

# Conquest Care Homes (Peterborough) Limited

## Conquest Lodge

### Inspection report

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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 ●

# Summary of findings

## Overall summary

Conquest Lodge is a care home providing accommodation and personal care for up to 19 with a learning disability, mental health support needs and or a physical disability. It is not registered to provide nursing care. There were 16 people living at the service on the day of our inspection. The service comprises of four bungalows. The service is also registered to provide personal care to people living in their own homes, although at the time of this inspection there were no people that required this activity.

This unannounced inspection took place on 12 July 2017. At the last inspection on 19 August 2015 the service was rated as 'Good'. At this inspection we found overall the service remained 'Good'.

A registered manager was in post at the time of the inspection. 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.

Potential risks to people were assessed and minimised and staff understood their responsibility to protect people from avoidable harm. There were enough staff on duty to meet people's needs and staff recruitment ensured that only staff suitable to work at this home were employed. Medicines were managed safely and people received their medicines as prescribed.

Staff received induction, training and support that ensured they could do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and people were supported to have enough to eat and drink. A range of healthcare professionals visited the home to support people to maintain good health.

Staff treated people with kindness. Staff showed they genuinely cared about the people they were looking after. They respected people's privacy and dignity and encouraged people to be as independent as they could be. Visitors were welcomed and also had warm, friendly relationships with the staff.

Care plans were person centred and gave staff guidance on the care each person needed. A wide range of activities, outings and entertainment was provided and people were encouraged to follow their own interests. People and their relatives knew who to speak to if they were not happy with the service and were confident their complaints would be addressed.

There was a registered manager in post who was approachable, supportive and provided good leadership. People, staff and visitors to the home were encouraged to put forward their views about the service being provided. The quality of the care was monitored by a range of audits that were carried out regularly.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Conquest 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 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 inspection took place on 12 July 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service and reviewed 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. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

We spoke with seven people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day. We also spoke with three visitors to obtain their views about the service provided at Conquest Lodge.

We looked at records in relation to two people's care. We spoke with the registered manager, the deputy managers and five care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment, training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

We found that people felt safe living at Conquest Lodge. People told us that staff responded quickly when they needed help and support. They told us that the home can only be accessed by the use of door codes and they have hoists available for when they require support with bathing. One person told us, "I don't have to worry here. The staff keep me safe." A visitor said, "I have no worries about [family member's] safety here. There is always someone around to keep an eye on them. This is the safest place they have been in. They were in another place and all sorts happened to them [various incidents mentioned]." Another visitor said, "When I visit I have to ring the doorbell and wait to be let in. That shows me that they are looking out for who comes in and making sure that the [people who use the service] who can't go out on their own are safe."

Staff continued to demonstrate that they would recognise abuse and would not hesitate to report appropriately if they had any concerns. This included reporting to external agencies responsible for safeguarding, such as the local authority and the police. One member of staff said, "All staff here would never raise their voices. I would always report if I heard anyone shouting." All staff told us and the records demonstrated they had undertaken training so that they knew how to protect people from avoidable harm.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence and freedom, yet minimise their assessed risks. For example, when using mobility equipment and ensuring that areas around the service were clear of obstacles. Each person had a personal emergency evacuation plan (PEEP) in place. This gave staff details of how each person will be evacuated in the case of an emergency.

There were enough staff on duty to meet people's needs in a timely way and to keep people safe. One person told us, "There's always somebody around." We saw that staff responded to people when they required assistance. Staff were able to spend time talking to people, joining in with activities and supporting people in the community. Where there were vacancies and sickness the service used regular agency staff or staff within the service undertook overtime. The registered manager told us staffing levels were kept under review to ensure that people's needs continue to be met, especially when people wish to take part in activities in the community.

Staff and the records confirmed that all pre-employment checks had been completed before they started work. These included a criminal records check [DBS] and references. One member of staff said, "All my checks were done before I started. DBS and references." This meant that only staff suitable to work at this care home had been employed.

Medicines continue to be managed safely and people were given their medicines as prescribed. Staff signed the medicine administration record charts to show that medicines had been given, or used an appropriate code to explain why they had not been given. We found that any errors relating to medicines were dealt with promptly and robustly to try to reduce any reoccurrence.

# Is the service effective?

## Our findings

People and their visitors made positive comments about the staff. One person said, "All the staff are so helpful and nothing is too much trouble. They do a really good job."

A member of staff told us about their induction when they started work, this included training and a discussion about each of the people who use the service. They told us they had undertaken some shadowing with experienced staff, including the registered manager, until they felt confident to carry out their role. They went on to say "The support never stops and all staff including management are all very supportive. You can always ask questions."

Staff told us that they continue to undertake training in a range of topics relevant to their role. These included moving and handling; first aid; food hygiene; safeguarding and fire safety.

Staff told us that the registered manager worked alongside staff, especially if they needed extra support to manage people's needs in an emergency. One member of staff said, "[Name of registered manager] is always available to help or provide assistance over the phone." Regular supervision from the registered manager was undertaken where staff told us they had opportunities to discuss what was going well and what could be done better.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked that the service was working within the principles of the MCA. Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. This told us that people's rights in this area were protected as people had no unlawful restrictions imposed on them.

People were supported to have enough to eat and drink. People's nutritional and dietary needs continue to be assessed and reviewed. Everyone we spoke with and the visitor told us that the food was very good and we saw that people enjoyed their lunch. People were given choices for their meals and offered second helpings. We saw staff encouraging people to prepare, cook, and eat and drink in ways that were suited to them. One person said, "The food is good. I can choose what I want, I don't really like to help with cooking it but I will clear things away." Another person said, "The food is lovely here, I help with the shopping and the cooking." A visitor said, "They [staff] take a lot of trouble over the food. [Family member] has their food pureed but they also like something crispy. They seem to be able to manage to swallow that. They choose their cereal for breakfast. The staff put the food on the spoon for them and hand them the spoon, they take the food and then hands the spoon back to the carer [member of staff] for the next lot. They wouldn't do that at home." Records confirmed that people were referred to the dietician when there were concerns about their weight. People were supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician.

## Is the service caring?

### Our findings

People told us that they thought the staff had a caring attitude towards them. One person said, "I think the staff are great. They have helped me so much." Another person told us, "I love the staff here. They are so good to me." One visitor said, "It is wonderful here. We are so happy with the way [family member] has progressed. When they arrived here they would not leave their room or interact with anyone. Now they are in the lounge daily and they have even been on holiday. It is such a breakthrough." Another visitor said "They [staff] have given them the support they needed to get some interaction from them. It is marvellous what they have done. [Family member] idolises their key worker. We are pleased they are so happy. They get so much attention here."

Staff told us that it was important to them that they treated people with respect, dignity and promoted their independence. One staff member told us, "We try to promote independence. The residents [people who use the service] help with the planning of the meals, the shopping, the cooking and the clearing up. [Name of person] likes to do the cooking and [name of person] will let them do everything which isn't really fair so I encourage [name or person] to help with the clearing up. They also have different days where they are responsible for different things". People confirmed that when staff assisted them with any personal care they always made sure this was carried out in private. Staff respected people's privacy and dignity. People stated that care staff knocked on their bedroom door before entering. This was confirmed during our inspection where we saw staff knocking on doors. One person said, "The staff always knock on the door before entering and when they take me to the bathroom the door is always shut."

Staff showed us that they knew people's individual likes and dislikes well. People told us they were given choices in all aspects of their lives. For example, we saw that people chose to stay in their bedroom if they wanted to or to sit in any of the communal lounges. Choices were offered at all mealtimes. We saw that the menu in each bungalow was different and reflected people likes and dislikes.

'Resident' [people who use the service] and relative meetings took place and minutes of these were taken and available to view. One person told us, "We have meetings. We always get asked if everything is alright and [we] can tell [staff] if it is not." Another person told us when we asked about meetings, "The staff are always around to talk to we don't have to wait for meetings."

Visitors were welcomed at any time. Families were encouraged to be as involved in each person's life as they and their family member wanted them to be. The visitor said "We can visit whenever we wish, there are no restrictions. They always make us feel welcome and offer us a tea or coffee. They have Christmas and Birthday parties and we come to those."

There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

People continue to have a pre-admission assessment undertaken prior to a person being offered a place at the service. The person was, where possible, encouraged to visit the service to look around and also meet the other people living there. This was to ensure that the service had the facilities and staff to fully meet the person's needs.

All care plans continue to be reviewed. Those we looked at were written in the first person and were personalised to each individual. They were up to date, reflected the person's needs and gave staff detailed guidance on how the person preferred their care needs to be met. They also showed that relatives had been involved where appropriate.

Staff told us that they were given time to read the care plans. When care plans were changed staff told us this was discussed at handovers at the beginning of each shift. This ensured that they provided the correct support for each person.

Whilst there was no individual member of staff responsible for activities, all staff were expected to organise activities and interests for people. There were various activities available both in the service and in the community. Examples included, sensory activities, pampering, cooking, attending discos, greyhound racing, going into town, visiting relatives and friends, garden parties and going to the pub. People we spoke with told us they enjoyed activities that were offered and could decline to join in or sit and watch. One person said, "I like the dog racing in Peterborough and I go shopping to Tesco's." Another person said, "I have been to London, I visit my relative there and I go on a train from Peterborough to Kings Cross." A third person told us, "I like to listen to music in my room. I have got the music channels on my TV. I can go out shopping when I want. I feel I have got my freedom."

The provider had a complaints policy and procedure that was displayed on notice boards around the service. People and the visitor all told us they knew how and to whom they would complain if they needed to. However, they said they had not needed to complain. One person said, "I have no complaints. I love it here. The staff are great." Another person said, "I would always talk to the staff if I was unhappy." The visitor told us, "I can't fault the place but I would speak with [name of registered manager] or any of the staff if anything wasn't right." The registered manager told us, "I always talk with relatives when they visit. It helps to sort any problems out before they escalate into full blown complaints."



## Is the service well-led?

### Our findings

Everyone we spoke with enjoyed working at Conquest Lodge. Comments from people, staff and visitors included: "I love it here. The [registered] manager is really supportive as is all the staff. I have been here five months and it is great." "[Name of registered manager] is very supportive and very approachable." and "They [staff] do their best for the residents [people living in the service]."

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was aware of their responsibility to send notifications to the CQC as required by the regulations.

A range of audits on various aspects of the service were carried out and any issues found were addressed. For example, we saw that audits of medicines had been undertaken regularly and audits of care plans were on-going. Incidents and accidents were recorded in detail and thorough investigations of any incidents were carried out to try to ensure that the same incident did not happen again.

The registered manager said that, "Action plans are shared with the staff in staff meetings to create a sense of achievement and ownership." The regional manager visited the service and provided guidance and support to the registered manager and identified further action where necessary.

People, visitors and the staff were given opportunities to put forward their suggestions for improvements to the service. This was both formally via meetings or written questionnaires and informally through chats with the registered manager. When asked for comments or suggestions for improvements. One visitor told us, "There is nothing that needs to be improved. We are really happy that [family member] is getting everything they need."

Staff helped people to maintain links with the local community by visiting the local church and day services.

Staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. The registered manager was confident that staff would report any concerns.