on the place mat which identified to the person when they had received their first and second prompt to slow down. When this failed the support workers would remove the plate from the place mat, keeping the meal in sight of the person, and the place mat revealed that they would have to wait calmly. This creative design helped assist the person to self-regulate their eating behaviour. A specific course of action was detailed in this person's support plan to assist them when they were placing themselves at risk which was known by support workers. The guidance provided was followed by support workers during the inspection. People were receiving the food and drink they required, and requested, in order to maintain a balanced diet.

Specific and clear guidance was provided to support staff on how to manage people living with certain conditions, such as epilepsy. Support plans detailed each of the types of seizures people could experience, what the triggers and physical symptoms of these episodes were, what action should be taken and which health and social care professionals should be made aware. Support workers were aware and knowledgeable on what action to take in the event of medical episodes and when people exhibited that they may be experiencing pain.



Is the service caring?

Our findings

People told us they liked living at The Conifers and we could see they experienced comfortable and reassuring relationships with support workers. People also indicated that they were happy by displaying relaxed body language and happy facial expressions whilst interacting with support workers and moving around the home. Relatives told us that their family members' assistance was delivered by caring support workers. One relative told us, "They (support workers) are all very caring, I can't fault any of them".

Support workers were very knowledgeable about people, their preferences, goals, specific behaviours and their support needs. They were able to tell us about people's favourite activities, their personal care needs and any particular diet they required. All support workers in the home took time to engage and listen to people. People were treated with dignity as support workers spoke to and communicated with them at a pace which was appropriate to their level and need of communication. Support workers allowed people time to process what was being discussed and gave them time to respond appropriately. Where necessary, to ensure people were engaged, support workers used gentle touch on people's arms to enable people to focus their attention on what was being communicated.

Support workers were exceptional at helping people express their views by the effective use of Makaton to communicate with those people who were unable to verbally express their needs or thoughts. Makaton is a language programme using signs and symbols to help people communicate. Support workers sought to engage people in conversation at every opportunity. We saw that Makaton was being used by all support workers appropriately and was used effectively to enable conversations between people. Support workers carried Makaton 'prompt' cards with them for one person who had severe hearing difficulties, these enabled the support workers to interact immediately and ensure this person was able to express their wants and preferences. Upon moving to the home it was identified that a couple of people had very limited communication skills as a result of

not being afforded access to a variety of communication aids. Previous Makaton skills had not been developed and therefore these people were at risk of not being able to communicate their wants and needs.

Since moving to The Conifers and through the regular use of Makaton and social stories these people were able to communicate with support workers. One person experienced anxieties as a result of not knowing exactly what was happening throughout their day. As a result of interactions with support workers they were able to ask what was happening next, whether they wanted some more of what was being offered and when they had finished an activity. A visual communication book had also been developed by support workers to ensure that this person could communicate when they were feeling pain or experiencing a variety of emotions. In enabling this person to communicate with support workers they were better able to reassure any anxieties and respond to pain or problems this person experienced.

Another person who had limited communication skills could now communicate with support workers. This had the effect of reducing the incidents where this person could exhibit behaviour which challenged. For people who were displaying behaviours which could cause harm to themselves the use of social stories had allowed support workers to explain the consequences of their actions. One person exhibited behaviours which had caused them to lose a considerable amount of weight in the period of a month. If this action continued it placed them at significant risk of becoming underweight. The use of social stories was effectively used to explain to the person the risks of the behaviour they were displaying. As a result of this communication they immediately stopped taking deliberate action to lose weight. They also regained the weight they had lost placing them within a healthy weight range.

Reassuring and caring relationships had been developed by support workers with people. Support staff often went out of their way to ensure that people felt that they really mattered as an individual. One support worker had observed that one person enjoyed holding and playing with car keys. It was not possible however for this person to safely be in possession of support worker car keys as it was a risk they would be damaged. As a result a support worker spent time contacting local car dealerships to enquire if they had any spare key fobs they did not need which they



Is the service caring?

could provide to this person to enable them to seek enjoyment. One was sought and the registered manager told us this person could often be found carrying it around with them and playing with it in the home.

We could see that people were very relaxed in the support workers presence and enjoyed communicating and interacting with them. Support workers spoke fondly of the people they supported which had allowed personal but professional relationships to develop. Some people experienced attachment difficulties which meant that they were likely to respond more favourably to certain support workers. This would lead to people becoming distressed when their support worker was not available. As a result of understanding these people's complex needs support workers were aware of the importance of maintaining a professional distance but allowing friendship to be supported. The development of these relationships had been assisted by people's support plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual.

People were included, as far as possible, in the planning of their care and support. Support plans contained information about what people were able to achieve and what they wished to achieve whilst living at the home. These support plans promoted people's independence by identifying their skills and abilities, what tasks they found difficult to complete and the support they required. The support plans also detailed what people wanted to be supported to achieve and the method detailing how these goals could be achieved. For example, these provided clear guidance on what tasks people could complete independently such as getting themselves dressed and when people required additional support. This included guidance on how people could be encouraged to establish and maintaining appropriate relationships with others to protect them from danger, harm and abuse. Support workers were able to discuss people's individual needs and we could see that they reflected people's wants in the way they provided support. Support workers also told us how they assisted people to express their views and to make decisions about their day to day support. This included enabling people to have choices about what they would like to eat, wear, where they would like to take holidays and

what external activities they wished to participate in. We saw that people were being offered choices on a daily basis about how and where they wished to spend their time which were respected.

People were encouraged by the registered manager to personalise their rooms and living spaces. People's bedrooms were individually personalised and decorated to reflect people's interests. People were involved in making decisions about how they wanted their bedrooms and communal areas decorated whilst support workers maintained people's safety. For example, people wished to have items displayed on the walls, however such items could potentially be used to cause harm to people or others. Specialised glass display boxes had been created which allowed the display of people's daily information with friendly and interactive information whilst maintaining people's safety. Where people had particular behaviour issues which meant that their living environment could place others or the home at risk of harm appropriate action was taken. For example, where people had exhibited behaviour which could lead to flooding, steps were taken to ensure that preventative action could be taken to minimise this risk. This included isolating water supplies whilst allowing people to still utilise their living space safely.

People were treated with respect and had their privacy maintained at all times. Support plans and associated risk assessments were kept securely in an storage space to protect confidentiality and were easily available to support workers to review.

During the inspection support workers were responsive and sensitive to people's individual needs, whilst promoting their independence and dignity. Support workers were able to provide examples of how they respected people's dignity and treated people with compassion. This included allowing people additional time with the tasks they could complete independently whilst remaining vigilant to their needs. People were provided with personal care with the doors shut and support workers knocked on people's doors awaiting a positive response before entering to assist. For those unable to verbally communicate using words support workers would await a positive or negative vocal tone projected by people to ensure their wishes and privacy were respected. People's dignity was also promoted by not allowing the inspector to enter the home until people had been provided with a



Is the service caring?

social story to ensure they were aware of what was happening with the introduction of a new person into the home. When the inspector entered the home people were aware of their presence, they had been individually advised of the purpose of the inspection and were welcoming in their approach as a result.

Support workers told us it was part of their role to encourage people who used the service to be as independent as possible. People also had goals included within their support plans which were identified and agreed actions that people wanted to be able to achieve independently. For example, this included a goal that one person wanted to be able to become more independent in providing their own personal care. The support plan provided step by step instructions on how this goal was to be achieved. It provided guidance for support workers on how to best assist this person so they retained their sense of independence. We could see that this had been completed during the inspection. This showed that support workers were committed to maintaining and enhancing the skills of the people they were supporting.

The provider, registered manager and support workers were highly motivated to fulfil people's lives by seeking ways to allow people to enjoy previously unexplored experiences. One support worker had identified that one person had never been on holiday. The support worker expressed a wish to support them in enabling them to have their first holiday which was a night away at a luxury cabin

in a forest. The registered manager and support workers took steps to ensure that the person was aware of their holiday options and planned this accordingly. Support workers introduced the person slowly to the new environment in a structured way to minimise any potential anxiety or stress. This process included talking about the location, taking photographs of the venue, creating a social story of the event, taking them to the location by car and over a period of time encouraging them to take a walk around the area. This person required three people to support them during their stay away from the home and the provider independently funded two additional support workers so this person could experience their first holiday. During the inspection this person was seen to leave for their holiday and their excitement was evident in their facial expressions and their keenness to pack their bag to prepare to go. Support workers were equally enthusiastic about the holiday as they recognised that this person had never had this experience previously. Whilst this person could display behaviours that challenged the provider and support workers were keen to offer similar opportunities that they were able to experience. The provider had made the holiday a possibility by providing the funding for two additional members of support workers to enable them to take this person on holiday safely. This showed that the provider, registered manager and support workers genuinely cared about the people they supported and would seek ways to offer people the same opportunities they would experience.

Is the service responsive?

Our findings

Relatives told us that the service supported their family members to lead meaningful and interesting lives. They said that they were enabled to do the activities they wanted to and received care in the way they needed to remain happy and contented.

People received consistent, outstanding personalised care and support. People's care and support was set out in a written plan that described what support workers needed to do to make sure that personalised care was provided. When initially planning care the support plans took into account people's history, their goals for the future as well as the activities that were important to them. People's spiritual needs were met by the provider as the support workers assisted people to go to the local church to take part in the Sunday service. Support plans were created, documented and reviewed using Makaton symbols to enable people feel empowered and their thoughts valued.

People were supported by support workers to express their views and formally discuss their care. Support plans were reviewed fortnightly with the person's key worker who was responsible for maintaining a close relationship with them. This allowed confidence and trust to be developed to ensure that information could be shared freely. This ensured that support workers were provided with the most current, correct and appropriate guidance to follow during care delivery.

Regular reviews of people's needs were discussed to identify whether or not any action would be required to assist them with their needs. A few days before the inspection it was identified that one person had been experiencing side effects of their health condition which had resulted in them having hallucinations and causing damage to property. The registered manager and support workers identified the need to discuss this person's care to make sure that it was still appropriate to meet their needs. As a result care and medical action was discussed to ensure that it was still relevant and appropriate to that person's needs. By the time of the inspection the necessary actions such as contacting audiology to ensure a review of a person's hearing aids was conducted and had already been arranged and actions completed. Regular processes were in place to assess people's care to ensure that it remained appropriate and responsive to their needs.

We could see that the provider creatively sought to engage people in meaningful activities to keep people occupied in a range of social activities. All the people in the home were supported to take part in activities in the local community. People were supported to participate in horse riding and to go into the local community to enjoy social groups and events including trips to theme parks. People were also supported to go on holidays which were personalised to meet their individual interests. Support workers knew people's preferences and provided people with choice asking people daily what they would like to participate in. Whilst people had structured routines available this was subject to change on a daily basis depending on whether the person had changed their mind.

The registered manager and the support workers were constantly attempting to find options to support people with their social interactions. Support workers were aware of people's interests and sought alternative activities where people were unable to participate fully. A range of communication methods were also used to ensure that people were encouraged to participate in new experiences. Social stories were used as a way to introduce new activities to people and minimise any anxiety they may feel about being in a new situation. One person who sometimes exhibited behaviour which challenged was encouraged to attend horse riding sessions. To reduce this person's anxiety and therefore potential for exhibiting behaviour which could challenge a social story was produced. This communicated where they would be going to participate in horse riding and what route they would take when riding a horse. This included pictures of the actual route to ensure that they could visually recognise when participating therefore minimising their anxiety.

One person expressed a joy and interest in buses whenever they were out with support workers however it was not safe to enable them to travel on public transport. Recognising this person's interest the provider privately hired a double decker bus and intended to on an annual basis allowing this person to travel in the local area and to fully enjoy the experience safely. Support workers also recognised the importance of social contact and companionship. People were encouraged to establish and maintain personal relationships to minimise the risk of them suffering from social isolation. One person maintained a personal romantic relationship and was supported by support workers to meet regularly with their partner. Another person enjoyed going to an external gardening club and

Is the service responsive?

established friendships, these were supported by staff who facilitated the meeting of friends in and out of The Conifers. One relative explained that their family member had been taken to visit a large scale sporting event by a support worker who had recognised their interest. The provider supplied tickets to enable them to visit the Emirates Stadium. This person's relative told us, "I think that was incredible for them to do that for my family relative".

People and relatives were encouraged to give their views and raise any concerns or complaints. People's support plans included easy to read information with pictures explaining how people could raise concerns if they were unhappy. This information was also made available in the downstairs hallway of the home so that all people could easily see what they would need to do if they were unhappy. There was also an easy to read provider feedback

and complaints document provided for people if they wanted to tell someone if anything was going wrong. At residents meetings people were encouraged to tell the registered manager or support workers if they wished to raise a concern.

Relatives were confident they could speak to support workers or the registered manager to address any concerns. Systems were in place so if complaints were received they could be documented, raised to the registered manager and the provider made aware with details of any responses provided. No complaints had been made in the previous 12 months, prior complaints had been investigated, responded to and dealt with appropriately. Relatives told us they knew how to make a complaint and felt able to do so if required although they had not had cause to.

Is the service well-led?

Our findings

The registered manager promoted a supportive service at The Conifers which was open and caring. They sought feedback from people living at the home to identify ways to improve the service provided. Relatives said they were happy with the quality of the service and thought the home was well led by a strong registered manager. One relative told us, "I have 100% faith in the management and the clinical team, I have always found the registered manager to be efficient, caring and professional". Another relative told us, "I'm extremely happy with everything". A healthcare professional told us that the registered manager was always responsive and very informative regarding people's needs.

The registered manager was keen to encourage a culture which was completely person centred which meant placing people at the centre of everything that happened at the home. The Conifers was described as people's home and everything that support workers did was to facilitate people's needs and promote their wellbeing. These values were reinforced through support worker interviews, supervisions and appraisals and team meetings. This culture was known and appreciated by relatives. One relative told us, "It has become my family member's home and the people there are their family". Another relative told us, "The home has got a really nice feel, it feels like a proper home for people". The registered manager promoted an 'open door' policy and was available to people and support workers whenever required. The support workers felt that they were subject to consistent and valued support from the registered manager. One support worker told us, "The registered manager is always there and she can help and support, she's always visible". Relatives told us they could always speak to the registered manager if required and were confident that action would be taken if they raised any concerns.

Support workers we spoke with recognised and acknowledged the values of the service. This also included knowing the standards of care that were required from them. Support workers told us that teamwork was really important and there was good communication between the team as they worked closely together. Our observations showed that support workers worked well together and were friendly, helpful and responded quickly to people's individual needs. One support worker told us the values of

the service included, "To help people lead an independent life". Support workers were aware and ensured that people were given every opportunity to fulfil their needs and wishes to live an independent life as possible.

The registered manager had been recently promoted to their position from being a support worker at the home. They demonstrated a personal awareness of the needs of the people living at the home and the sometimes stressful situations that support workers could experience. As a result the registered manager was respected by the support workers and able to evidence that they knew what was required of their role. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

Support workers were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to support workers about how to carry out their role safely and effectively. These were signed as read and understood by support workers and evidenced in their daily actions in the home. Support workers knew where to access the information they needed to enable them to deal with new situations as they arose.

Support workers identified what they felt was high quality care and knew the importance of their role to deliver this. One support worker told us, "We try and support people even if they come up with ideas about wanting to do anything new. Its little things like listening to people as well as following our guidelines". We saw interactions between support workers and people were friendly and unobtrusive. People were assisted by support workers who were able to recognise the traits of good quality care, ensured these were followed and demonstrated these when supporting people.

The registered manager actively sought feedback from people to identify how the service people received could be improved. People, their relatives and support workers were actively encouraged to be involved in developing the service. Relatives were also asked for their feedback by the use of annual questionnaires. The last survey completed in 2015 asked relatives to participate in answering questions

Is the service well-led?

on a number of key areas. These questions included asking whether their family members were kept safe, if there were sufficient numbers of staff and whether the service aspired to deliver a high quality service. People who responded were asked to rate the quality of the service provided using a number scale from 1 to indicate they were extremely unsatisfied with the quality of the service to 5 indicating they were extremely satisfied. The questionnaires asked families to rate their response to 22 questions. The average of all the responses was identified as 4.25 indicating a very high level of satisfaction with the quality of the care peoples family members were receiving. All responders answered positively about all aspects of the care delivery at the home.

Minutes from the last three residents meetings showed people were actively encouraged to provide feedback on the quality of the service they were receiving. Questions asked of people living at The Conifers was in a social story format so they could understand what was being asked of them. These residents meetings took place monthly to ensure that issues were addressed in a timely fashion. The last three meeting minutes were viewed. No issues had been raised as a result of these meetings and people were confident to raise new experiences that they would like to

participate in. At a meeting in December 2015 a resident had expressed an interest to participate in a new activity of visiting a television set where their favourite TV programme was filmed. This was being researched by support workers to identify whether or not this would be possible.

There was a system in place to monitor the quality of the service people received through the use of regular provider and registered manager audits and observing support works in their role. Regular quality checks were completed on key areas such as fire safety equipment and medicines. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. For example, a monthly health and safety audit was completed by the registered manager. This involved conducting a visual check of the home identifying whether or not areas required cleaning, repairing or replacement. These had been completed monthly and we could see that in December 2015 it had been noted that some areas of the home required carpet replacement. This had been raised with the maintenance team and was in the process of being addressed.