Conewood Manor Care Limited

Conewood Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 12 July 2016 and was unannounced. We previously carried out an unannounced comprehensive inspection of Conewood Manor Nursing Home on 05 May 2015 at which we found there were insufficient numbers of suitably qualified, competent, skilled and experienced staff available to meet the needs of the people who used the service. We undertook a focused inspection on the 15 October 2015 to check that the provider and management team had followed their plan and we found that the legal requirements had been met. There were sufficient suitably qualified, competent, skilled and experienced staff members available to meet the needs of the people who used the service.

Conewood Manor Nursing Home accommodates up to 42 older people, some of whom live with dementia. At the time of our inspection 40 people lived at the home.

The home had a registered manager. 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 and associated Regulations about how the service is run.

We found a shortfall in the medicine management systems however, while this had potential for risk there had not been a negative impact on the care and welfare of people who used the service. Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. However, some staff were not all able to communicate their understanding effectively.

Many areas of the home had been refurbished since our previous inspection visit and refurbishment work was still on-going in some areas. It was acknowledged that the building is listed and consequently the possible alterations are limited. However, there were potential risks to the safety of people who used the service, visitors and staff due to steep and in some cases, uneven ramps. Newly recruited staff described a clear recruitment process however, we found that the provider's recruitment policy did not ensure that satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health and social care was obtained.

The registered manager was responsive to the issues we raised at the inspection and undertook immediate action to help mitigate risks. However, these areas of shortfall and potential risk to people's health, safety and wellbeing had not been identified by the managements internal audit systems.

People's relatives told us they felt that there were enough staff available to meet people's needs however, people who used the service and staff did not always agree. The deployment of staff was not always effective in meeting people's needs due to the complex layout of the home.

Potential risks to people's health, well-being or safety had been identified, and were reviewed regularly to take account of people's changing needs and circumstances.

People's health needs were well catered for. People received care and support from a staff team who were supervised and had the knowledge and skills necessary to provide safe and effective care. People were supported to make choices about food and were assisted to eat in a calm and unhurried manner. However, we noted that staff missed opportunities for interacting with people and that clothing protectors were placed on people without any consultation. We have made a recommendation about staff training on the subject of promoting people's dignity.

People's relatives were complimentary about the care and kindness demonstrated by the staff team. Staff were knowledgeable about individual's needs and preferences and people were involved in the planning of their care where they were able. Visitors were encouraged at any time of the day and people's privacy was promoted.

There was a programme of activity and stimulation in place that was being developed in line with people's changing needs and dependency. People's relatives were invited to meetings to share their views about how the home was managed.

The registered manager had a visible presence in the home and there was a clear structure of leadership in place. The system of quality audits had not identified areas of potential risks to people's safety and well-being.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always sufficient staff appropriately deployed in all areas of the home to meet people's needs in a timely manner.

People's medicines had not always been managed safely.

Some staff members were not always able to communicate clearly with the people they were supporting.

Some areas of the home were not always safe for people to access independently.

The registered manager's recruitment processes did not ensure that satisfactory evidence was obtained in relation to conduct in previous employment.

Is the service effective?

Good

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good

The service was caring.

People's well-being and dignity was promoted and respected.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in a range of activities.

People's care was amended in line with their changing needs.

People's concerns were taken seriously.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality monitoring systems in place were not always effective.

Record keeping in the home did not always support the provision of safe and consistent care.

There was a clear management structure in place and people had confidence in staff and the management team.

Conewood Manor Nursing Home

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 met 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 under the Care Act 2014.

This inspection took place on 12 July 2016 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service. We spoke with two people who used the service, eight relatives, three care staff members, two nurses, the deputy manager, the administrator and the registered manager. Subsequent to the inspection we spoke with four relatives by telephone to obtain further feedback on how people were supported to live their lives.

We received feedback from a healthcare professional involved with the support of people who used the service and from a representative from the local authority Adult Care Services. We also 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 care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Requires Improvement

Is the service safe?

Our findings

Relatives of people who used the service told us that they were satisfied that people were safe living at the service. One relative said, "Couldn't be happier with things, the home is excellent." People's relatives told us they felt that there were enough staff available to meet people's needs. Comments included, "There are always enough staff" and, "Staff come quickly if the call bell is used." One relative told us, "There has been a big improvement here in the past few years. The general care has improved because the turnover of staff has reduced and there are more staff available."

However, people who used the service did not always agree. One person said, "Staff try their best but there simply is not enough of them." They went on to say, "In the mornings and night time is worse. I have to wait for help to go to bed. Sometimes when you want to go to the toilet you have to wait 20 to 30 minutes. That's a long time when you can't control yourself." One person told us, "A couple of times my call bell hasn't worked which makes things difficult." We asked the registered manager about this, they were unaware that a call bell had been faulty and was able to provide evidence that the call bells were checked each week by the maintenance person to help ensure that they were all in working order.

The staff team gave us mixed feedback about whether there were enough staff available to meet people's needs. The senior members of staff told us that they thought there were enough staff however the care staff told us that due to the layout of the home it was not always possible to meet people's needs in a timely manner. For example, there were two care staff in one unit and the people accommodated there required the assistance of two staff for their personal care needs. One staff member said, "When we are helping one person and someone else needs help it is difficult." Care staff told us that there were two nurses on duty for the day shifts but that they were not available to assist with people's personal care needs. Another staff member told us that the deployment of staff within the home could be managed better to help them meet people's needs in a timely manner.

Accommodation in the home was arranged over four separate areas, the lower ground floor, two units on the middle floor and one on the top floor. The home was staffed with two nurses and eight care assistants. In addition to the nursing and care staff there was a catering assistant to support with meals and drinks, a kitchen assistant, a chef, a housekeeper, two domestic staff, a laundry assistant, an administrator and the registered manager. During the course of the inspection we did not observe people having to wait for their care or support however, we did note that there were occasions when people were in the communal lounge without staff support for periods in excess of fifteen minutes. People told us that there were often occasions when there were no staff available in the communal lounge which made them feel concerned about what would happen if someone fell or needed assistance. We discussed this with the registered manager who was able to demonstrate that the staffing levels had been determined taking into account people's individual dependency needs and the challenge of the home's layout. We checked records of falls and incidents that had taken place within the home, these records did not indicate that there was a risk associated with people in the communal lounge.

People's medicines had not always been managed safely. We checked quantities of a random sample of

boxed medicines against the MAR. For one person we found a significant shortfall in three variable doses of a specific medicine recorded as being held in the home. An audit undertaken three days previously had indicated that the medicines held had agreed with the records at that time. The registered manager immediately arranged a full audit of all the medicines held in the home and no further anomalies were identified. A subsequent investigation found that two varying doses of the missing medicines had been destroyed two days earlier but this had not been recorded appropriately because the nursing staff had been distracted during the task. No explanation was found for the third missing item however, the registered manager was able to confirm that the person had received their medicines in accordance with the prescriber's instruction. The registered manager reported that they had immediately introduced a twice daily handover audit to help ensure that medicines were being managed safely.

Medicines were stored in trolleys that were secured to the wall in a dedicated temperature controlled room. Medicine administration records (MAR) included a photo of each person that was dated so it was clear to see that it was current. There was clear information about people's individual allergies and where people required additional support to take their medicines.

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were aware of what constituted abusive practice and were very clear that they would challenge this. Some staff said they would report to the registered manager or another senior staff member and most staff were able to confirm that they were aware of how to escalate concerns outside the organisation. However, one person we spoke with who was new to the care sector was not able to clearly express an understanding of abusive practice or what they would do if they suspected abusive practice because they lacked the English language skills to do so. The registered manager also told us that they were able to communicate with the staff member in their own language to support them with their understanding of safe working practices. Subsequent to the inspection the provider confirmed that they had secured support to be provided within the home to help improve staff communication and understanding.

The home was clean and fresh throughout. However, flooring in the communal hallway on the top floor was damaged and had been taped over but the tape was peeling off. The registered manager informed us they were waiting for workmen to undertake a specific task and then this area of flooring would be repaired. However, there was no remedial action taken with regard to the peeling tape and trip hazard despite the matter being brought to the registered manager's attention. For example, no cones had been deployed to alert people that this was a potentially unsafe area.

Many areas of the home had been refurbished since our previous inspection visit and refurbishment remained work in progress at this time. On the day of this inspection the lounge on the top floor had been taken out of service in order to effect some necessary repairs. There were two areas on the top floor of the home where the flooring changed levels by means of ramps which were steep and in one instance not level which would pose a risk to people who were not steady on their feet. The registered manager told us that there were risk assessments in place for the original sloping areas. However, as these areas had now been altered they intended to undertake new risk assessments for these areas and that they confirmed that the rooms accessed via the ramps would not be inhabited by anybody that was independently mobile. We discussed that the risk still remained to staff and to visiting relatives. It was acknowledged that the building is listed and consequently the possible alterations were limited. Subsequent to the inspection we received confirmation that the registered manager had obtained advice from a health and safety assessor and as a result gates had been fitted at the top of the slopes to prevent people inadvertently accessing the areas and handrails had been fitted to provide support for people. The provider told us that an occupational therapist had been contacted to provide additional advice and guidance.

A newly recruited staff member confirmed that they had a face to face interview and could not start to work at the home until references had been received together with a satisfactory criminal records check. We reviewed recruitment documentation for two people who had been employed to work at Conewood Manor since our previous inspection visit. For one person we saw that all the necessary pre-employment checks had been undertaken before they had started to work at the home. However, for the second person only one reference had been received before they had started to work. We discussed this with the registered manager together with the fact that the provider's recruitment policy did not ensure that satisfactory evidence was obtained in relation to conduct in previous employment concerned with the provision of services relating to health and social care. The registered manager undertook to review the recruitment policy to ensure that it met the requirements of the Health and Social Care Act 2008 Regulations 2014.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

There was clear information available for staff to follow when assisting people to transfer via means of a mechanical hoist. For example, there was information about the hoist to be used, the relevant sling to be used and specific detail about how the sling should be attached to the hoist. We observed two people being supported to transfer and we noted that staff gave people explanations and reassurance during the process.

Good

Is the service effective?

Our findings

Relatives told us that they were satisfied with the care that people received at Conewood Manor. One relative told us, "I can't fault it, the care [Person] is getting is fantastic. Their needs are met, nothing is too much trouble." They went on to say, "Most of the staff seem to know what they are doing, the home is a lot cleaner and tidier than it used to be, there are always drinks about for people."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that were undertaken by members of the staff team. These included the provider's basic core training such as moving and handling, fire awareness, medicine administration and safeguarding as well as dementia care training. Staff members confirmed that they had received the training they needed to support them in their roles. The registered manager and staff confirmed that people had a minimum of six one-to-one supervision sessions per year and more if they wished. Staff told us that they found the management team to be approachable and supportive.

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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the applications had been made to the local authority in relation to a person who lived at Conewood Manor Nursing Home and were pending authorisation at the time of this inspection.

We observed that people enjoyed the food provided for them and we noted that they received appropriate support to eat. Relatives told us that people's nutrition and hydration needs were well catered for, one person said, "Food is good. They record everything [Person] has to eat and drink." Another relative said, "Staff make sure [Person] has enough to eat and drink."

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. People's weights were regularly monitored to identify any weight loss and appropriate external support was accessed as needed. The registered manager had taken account of published research which concluded that people who lived with dementia benefited from eating their meals from coloured plates and had

secured some for the service. The registered manager was able to give us an example of one person who was now very interested in their food and was eating well as a result of the specialised plates and cutlery that they now used.

There was a small fridge in the staff room. We were told that this was checked daily by the kitchen staff to ensure that there was some soup and sandwiches available for people should they want to have a snack during the night. The registered manager told that they had worked a night shift to further understand the challenges that faced the team at night and that a person had asked for some soup and settled happily back to sleep once they had consumed it.

People's health needs were met. We saw records of health appointments attended including physiotherapist, speech and language therapist, chiropodist and dentist. Relatives told us that they were confident in the health care and support provided for people. A local GP surgery told us that a GP and a Nurse Practitioner visited the home on a regular planned basis. They told us that they had no concerns about the care provided in the home and they found the staff caring and professional at all levels.

Good

Is the service caring?

Our findings

Relatives of people who used the service told us that the staff team were kind and caring. One relative said, "Staff are very friendly, visitors are welcome anytime." Another relative told us, "Staff are very caring. They care about visitors too, all staff are caring." One relative gave us an example of support that staff provided. They told us, "Staff are lovely – they explained how dementia can make [relative] say things that are not pleasant to hear. They gave reassurance and comfort."

We saw some good examples of kind and gentle interaction between staff and the people who used the service. People's dignity was promoted and people appeared comfortable to approach the staff. However, we noted that some staff missed opportunities to interact with people. For example, we observed a staff member supporting a person who was being cared for in bed to eat their lunch. The staff member did not interact with the person, just silently offered them mouthfuls of food. This was done at a pace suitable for the person and was not rushed however, this was a missed opportunity to interact with the person. Another example was where we noted that staff put clothing protectors on people at meal times with no interaction. We recommend that the service finds out more about training for staff, based on current best practice, in relation to promoting dignity and respect.

An external practitioner involved with people who used the service praised the staff team. They told us, "I have always found the staff team to be very caring and professional in their approach with the residents and to our staff too." Another health professional involved with the service told us, "Since [Registered Manager and deputy manager] have taken over the management at Conewood Manor, the home is much more welcoming, cleaner. The residents look clean, rooms are tidy, and jugs of juice are always available in the lounges."

Staff were knowledgeable about people's individual support needs. A relative told us, "Staff know relative well and know their preferences." Relatives told us that they were able to visit at any time of the day and were always welcomed by staff. We noted that the environment was warm and welcoming.

People and their relatives where appropriate, were fully involved in the planning and subsequent review of the care provided. Confidentiality was well maintained and information that was held about people's health, support needs and medical histories was kept secure.

The registered manager told us that most people who used the service had relatives that advocated for them however, they gave an example where the local authority team had arranged for advocacy for one person. We suggested they make advocacy information available within the home so that relatives could access it.

We saw a compliment that had been sent by the relatives of a person who used the service. They praised the staff team for the care they had provided stating, "I can't thank you and your team enough for everything they have done and do. The level of care and the way that [Person] has been treated has been fantastic."

Good

Is the service responsive?

Our findings

People and their relatives told us that the care provided was centred around people's individual needs. One relative said, "Staff know relative well, know their individual needs and what is important to them."

Care plans were detailed and provided information to support staff to help people live as they wanted. Care plans were kept under review to ensure they continued to meet people's needs. We reviewed a care plan for a person who had been admitted to Conewood Manor four weeks prior to this inspection. The registered manager had undertaken a pre-admission assessment over the phone prior to the person moving into the home. We saw that a full assessment had been undertaken on the person's admission to the home which had identified some bruises, skin tears and pressure sores. We saw that these had been appropriately mapped and documented within 24 hours of the person's admission to the home. Assessments had been undertaken in relation to the person's ability to use the call bell, in relation to the risk of falls, and the risks of malnutrition. There was basic information available to support staff to be able to provide care, the deputy manager told us that it was not yet confirmed that the person would be a permanent resident at Conewood Manor and that the care plan was in the process of being developed over time as the staff team came to know and understand the person's needs in greater detail.

Staff told us that there were many activities arranged for the people who used the service. For example, they told us that an external singer had attended the home the day before the inspection. They told us, "A person came into sing for them, they really enjoyed it. They enjoy planting flowers and playing bingo too." A relative told us, "There are activities in the activity room and performers coming into the home. A singer comes in every couple of weeks and sings in the corridors for people in their rooms." The registered manager told us that the activity provision in the home had improved greatly in recent times. They told us that they had two full-time activity people recruited and an additional part-time activity worker has now been recruited to assist in covering for annual leave and sickness. The management team explained that many people who used the service were not able to voice their wishes in relation to opportunities for activity and stimulation. However, staff liaised closely with people's relatives to help gain an understanding of what people may enjoy. On the day of the inspection we noted a game of music bingo was taking place in the afternoon and some crafts were undertaken in the morning.

One person who had limited verbal communication had some animal posters in their room that were positioned so that they were clearly visible from the bed. It was clear that this brought the person pleasure because they responded positively when these were commented on by smiling and becoming engaged in conversation.

The registered manager had identified that some people's needs were deteriorating over time and that many people were now not able to be comfortable out of their beds. To address this, the provider had agreed to purchase specialised chairs that would support different posture requirements and positions with alternative back cushions and headrests in order to manage specific comfort and pressure management needs. This showed us that the provider and management team were responsive to meet people's changing needs.

We noted there was a book positioned next to where visitors signed into the home for them to be able to log any concerns. We look at the complaints records and noted that no major issues had been raised with the registered manager since our previous inspection. Relatives told us they would be confident to approach the management team with any concerns and that they were confident they would be dealt with appropriately. One visitor told us of concerns they had encountered recently that they had raised with staff. We noted that these had not been recorded as a complaint, we discussed with the registered manager how they could encourage staff to record issues raised verbally with them in order to maintain a log that would identify themes or patterns of concerns.

We saw records of meetings held for relatives of people who used the service. The minutes showed us that any concerns raised were listened to and acted upon. For example, at a previous meeting it had been mentioned that people were pulling into the car park very quickly. The home management noted this concern and added speed limit signs. The feedback received was that this had helped. Another example was that relatives had noted that there was only one type of ice cream that residents were offered. Feedback was that the management had listened and now people had the choice of three different ice cream flavours.

Requires Improvement

Is the service well-led?

Our findings

The registered manager undertook a weekly audit by walking around the home and observing care practice and mealtimes. They told us that issues identified included such areas as empty soap dispensers and paper towels and that these were dealt with immediately with the staff responsible.

The registered manager had a range of audits in place that were designed to help ensure that people received saved care and support. These included areas such as medicines, infection control, health and safety and accidents and incidents. However, during the course of the inspection we noted areas of the service provision that had not been effectively managed and monitored by means of the audit process. For example, health and safety matters within the environment, record keeping with regards to medicines, staff recruitment and care plans, communication skills of the staff team and people told us that they did not always receive their care in a timely manner.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following our inspection the manager and provider undertook immediate steps to amend practice in the areas we had identified. This demonstrated that they wanted to ensure people received the care and support they needed.

The registered manager and provider had introduced a computerised care planning system. Staff had access to tablet computers to update care records. However, staff told us that this was not always effective because the tablets were not always working. On the day of this inspection the staff told us that there was just one tablet that was working and the nurses were using the main computer so they could not access the system that way. The registered manager told us that there were six tablets available for use and they were puzzled that five could be out of order at once. They said the benefit of the computer record keeping was that the records were now more legible and accessible.

There was a clear management structure at Conewood Manor Nursing Home with a registered manager, deputy manager and nursing staff. People, their relatives and staff members told us that they had confidence in the management team and were all very positive about how the home was run. A staff member told us, "The home has changed so much. A lot of new staff recruited. Home now has deputy so manager or deputy is here to support staff." Another staff member told us that the management team was supportive and said, "There is always someone to go to for advice if you are unsure of anything."

During the course of the inspection we noted that the registered manager's office door stood ajar so that people could easily access them if they wished and we saw the registered manager walking around the home throughout the day speaking with staff, visitors and people who used the service.

The registered manager reported that individual staff members had been appointed in lead roles in raising awareness in such areas as falls, nutrition, dementia, wound and health and well-being and that an oral health champion is also planned once the appropriate training has been completed.

We saw a report of a quality monitoring visit undertaken in February 2016 by representatives from the local authority Adult Care Services. We noted that the service had achieved an overall score of 85.7%. Areas identified for improvement included to ensure all care plan monthly reviews are taking place consistently and for the complaint log to be expanded to capture any lessons learnt from complaints. Records we viewed at this inspection showed that actions had been taken in response to the local authority external monitoring process.

Staff told us that there were regular meetings held to help ensure they were aware of events in the home. We viewed minutes of a recent meeting and noted that they were used as a vehicle to share information throughout the team. For example, the minutes showed that the result of the local authority monitoring visit had been shared with the staff including the areas where improvement was required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The system of audits was not effective in identifying areas of care and support that require improvement in order to maintain people's safety and well-being.