

Voyage 1 Limited

Conifer Lodge

Inspection report

Horsley Hill Square
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Tel: 01914554380

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Conifer Lodge is a residential care home providing personal care and support for up to 16 adults with mental health needs or associated conditions. At the time of the inspection there were 9 people living at the home.

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

People and staff had not always been able to speak up when they had concerns. Governance and auditing arrangements had not identified the service as a closed culture. The provider had made a range of significant recent improvements to address this.

The service had no registered manager at the time of inspection. The provider had recruited a new manager and planned for them to register with CQC.

The interim management team demonstrated a strong understanding of the service and the culture, and had a clear vision for how to improve the culture, which had not always empowered staff.

Risks to people's health and safety were person centred, detailed and informed by updates from external healthcare professionals.

Staff worked hard to ensure people's needs were met and they felt comfortable and safe.

The provider had reviewed safeguarding and whistleblowing policies and procedures to ensure they were understood. Staff now knew they could raise any concerns they had. The provider had worked well recently with external partners to ensure people's safety when concerns were raised.

The environment was well maintained and clean. All utilities, safety and fire equipment were regularly checked.

Staff were recruited safely. There were competence assessments and themed supervisions meetings in place to ensure they knew how to keep people and themselves safe. The service relied on agency staff due to recent turnover of staff but had long term plans in place to reduce agency reliance.

Medicines were stored and administered safely, in line with best practice guidance.

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.

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

Rating at last inspection

The last rating for this service was good (published 26 September 2020)

Why we inspected

We undertook a focussed inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about safeguarding and whistleblowing protocols. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Conifer 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 Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and one specialist nursing advisor.

Service and service type

Conifer 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people, 3 relatives and 5 staff, including the regional support manager, national clinical lead, lead nurse and 2 support staff. We spoke with another staff member on the telephone and contacted 3 external professionals via email.

We observed interactions between staff and people. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records, meeting minutes.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to required improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Processes had not always meant people were safeguarded from risks. People and staff had not always been able to speak up when they had concerns. Governance and auditing arrangements had not identified a closed culture, or the fact safeguarding and whistleblowing protocols had not always been used. The provider had made a significant range of recent improvements to address this.

- Staff now felt comfortable speaking up about any concerns they had. Safeguarding incidents and accidents were recorded, shared with appropriate agencies and reflected on. The interim management team worked promptly to put things right when mistakes were made. They were keen to learn lessons from incidents.

- Staff had received recent refresher safeguarding training and supervisions. Relatives told us they had not previously felt comfortable raising concerns, but they were doing so with the new leaders at the service.

Assessing risk, safety monitoring and management

- Risk assessments were person-centred and detailed. They were reviewed regularly and had regard to external advice when people's needs changed. People's specific conditions and needs had specific risk assessments and plans.

- People felt safe. They interacted calmly with staff, who demonstrated patience and understanding. One person said, "I can do my own thing and they are there if I need them." People told us they felt at home and happy. One relative told us, "There's still a bit of uncertainty and anxiety with the turnover of staff, but it's safe." We observed staff interacting in a patient and supportive manner with people.

- The premises were purpose built, clean, safe and well maintained. Servicing of utilities, lifting and fire equipment was all up to date and there were appropriate emergency plans in place.

Using medicines safely

- Medicines were managed safely and in line with good practice. There were regular reviews with input from specialists. Records were accurate and up to date.

- The provider had effective audits in place which focussed on ensuring good practice and identifying errors.

- The interim management team regularly assessed staff competence regarding medicines management.

Staffing and recruitment

- There were sufficient staff to meet people's needs safely. Some relatives commented on the recent turnover of staff and that this meant there was less continuity for people. The provider recognised this and had plans in place to reduce agency reliance.

- Rotas were well planned. Staff worked hard and covered shifts when needed at late notice.

- Staff were recruited safely. There were pre-employment checks to reduce the risk of unsuitable people

working with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
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- Relatives were able to visit loved ones, in line with current guidance.

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 interim management team has ensured all capacity assessments were up to date and in line with the principles of the MCA. DoLS were applied for where necessary and best interest decision making undertaken where people lacked capacity to make a certain decision.



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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had not always been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- Staff had not always been empowered to take responsibility or accountability, particularly senior staff. This had led in part to the service becoming a closed culture. This meant people had been at higher risk of poorer care or abuse due to a lack of openness within the staff culture. The interim management team had taken significant steps to address this and to change the culture to one that valued, empowered and challenged senior staff for the benefit of people who used the service.
- There was no registered manager in place at the time of inspection. The provider had recruited a new manager, who would work with the interim management team and apply for CQC registration.
- The interim management team had ensured people experienced positive health and wellbeing outcomes in the short space of time they had been at the service. People benefitted from regular external nursing and other health professional support.
- The atmosphere was welcoming and calm; people were relaxed and enjoying their own hobbies and interests. The majority of relatives and all staff we spoke with recognised this improvement. One relative said, "I used to get fobbed off a lot, and I didn't think a lot of it, but now I see what the culture should be more like. Credit to [interim management team], they've been very open and are turning things around really well."

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

- Auditing and governance systems had not always helped to identify areas of potential risk in the closed nature of the culture. The provider had already reviewed some of its auditing procedures to include a much more focussed analysis of the culture of the service. Audits from regional managers included discussions with people and observations.
- There were checks and audits in place to ensure people's medicines, care records and their environment was safe and appropriate. Records were up to date.
- Staff worked well together under the leadership and support of the interim management team. They felt supported and trusted to take on more responsibility. Those we spoke with were relishing this opportunity.
- The provider had extensive policies, procedures and guidance in place to support staff to maintain high standards of care. The interim management team had reviewed the management, senior and staffing arrangements in place to ensure there was a better balance of support for staff and leaders who could focus on oversight and improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in their day to day care and choices and their opinions respected by staff.
- Staff worked well with health and social care professionals to ensure people received the right care in a timely way. Feedback was consistently positive from these partners about improvements at the service in the past months. One said, "I'd say people are receiving a very good standard of care now."
- The interim management team had taken the time to get to know people and staff well. They were committed to ensuring the improvements to the service were maintained, and the culture moved from a closed one to an open one, where people could continue to feel safe and staff could thrive. This culture needed to be embedded over time.

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 interim management team had made a range of relevant notifications to CQC and other agencies in a timely manner. They were clear about where the service needed to improve and had worked hard with a range of agencies to ensure changes and improvements could happen quickly for the benefit of people using the service.