

Cygnet Learning Disabilities Midlands Limited

Conifers

Inspection report

1 Central Avenue
Borrowash
Derby
Derbyshire
DE72 3JZ

Tel: 01332665298
Website: www.cambiangroup.com

Date of inspection visit:
15 August 2019

Date of publication:
10 September 2019

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

About the service

Conifers is a care home which provides short and long-term respite services for up to nine people who are over 18 years old and require support with learning and physical disabilities. People who use the service have associated conditions that may include, autism, sensory and communication difficulties. At the time of the visit there were eight people staying in the service. Two people were on long term respite.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. Registering the Right Support principles ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were asked to consent to care. Staff had received training and were knowledgeable about the principles of the Mental Capacity Act 2005.

People and their relatives told us they felt safe and received their medicines on time. Staff knew how to manage risks effectively and identify signs and symptoms of abuse and who to report concerns to. Accidents and incidents had been reported and medical attention sought where required. The registered provider continued to operate robust recruitment procedures and staffing levels delivered responsive support to people. The home was well maintained, clean and staff had access to protective equipment to protect people from the risk of infections.

Staff continued to receive training and supervision throughout their employment to ensure they had the skills to provide effective care. Staff felt very supported by the registered manager and management team. People's nutritional needs were assessed and met. Staff worked with community health professionals to ensure people received effective care.

Staff treated people with dignity and were respectful. We saw lots of caring and positive interactions between people and staff.

Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. People were provided with activities of their choice to keep them active in the community. There was a complaints policy that supported positive engagement and timely action. The provider needed to establish systems for supporting people towards the end of their life.

The service was well led. People's relatives and staff spoke positively about the registered manager and management team. There was a positive culture throughout the service which focused on providing care that was individualised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Rating at last inspection

The last rating for this service was good (published 10 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service remained good.

Details are in our well-Led findings below.

Conifers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, due to technical difficulties we were not able to review it before the inspection. We reviewed this after the inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service at the time of the inspection and one visiting relative, we asked them about their experience of the care provided. We spoke with the registered manager and the deputy manager. We spoke with five care staff. We were not able to speak to some of people using the service due to their complex needs. 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 reviewed a range of records. These included three people's care records, multiple medication records and accident and incident records. We looked at a variety of records related to the management and maintenance of the service and walked around the building to make sure it was a clean and safe environment for people to live in.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives on the phone and contacted health and social care professionals who visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Safeguarding concerns had been reported to the local safeguarding authority to allow independent investigations to be completed. One relative commented, "My [relative] is safe because staff know them very well and will notify us of any concerns."
- Staff continued to receive and update their training on safeguarding adults. They were aware of the procedures to follow if they noticed any concerns about people's treatment. They knew what action to take if they suspected abuse or poor practice and felt confident to 'whistle blow' and knew which outside agencies to involve if needed. Details of how and where to reporting poor practices were clearly displayed in the home.
- Staff had received training in the use of restraint and records showed restraint had been used proportionately and as a last resort to protect people or others around them from harm. All use of any forms of restraint was monitored and reviewed by management.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual safety and well-being were assessed, monitored and managed to protect them from personal and environmental risks. People had risk management plans and care plans to guide staff on how to support them against ongoing risks to self and others. For example, risks of choking, travelling by car in the community and undertaking personal care tasks such as bathing, and shaving had been identified and staff had taken appropriate action to help reduce these risks.
- Staff knew how to monitor and support people in the event of medical emergencies such as seizures and knew how to provide emergency first aid and seeking medical attention where appropriate. Staff had been trained in the safe use of medical equipment to assist people with their day to day care.
- The provider continued to monitor and maintain fire safety equipment and other medical aids to ensure they were in good working order. Each person had a personal emergency evacuation plan which detailed the support they required to leave the home in an emergency.
- The provider had systems to record and review accidents and incidents and to identify lessons that could be learnt. Incidents and accidents that had occurred within the home and across the provider's other services had been analysed and shared with staff.

Using medicines safely

- People were supported to receive their medicines safely. Staff were aware of good practice and the importance of ensuring medicines were safely managed. The provider monitored the use of medicines such as sedatives to protect people from over use of such medicines.
- Staff had received training to administer medicines via different routes including through percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube (PEG tube) is

passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation). All staff who administer medicines had their competences checked regularly. Staff showed significant awareness of protecting people's dignity where medicines were required to be administered while they were out in the community.

- Staff ensured people brought their medicines with them when they came to stay at the service and had arrangements for seeking more medicines if required.

Staffing and recruitment

- During our visit there were enough staff to ensure people received support in line with their assessed needs. When people requested support from staff, the staff responded to these requests promptly. People who required one to one supervision from staff were adequately supported.
- The provider and the registered manager continued to follow robust recruitment procedures. The registered manager continued to operate disciplinary procedures to monitor and manage staff's conduct.

Preventing and controlling infection

- People were protected against the risk of infection. The home was visibly clean. Bedrooms were cleaned before new people were admitted.
- We observed staff used personal protective equipment (PPE), when providing care and support to people. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and our observations confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to support staff to ensure they delivered effective outcomes to people using current legislation and best practice guidance. This included local safeguarding protocols, and National Institute for Health and Care Excellence guidance on various matters including mental capacity and medicines management.
- The registered manager assessed people before they moved into the home. This was to check their needs were understood and could be met effectively. Staff told us care plans had all the information they needed to meet people's needs.

Staff support: induction, training, skills and experience

- The provider had continued to support staff to update and learn new skills. People were supported by trained staff who had a good understanding of their needs.
- The registered manager operated a comprehensive staff training needs assessment to regularly monitor staff skills and training needs.
- Staff had been provided with additional training, supervision and competence checks where performance had fallen below expected standards, this included in the event of medicine errors or accidents during care delivery.

Supporting people to eat and drink enough to maintain a balanced diet

- People were effectively supported to meet their nutritional needs and to maintain a balanced diet. Staff monitored people's dietary intake and made referrals to specialists where required. Staff offered people a choice of hot or cold meals.
- A significant number of people used specialist medical equipment such as PEG feeds to support them with their nutritional intake. Staff had clear nutritional guidance from specialist professionals, each person had a clear outline of their feeding regime which had been reviewed regularly.
- We observed staff supporting people patiently and encouraging them to eat in a sensitive manner offering alternatives to people to ensure they had adequate food intake. One staff told, "[Name removed] can eat however it depends on how he feels each time, we try different texture foods and try a few times. I have tried porridge they refused, I will now try yoghurt." The staff member showed great awareness of the person's needs and strategies to try.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive consistent and effective care in a timely manner. Care records we

looked at contained information about other healthcare services that that people regularly accessed and arrangement were in place to ensure people could continue to access the services while on respite. Arrangements were in place to support people if they needed to see health professionals while staying at the service. A relative told us, "They have all the information they need, they rarely call me for more information because all the information and service [relative] use is well documented."

- Staff referred people to healthcare professionals. We saw advice given by healthcare professionals was acted upon and included in people's care records.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design and decoration of premises. The home was designed and decorated to meet people's needs both internally and externally. There were adequate spaces for people to spend their time on their own or to share with others.
- The home was tidy, well-lit and free from trip hazards. People's rooms had been personalised and they were able to bring their belongings when they moved to the service. People had access to call bells to request staff support, should it be required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider continued to work within the principles of the MCA. They had sought authorisations to deprive people of their liberty for their own safety.
- The provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the of the MCA principles.
- Staff carried out MCA assessments to demonstrate how staff had determined a person's capacity in respect of the use of restraint.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. We saw staff knocked before entering bedrooms. They told us they always made sure doors and curtains were closed during personal care. In addition, staff told us they ensured any medicines or care procedures that were required while carrying out activities in the community were done discreetly to maintain people's privacy.
- We observed people being as independent as possible, in accordance with their needs, abilities and preferences. People were encouraged to do as much as they could for themselves.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected each person's individuality. A relative and two people we spoke with told us they valued the support they received. One person commented, "I'm very happy with my staff." Staff were very sensitive in their approach. They used verbal communication and physical touch to calm people and provide assurance.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff addressed people by their preferred name and seemed to know them very well. They were polite, very friendly and cheerful when supporting people. We observed people were comfortable in the company of staff and actively engaged in conversations.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people with decision making. Care records contained evidence the person who received care or a family member had consented to the care and were at the centre of developing their care plans.
- The registered manager involved all relevant people in decisions about the care provided. Families were supported to act as advocates for their relatives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were written and designed in a person-centred manner. They were thorough, comprehensive and well organised. People's individual needs, preferences and routines were clearly recorded, and we saw staff following their preferred routines. The practices we observed reflected a person-centred approach.
- Care records had been reviewed and were accurate to reflect people's needs. Arrangements were in place to check for any changes to people's needs every time they came for a period of respite.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plans. These were shared appropriately with others, including professionals. We saw arrangements had been made to provide people with alternative communication aids. This included voice recording for noticeboards to assist those with limited reading skills. We saw staff communicating with people using assistive technology.
- Posters had been designed in 'easy read format' to assist people's understanding. Staff had been trained in the use of objects of reference and alternative aids to support people who could not communicate verbally. These are also known as Picture Exchange Communication System (PECS). PECS allows people with little or no communication abilities to communicate using pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were effectively supported to develop and maintain relationships and with meaningful day-time activities. A relative told us, "We always feel welcomed here and staff engage [relative] appropriately to keep them motivated." One person shared with us a journal that staff had set up as a countdown for an upcoming trip to the sea side. It showed pictures of what the person intended to see and to do." This was helpful in helping ease any anxieties.
- People were actively encouraged and supported to maintain local community links. For example, we saw one person who had required staying at Conifers for a longer period had been supported to regularly see their relatives and to continue accessing day care facilities in the community. People were supported to continue to attend their pre-arranged day care services. This helped to maintain continuity for the

individuals.

Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns to make improvements to the service. Information relating to how to make a complaint was readily available throughout the service. We saw examples of complaints which had been received and dealt with appropriately.
- Relatives said they were very confident if they ever had any concerns these would be dealt with professionally.

End of life care and support

- People who were staying at the service on long term respite had not been supported to plan for their end of life care or to discuss their end of life care preferences. We discussed the need to ensure all people were given the opportunity to discuss their preferences and to ensure they are recorded in their care records. The registered manager informed us they would immediately make arrangements to discuss people's preferences with them and their relatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives said there was a friendly and relaxed atmosphere at the service. Our observations and written compliments at the home confirmed this. Staff told us the registered manager and management team promoted a positive culture in the service. Comments from staff included, "The managers are great we get on well and staff team is good. We get on very well, its alike a family." A relative commented, "The manager and deputy manager are both approachable.", "The care is exceptional, and the place is clean, and the manager has improved this service significantly. We have all have meetings and can share our views and feel listened to."

- Staff we spoke with showed a good understanding of people's needs and had been supported to develop relevant skills and knowledge in line with the people they supported. This allowed them to have good knowledge of people's needs and achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team continued to share information with relevant parties, when appropriate.
- Relatives told us the management team shared information with them when changes occurred, or incidents happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager had sustained a robust governance system which effectively monitored the quality of the care delivered at the service and ensured compliance with regulations. There was an effective system to monitor and provide oversight on the service with regular visits and from senior managers and an electronic reporting system to share information on compliance.
- The provider and their staff had a clear vision in how the service could continue to improve. This included a business plan and a contingency plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider maintained an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they support and family members through care plans reviews and invited suggestions.

- Staff told us they could contribute to the way the service was run. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. Staff were supported to share their feeling and to monitor their well-being via a mental health lead.

Continuous learning and improving care

- The provider was committed to ensuring continuous improvements. The registered manager met regularly with senior managers to review incidents, accidents and to look for themes. They also attended health and social care forums and meetings within their organisation to keep up with developments in the organisation and across the sector.
- The provider had identified staff who were nominated as champions or leads in various areas including values, mental well-being and community lead. These staff attended meetings and workshops in these areas and shared best practice with other staff.
- The provider continued to seek best practice guidance and ways to meet people's needs in a better way through investment in technology and linking with specialist professionals.

Working in partnership with others

- The registered manager continued to work in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and other health professionals. This helped to ensure a multi-disciplinary approach had been taken to support care provision for people they provided a service for.