

The Conifers R.H. Limited

The Conifers

Inspection report

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Tel: 01262606303

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service:

The Conifers is a care home providing personal care to 29 people with a learning disability at the time of the inspection. The service can support up to 30 people. The accommodation is made up of the main home, plus nine separate self-contained flats on the same site.

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. This 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.

The service was registered for the support of up to 30 people, which 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 outside to indicate it was a care home.

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

People told us they were comfortable and well cared for at The Conifers. People benefitted from a consistent staff and management team who knew them well. Staff were aware of risks to people's safety and wellbeing and acted to mitigate these. Staff were knowledgeable about how to identify and report any signs of abuse and people received their medicines in line with their prescription.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were offered choice and involved in decisions. People had an annual health check and were supported to access any healthcare services they needed. Staff had been proactive in identifying and supporting people with health issues.

Staff were caring and treated people with respect. People's independence was promoted, leading to positive outcomes for individuals. Detailed care plans were in place, so staff knew how to support people in line with their needs and preferences. People had opportunity to take part in activities at the service and in the community.

Management systems and records were well maintained and organised. Checks were conducted to monitor the quality and safety of the service. This included audits and feedback questionnaires. The management team promoted a positive, person-centred culture. We received very positive feedback about the management of the service; staff told us they felt well supported and there was good team work.

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

Rating at last inspection:

At the last inspection the service was rated Good overall (published 5 April 2017).

Why we inspected:

This was a scheduled inspection based on the service's 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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The 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. This inspection was planned to check 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 conducted by one adult social care inspector.

Service and service type

The 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.

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 looked at information we held about the service, including notifications of incidents that had occurred at the service. We contacted relevant agencies for feedback and reviewed the 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. We used all of this information to plan the inspection.

During the inspection

We spoke with seven people who used the service. We spoke with nine members of staff including the deputy manager, assistant manager, head senior, and six care workers. We looked at records related to

people's care and the management of the service. We viewed three people's care records, medication records, two staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection.

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.

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

- The provider assessed and mitigated risks to people's safety and wellbeing.
- Staff were attentive to people's safety and people told us they felt comfortable living at The Conifers.
- Staff completed risk assessments relating to people's individual needs and reviewed them regularly.
- Environment and equipment safety checks were routinely conducted.
- Staff completed accident and incident records; these were reviewed by the management team to identify any further action required to prevent a reoccurrence.

Using medicines safely

- The provider had a safe system to manage medicines.
- Staff who supported people with their medicines were trained and had their competency checked.
- The deputy manager took immediate responsive action when it was identified during the inspection that one person's eye ointment had gone past its 'use by' date. They investigated and addressed this with staff.
- The management team conducted regular medicines audits, to check on practice and ensure that people received their medicines as prescribed.

Staffing and recruitment

- There were sufficient, appropriately recruited, staff to meet people's needs.
- People and staff told us there were enough staff available to care for people safely. There were contingency arrangements in place, to cover staff leave or sickness.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and details of the local authority's policies and procedures. They referred concerns to the local authority safeguarding team when required and recorded any action taken.
- Staff were aware of indicators of potential abuse and knew how to report any concerns.

Preventing and controlling infection

- The home was clean and free from malodours.
- Domestic staff were employed; they completed records of the cleaning which took place.
- Staff used personal protective equipment when required, such as disposable gloves and aprons.

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.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had submitted DoLS applications where required.
- Staff received MCA training and sought people's consent before providing care.
- The provider retained evidence where people had a Lasting Power of Attorney or legal representative. This helped to ensure that only those with appropriate authorisation made decisions on behalf of people.

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

- Information about people's nutrition and hydration needs was available in their care plan.
- Mealtimes were arranged around the needs and preferences of individuals, and people were offered choice.
- People were satisfied with the meals they received and described the food as "nice."

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, training and regular supervision.
- The management team tracked when staff were due their refresher training, to ensure they maintained their knowledge and skills.
- Staff told us, "The training is really good" and confirmed they could request additional training or support if they needed it.

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

- Systems were in place to assess people's needs and preferences, so that staff knew how to support them effectively.

- The management team kept up to date with best practice and legislation.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- Staff had been proactive in supporting people to access a range of relevant health and social care services, when needed.
- Information about people's health needs was recorded in their care plan. Each person had a medical passport; this contained key information for professionals, should the person need to access other services or go into hospital.
- Staff received training in oral health care and care plans included good detail about people's oral health care needs.
- People had an annual health check, regular dental appointments and sight tests.

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

- The accommodation was suitable for people's needs. Having flats in addition to the main property gave people the opportunity to move on into more independent living as their skills and confidence developed.
- The service was larger than considered best practice for people with a learning disability. However, the provider worked to make the property as homely as possible. Bedrooms were decorated according to people's preferences and contained people's personal possessions.
- People had access to the equipment they needed and the upstairs could be accessed by a lift.

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; equality and diversity

- Staff were caring and treated people with respect.
- People appeared comfortable with staff and spoke about them positively. One person told us, "The staff are nice. They're a good bunch."
- Many staff had worked at the home for a long time and demonstrated good knowledge of people.
- The provider had an equality and diversity policy. Information about any needs in relation to protected characteristics of the Equality Act were recorded in people's care plans. People were supported to follow their faith.

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

- Staff offered people choices and involved them in decisions. One person confirmed, "I can choose what to do."
- 'House meetings' were held to involve people in decisions about the service. There were also separate meetings for people living in the flats.
- People could access independent advocacy if they required support with decision making and expressing their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff explained how they maintained people's dignity when supporting them with personal care.
- The lock on one bathroom door was faulty, which we brought to the assistant manager's attention. They acted promptly to ensure this was repaired, to support people's privacy.
- People's independence was promoted. Staff tailored their support according to people needs, enabling them to do as much for themselves as possible. Following an individual assessment, some people in the main home had equipment and facilities in their bedroom, such as kettles, to enable them to make their own drinks and snacks. One person told us they were working towards moving on from their flat at The Conifers to their own tenancy in the community.

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

- Staff provided support in line with people's individual needs and preferences.
- Person-centred care plans were in place, to provide information for staff about how to support people. These were regularly reviewed and updated when people's needs changed. The provider also used 'This is Me' documentation to record information about people's life histories and things of importance to them.
- Staff completed records of the care they provided. These records showed people received the support outlined in their care plan.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan.
- A range of information was available in easy read or pictorial format. This included information about external organisations and people's rights.
- Staff used pictorial format 'social stories' with some people to help people understand and manage certain situations.

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 supported to take part in leisure, educational and social activities.
- There was limited structured activity taking place on the day of our inspection, but the management team provided examples of activities people took part in. This included bowling, baking, trips to football stadiums, visiting entertainers and gardening. Some people also took part in a local beach cleaning project.
- One person told us about a college course they were completing and another told us they enjoyed pool and horse riding.
- People were supported to keep in touch with relatives. This included relatives overseas, by using technology and social media. Staff had also supported one person to visit their relative who did not live locally, when the relative was unwell.

End of life care and support

- The provider had systems in place to ensure people received compassionate end of life care.

- Information about people's advanced wishes were recorded in their care plan.
- Staff worked with healthcare professionals to meet people's needs. One person had passed away since our last inspection and staff had worked positively to ensure the person was able to remain living at The Conifers to the end of their life. Staff demonstrated compassion when describing how this care had been delivered, and one staff member told us they still visited the person's grave with flowers.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was available in the home.
- There had been no recent complaints but there was a system in place to record how any complaints would be investigated and resolved.
- Staff encouraged people to raise any concerns and there was a 'Your Feedback Matters' comments box available in lounge.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team were clear about their respective roles and areas of responsibility within the service. The team consisted of a registered manager, deputy manager and assistant manager. In addition, there was a head senior and senior care staff.
- The management team were aware of regulatory requirements, including the duty of candour. They had provided information about relevant incidents to CQC as required by law.
- Care staff attended staff meetings, training and supervisions to keep them informed of their responsibilities.
- Management systems and records were well organised. Personal information was stored securely to maintain confidentiality.

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

- There was a positive, person-centred culture. Staff spoke highly about the management team and told us they felt well supported. One commented, "The managers are great with people and they are there for us. Everyone is supportive."
- Staff were motivated and described the good team work at the service.
- The provider had a recognition scheme, to reward staff with a voucher for occasions where they had 'gone above and beyond.'

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

- Feedback was gathered from people and stakeholders, to identify opportunities to improve the service. This included meetings and feedback questionnaires.
- Questionnaire feedback from 2019 indicated high levels satisfaction with the service. One visiting healthcare professional commented, 'The conifers provides a safe, effective and person-centred service. All staff are welcoming, friendly, caring and want to do the very best for people.' A relative commented, 'This is a lovely place.'
- Staff had opportunity to provide feedback in staff meetings and questionnaires.

Continuous learning and improving care

- The management team demonstrated a commitment to continuously improving the service. They provided examples of changes they had made since the last inspection and were open and receptive to feedback.
- There was a quality assurance system and regular audits were conducted to check on the quality and safety of the service. Action was taken in response to issues identified in audits.

Working in partnership with others

- The provider worked well with other organisations and developed links within the community. People accessed a range of local facilities and activities.
- Staff worked in partnership with other health and social care professionals to meet people's needs. This had resulted in positive outcomes for people.