

# 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

### About the service

Conquest Lodge is a residential home providing personal care to 19 people who have a learning disability or autistic spectrum disorder, and/or physical disability. The service is located on one site but split across four bungalows.

The service is also registered to provide personal care to people living in the community. Although the service was not providing this regulated activity at the time of this inspection.

This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People showed they were happy living at Conquest Lodge, they felt safe and comfortable with the staff team.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely.

People were supported to be as active as possible. The staff looked for ways to continually make improvements, worked well with external professionals and ensured that people were part of their local community.

Staff were kind and caring and knew each person well. Staff enjoyed working at the service and felt they received good support. There were enough staff to support people in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's

privacy and dignity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 4 August 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Conquest Lodge

## 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

One inspector undertook this inspection.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection-

We saw how the staff interacted with people who lived at Conquest Lodge. We spoke with five people who lived there. We spoke with the registered manager, deputy manager, and five members of the care staff.

We reviewed a range of records. This included three people's care records and medication records. A variety of records relating to the management of the service, including audits and meeting minutes were reviewed.

# 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 relaxed and responded positively when they were approached by staff. This showed that people felt safe and secure in their surroundings and with the staff that supported them.
- Staff had received training and understood their responsibilities for protecting people from abuse. They described how they would identify potential abuse and the actions they would take to keep people safe. They were all confident they could report any concerns to the management team and appropriate actions would be taken. This included raising alerts with the local safeguarding team and with CQC.
- Staff told us how they recognised if people were distressed or unhappy. For example, a change in a person's body language. This was particularly important as some people were unable to verbally communicate their views and thoughts.

Assessing risk, safety monitoring and management

- Care records included risk assessments that included risks associated with eating and drinking, seizures, falls, moving and handling and mobility.
- The premises were safely maintained, and checks were completed including for example, electrical items and fire safety. People had Personal Emergency Evacuation Plans (PEEP) that showed how to help move people safely, if evacuation from the service was needed.

Staffing and recruitment

- Recruitment checks continued to be undertaken to ensure staff were suitable to work with the people they were supporting. They are in the process of recruiting four care staff, which in turn will reduce the use of agency staff.
- There were enough staff on the day of inspection to support people's care needs in a timely manner.
- The registered manager told us that staffing levels were determined following regular assessments of people's care and support needs and the input needed from staff. They told us they discuss staffing levels regularly with their operations director to ensure correct funding is sought from local authorities if people's needs change.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as prescribed.
- Medicine storage was secure. Senior staff undertook regular audits and action was taken when errors or omissions were identified.

Preventing and controlling infection

- The service was clean and free from odour. Cleaning schedules were in place. Sufficient gloves, aprons and hand washing facilities were provided.
- Staff received training to make sure they were aware of good infection control practices.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. The registered manager reviewed the records and checked further for trends or themes, so actions could be taken to prevent recurrence.
- Team meetings were used to discuss learning points from incidents and to discuss changes and improvements, so that people were supported safely.

# 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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager told us they would always complete a thorough assessment before they would admit a new person, this would also include a transition period of short stays. This would be to ensure the person would be as compatible as possible with people already living at the service.
- The management team ensured staff delivered up to date care in line with good practice. They also ensured the service provided equipment to enhance people's care and promote independence.

Staff support: induction, training, skills and experience

- The provider continued to have processes in place to ensure that staff received all the training they needed so that they could do their job well. New staff received an induction. This included face-to-face and on-line training on the computer as well as shadowing an experienced member of staff. One member of staff told us, "I had a thorough induction and was not asked to do anything until I felt confident to do it. People here have quite complex needs and we need to ensure we don't cause them any unnecessary anxiety."
- Staff felt well supported by the management team and all their colleagues. All staff received regular supervision and were encouraged to attend staff meetings. One staff member said, "My supervision is really useful, it gives me a time to know how I am doing, and I can ask question."

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

- People's nutritional risk and weight was monitored. Referrals were made promptly when people's needs changed for example, if they gained/lost weight or their health declined.
- Some people had risks in relation to eating, for example risk of choking. Records provided clear instructions for staff about how to support people during mealtimes and we saw these guidelines were understood and followed.
- Staff knew people's likes and dislikes. Drinks and snacks were offered regularly throughout the day.

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

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. These included healthcare professionals such as GP's and district nurses.
- Staff had guidance and information within people's care records to prompt staff when they needed to make specific referrals. For example, a speech and language therapist were requested when a person's swallowing had become difficult.

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

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted the room decorated and furnished.
- People also had a choice of furniture and fittings for the service.

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.

- Where people had been assessed to lack the mental capacity to make decisions applications had been made to the persons local authority supervisory body.
- Staff knew how the MCA and DoLS applied to their work.
- Staff talked to each person about the care and support the person wanted and gained consent where possible before they carried out any tasks. Staff offered people choices in all aspects of their lives.

# 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.

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

- Staff were caring in their approach towards people. People looked comfortable and were smiling when staff were present. One person responded with a big smile and said 'yes' when we asked them if they liked the staff. There was a relaxed atmosphere in the service. Another person was interacting with a member of staff and there was lots of laughter and shrills.
- Everyone living at Conquest Lodge received support when out in the community some because they needed assistance with their mobility. The service had transport available to assist people getting out and about in the community.
- Staff continued to consider people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Key worker Meetings took place each month for people using the service. They were encouraged to share their views and opinions about the service as well as looking at any changes they may require in the care and support that is being provided.
- Staff encouraged and supported people to do as much as they could for themselves.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the service and provided transport for people to visit their relatives at their home.
- Staff knew people well and knew people's likes, dislikes and how they preferred to be supported.
- The registered manager made sure that people knew about advocacy services, if they needed someone who was independent of the service to help them with their affairs and to make sure that staff were always acting in the person's best interests. A few of the people at the service had already used or was still using an advocate.

# 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 continued to give staff guidance on people's likes and dislikes and how to respond to people's care and support needs effectively.
- Staff knew the people they were supporting well. One new staff member told us, "I have got to know people here well by watching and talking with those staff who have been here for a number of years and know them well."

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.

- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyle.
- Some people were unable to communicate verbally, or had other communication needs due to learning disability. People were supported to communicate using signs, pictures and symbols.

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 able to occupy their time when they stayed at the service. Some people were relaxing in their rooms, watching television and listening to music. There were plenty of items available, such as games, toys, books and magazines. Some people went out to organised activities such as bowling, swimming and visit local shops and cafes. Others attended a local day service to learn new skills
- People had enjoyed holidays with others in the service. Photographs were put in albums to provide memories of the great time they had enjoyed.
- People were supported and encouraged to maintain relationships with friends and family.

Improving care quality in response to complaints or concerns

- The provider had a written complaints procedure, which was available in a range of formats for people, relatives and other agencies to use.
- Not everyone living at the service had the capacity to understand or raise concerns/complaints independently. The registered manager and staff said they checked regularly if people were happy with their care by observing body language, meeting and chatting with people informally and getting feedback from others that knew people well.

- The service had received two complaints in the last year, these had been dealt with in line with the providers procedure and to the satisfaction of the complainant.

#### End of life care and support

- No one was receiving end of life care. People had plans in place that captured their wishes where possible.
- The service's ethos was that people should be able to die in their home if that was what they wanted.

# 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; 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

- The registered manager was visible and available to speak with staff when they needed additional support or advice.
- There was a relaxed and happy atmosphere in the service. Staff told us they felt valued and enjoyed working at Conquest Lodge. There was a real commitment to providing care that met people's individual need.
- The registered manager understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was good leadership within the service, even though the registered manager shared their time between two services. Each of the two services had a deputy manager and senior care roles were in place to enhance the management team.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. The rating of the service was clearly displayed within the service and provider's web page.
- Regular audits were completed, and these were supported and overseen by the regional team. Any shortfalls found by the audits were included in an action plan, with clear timescales and responsibilities to improve the quality of the service.

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

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The registered manager had developed close working relationships with other health and social care professionals and feedback was used to drive through improvements in the care provided at the service, ensuring people's social and health needs were promptly met.

Working in partnership with others

- The management team worked in partnership with external organisations such as the local authority,

GP's, district nurses and chiropodists. This helped make sure people received joined up care and support.