

# Family Care Private Company Limited

## Conifers Care 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

About the service: Conifers care home is a residential care home that accommodates a maximum of 20 people. At the time of this inspection 18 people lived at the home. Older people who lived with disabilities including dementia, Parkinson's disease and diabetes, were supported with personal care and accommodation. People who displayed behaviours that may challenge were also supported at the service. The home provided a homely atmosphere and environment that met people's individual needs.

People's experience of using this service:

Since our last inspection in April 2018, the provider had invested resources to improve the service. A new kitchen had been fitted and the environment had been improved. This was work in progress and ongoing works were scheduled to improve the environment further.

The management team had implemented new quality and safety checking systems to monitor maintenance and the environment. It was evident that these checks were being used. However, these systems required more time to be used consistently and to be fully embedded in daily practice at the home. This was an area that required improvement.

People received their medicines safely. Improvements had been made since our last inspection and controlled drugs were managed safely. However, for one person, one of their regular medicines had not been given as prescribed. Management at the home had followed this up with the doctor surgery but this had been delayed. Systems were not always robust to check that all medication had been prescribed for one person. All other medication had been given as prescribed. This was an area that required improvement.

The registered manager told us after this inspection that the response from the surgery had now improved regarding medicines.

People and their relatives spoke positively about the staff and the care received at Conifers care home. There was enough food and drink. People received lunch time meals from an external catering company. People who had dietary needs such as allergies or who required specialist diets were catered for. One person told us, "They [staff] look after you and feed you well."

People were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well. One person said, "They're [staff] just all good. They treat you nice." One person's relative told us, "They [staff] give first class care."

Behaviours that may challenge were understood by staff. Professional advice and guidance was sought from healthcare professionals which we were told by a community psychiatric nurse [CPN] staff acted upon

appropriately. The CPN said, "They're [staff] very thorough and willing to try advice given."

Regular activities were provided for people. Some entertainers who visited the home were specialists in providing activities for people who lived with dementia.

The management team worked proactively and professionally with external health and social care professionals. Local management forums were attended by the home which ensured they maintained positive working relationships with other local homes and professionals.

Rating at last inspection: Requires improvement. (Last inspection report published 14 July 2018).  
The service was rated as Requires improvement at this inspection. This was the second consecutive time the service had been rated Requires Improvement.

Why we inspected: This was a planned comprehensive inspection based upon the previous rating.

We inspect all services with one or more key questions rated as 'Inadequate' within six months to ensure that we regularly monitor and review the quality and safety of the service people receive. As a result of the last inspection rating we asked the provider to complete an action plan to demonstrate how they would meet the shortfalls at the home. We inspected to review this action plan and any improvements made. We saw that improvements had been made to the service people received since our last inspection. However, we found that some systems for monitoring the quality and safety of the service required improvement.

Follow up: We will review the service again within 12 months of the inspection report published date to monitor the improvements made and ensure these are embedded in practice.

## 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 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Conifers Care Home

## Detailed findings

### Background to this inspection

The 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 checked whether the provider is meeting 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 for the service under the Care Act 2014.

This inspection took place on the 26 and 27 November 2018.

Inspection team: The inspection was completed by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was completed by one inspector.

Service and service type: Conifers Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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: The first day of the inspection was unannounced. The second day was announced.

What we did: We reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from the local authority and health professionals who worked with the service. We visited the service within 12 months of the last inspection to review the previously identified concerns under the 'Safe' key question. Because of this the provider was not able to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the actions the provider had taken in relation to the previous breaches of our Regulations and warning notice. The warning notice had been issued for concerns about the environment. We took this into

account when we inspected the service and made the judgements in this report. We also used all this information to plan our inspection.

Before, during and following the inspection we reviewed and spoke with:

- Four people using the service and one relative
- Three people's care records and risk assessments
- Three staff recruitment, training and supervision records
- Records of accidents, incidents, complaints and compliments
- Audits, quality assurance reports, provider action plan and previous warning notices
- Observed the lunchtime meal experience for people
- We reviewed the environment and maintenance of the home
- Spoke with the registered manager, deputy manager, office administrator, one senior carer, a care assistant and the organisations group manager
- We also spoke with a community admission avoidance dementia specialist matron, community matron and a community psychiatric nurse [CPN].

# Is the service safe?

## Our findings

Some aspects of the service were not always safe. This required improvement to ensure people's safety was consistently maintained.

At the last inspection in April 2018, this key question was rated as 'Inadequate.' This was because the environment was not always safe or well-maintained and some medicines were not managed safely. The service had also not always been clean and infection control measures were not robust. This resulted in a breach of Regulations. We served a warning notice for the cleanliness and premises / environment. This was because the provider was not complying with legal requirements.

At this inspection we reviewed the warning notice and previous breaches of Regulations. These requirements had now been met by the provider. The provider had taken significant steps to improve the environment and cleanliness of the home. This included refitting a new kitchen. All items that they had told us they would complete within the service improvement action plan had been addressed. New maintenance monitoring systems had been introduced to ensure that maintenance or cleanliness issues were identified and addressed. A housekeeper had been appointed to monitor the cleanliness of the home. Sinks had been fitted in bathrooms. The home was clean and tidy. People confirmed this. One person told us, "It [the home] couldn't be cleaner." Another person said, "The rooms are lovely. I'm very impressed [with the cleanliness]. The laundry is good too."

We also found that medicines were now managed more safely. However, some aspects of medicines management required improvement.

Using medicines safely and systems and processes:

- Procedures hadn't always identified that for one person their regular prescribed medicines had not been provided to them by the local doctor surgery. The deputy manager had emailed the person's doctor to ask for the medicines when the person moved into the home, but this still had not been sent to the person after eight days. We discussed this with the deputy and registered manager who chased this with the person's doctor. The person received their medication at the end of the eighth day. The deputy manager raised this as a safeguarding concern with social services. This indicated that staff understood safeguarding procedures. However, there was a lack of robust system to check that for one person their regular medicines had not been given to them. This was an area that required improvement.
- We discussed this concern with the organisation's group manager following the inspection. They stated they would work with the home and surgery to ensure that 'escalation procedures' were implemented to ensure this did not happen again for people. The registered manager told us following the inspection that the surgery had now improved their response time to them. We were not able to review the effectiveness of this at this inspection as it was not yet embedded in practice. We will review this at our next inspection.
- Medicines were given safely to people. At the last inspection we found that for one person controlled drugs were not managed safely. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. At this inspection this had been fully

addressed.

- The registered manager had reviewed and updated the medication policy for the home. People and their relatives spoken with said medicines were given safely. One relative said, "They [staff] give [person] her medicines and I'm happy that they know what they're doing." One person told us, "The ladies [staff] put drops in my eyes nights and mornings. They stand while you take it and watch you do it. I prefer them to come round with them. I don't have to worry then."
- Staff were routinely observed as part of supervision arrangements. This included observing staff when they gave medicines to people to ensure they were competent to do so safely.
- Safeguarding systems were effective and staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- People felt confident to raise any concerns about safety. They said they felt able to talk openly with the staff and management team, without fear of how they may be treated for doing so. One person said, "Oh I'd have no problem speaking to [manager] or [deputy]." Another person said, "[Manager] is very easy to talk to, so if I thought there was an issue, I'd have no worries talking to her."
- People and their relatives said they felt the service was safe. One person said, "I think it's very safe here. I like it here, everybody is nice." A relative told us, "Yes, definitely [person] is safe here. The girls [staff] are ever so nice and do a job I couldn't do at home."

#### Assessing risk, safety monitoring and management:

- Risks to people were assessed and measures taken to reduce these risks. These included risks regarding how people moved and any equipment they needed to do so safely.
- For people who may be at risk of falling, equipment was used, such as bed rails and sensor mats, to alert staff as needed.
- 'Falls prevention' care plans were completed for falls risks.
- Regular health, safety and maintenance checks had been completed. This ensured that equipment was safe for use with people.
- Risk assessments and audits of the safety and cleanliness of the environment were completed by staff who were trained to do so.

#### Staffing levels:

- There were enough staff. People confirmed this. One person told us, "Yes, there's enough [staff]. I don't use my bell very often but when I do it's not very long before someone comes." Another person said, "If I ring the buzzer they're here within seconds. I could never complain, ever."
- Safe recruitment practices were followed. New staff were recruited with required safety checks completed before they started working at the home. These checks ensured staff were of good character.
- New staff completed an induction and all staff completed training that included health and safety awareness and fire safety which was refreshed on a regular basis.
- Senior staff observed staff practice and competence to ensure required health and safety practices were followed.

#### Preventing and controlling infection:

- Risks associated with infection control were managed by the safe use of protective equipment such as staff wearing disposable gloves and aprons appropriately.
- Staff received infection control training.
- Systems ensured that the cleanliness of the home was monitored by the newly appointed housekeeper.
- An independent infection control audit had been conducted by West Sussex County Council professionals.



This highlighted that some mattresses required attention. The provider had replaced these mattresses for people following the audit.

- The registered and deputy manager clearly showed their understanding of safe measures to take in case of an outbreak of infectious illness at the home to safeguard people.

Learning lessons when things go wrong:

- Lessons had been learned when things go wrong. The provider and management team had responded appropriately to the previous concerns and 'Inadequate' rating of this key question found at our last inspection. They had effectively used their action plan to review and improve the home.

# Is the service effective?

## Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance and supporting people to live healthier lives, access healthcare services and support. Staff providing consistent, effective, timely care within and across organisations:

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 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.

At our last inspection in April 2018, we rated this key question as 'Requires improvement.' This was because we found there was no evidence that the use of bed rails had been agreed as part of a best interest decision involving relatives and professionals. We recommended that this was addressed as the use of bed rails can be considered a restraint. At this inspection improvements had been made and this had been addressed by the management team. Best interests meeting minutes evidenced the appropriate use of bedrails for people when this was required for them.

- Where possible, staff ensured that people were involved in decisions about their care and understood what they needed to do to make sure decisions were made in people's best interests.
- We observed staff asking people for their consent before they provided support to them.
- Records for people showed that appropriate consent was sought for decisions about their care and treatment.
- Where people did not have capacity to make decisions, they 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.
- Restrictive practices used for one person had been agreed appropriately by a community psychiatric nurse [CPN] in the person's best interests to maintain their and others safety and wellbeing.
- We spoke with a CPN who told us, "I trust them [staff] to know when they've tried every intervention and to use restrictions appropriately."
- Healthcare professionals visited the home when required. Staff contacted them without delay, when people needed to be seen by a doctor or community nurse.
- A community admission avoidance dementia specialist matron told us, "They're [staff] very caring here. They know people well."
- Records confirmed people had access to a range of healthcare professionals. One person told us, "The

chiroprapist comes in regularly. The optician will come in. Dentist I've not approached. I know if I wanted to see one, they'd [staff] take me."

- Six people lived with diabetes at the home. This was managed well with staff support and balanced diets. People did not need insulin to manage their diabetes. Staff received training in diabetes care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law and adapting service, design, decoration to meet people's needs:

- People's needs were assessed and records contained personalised information about people's preferences, social backgrounds and things that were important to them. This enabled staff to know people well.
- People felt they were treated fairly, regardless of age, gender, personal preferences or disability, such as dementia. One person said, "Yes. I'd say it's all very fair here." Another person told us that, "Yes. [person] is not the sort to mix so much but she's not discriminated for not doing so."
- Technology was being used to promote people's independence and safety.
- The provider was installing a CCTV system throughout the communal areas of the home. The registered manager told us that this was to monitor people who chose to walk independently around the home but who may also be at risk of falling. This enabled people to feel able to move freely around the home without staff continually directly supervising them.
- The registered manager was seeking consent from people and their relatives to use the CCTV, before it was used.
- The provider had invested resources into the home to improve the environment. This was ongoing at the time of this inspection.

Staff skills, knowledge and experience:

- Staff knew people's individual needs and preferences well and clearly understood how best to support people's needs using skills that were learned from attending training and also from advice from healthcare professionals.
- People felt that staff knew how to care for them. One person said when we asked them if staff were well trained, "Yes, they're lovely. Very good at what they do." Another person said, "They're very good. They're always asking if I need anything. They know what they're doing and they're good fun."
- Staff completed training that was relevant for their roles. This included training in areas such as, challenging behaviour, first aid, mental health first aid, dementia, medicines management and moving and handling. Specific training was provided to equip staff with the knowledge to support people well. This included diabetes training.
- Staff received supervision and support from the management team. The management were also supported by a group manager who visited the home each month to review the service.

Supporting people to eat and drink enough with choice in a balanced diet:

- People had enough to eat and drink. Daily meals were brought in from an external catering company and staff prepared the evening lighter meal for people. During the inspection, this included a choice of sandwiches or hot quiche.
- Staff respected people's personal choices and preferences when offering meals and drinks to them. One person told us, "I don't eat chicken or rabbit. They [staff] know that and I'm never offered it. They come round with the menu and ask on the day what I want." Another person said, "I like coffee and can have as much as I want. I had a beer today. I didn't like it. I'm going to ask for a wine tomorrow."
- We observed the lunch time meal experience for people. Food served looked appetising and was served

hot.

- People were given the support they needed to eat their meals. For people who were not able to tell staff their preferences, staff described how they knew when these people did not like some foods or when they'd had enough to eat. This was by, judging by the person's body language and gestures.
- Management demonstrated a clear understanding of those people who may be at risk of choking and who required a 'soft diet' or 'thickened fluids.' One person had required nutritional supplements when they first moved in to the home. They had now gained weight with a regular balanced diet.
- The deputy manager described sensitive support techniques used with a 'hand over hand' approach for people who required gentle encouragement to eat independently. 'Hand over hand' assistance involves staff placing their hands over a person's hands to help them complete a movement, such as eating.

# Is the service caring?

## Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People continued to receive a caring service from a kind and dedicated care and management team. People felt that staff really cared and that they mattered to them.
- One person said, "We have a terrific laugh. The staff are lovely. If I have one of my little cries staff are there for me. Every few minutes they'll ask if I'm alright and to call them if I'm not. They're wonderful. [Staff name] is also very good. I've got a urine infection and have little accidents. He's never embarrassed, never mentions anything he shouldn't, he's wonderful. [Deputy] knows how much I worry about my son and rang my sister the other day to make sure everything was okay for me. There's always reassurance."
- Where people were unable to communicate their needs and choices staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to understand what people needed.
- Staff communicated very sensitively with people, ensuring that they positioned themselves at people's eye level. Gentle touch was used by staff when this was appropriate to reassure people.
- People who required aids to communicate effectively were provided with the equipment they needed. This included hearing aids and glasses.
- One person was being supported to access support from an independent advocate.

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

- Staff had time to care for people. People were not rushed by staff. Staff took the time to support people at a pace that was appropriate for them.
- A staff member had come into work on their day off to provide people with hand massages and activities, which people and staff enjoyed.
- Staff listened to people's views with patience and care and ensured that they involved people in day to day decisions about their care as much as they were able.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with respect and their privacy and dignity were respected and maintained. One person told us how staff supported people with dignity when they required assistance. They said, "They take [person] to the toilet and bring her back without any fuss at all. It's done so naturally with dignity."
- Staff demonstrated awareness of people's individual needs and ensured they knocked on people's doors before entering their rooms.
- Staff were observed interacting with a person who was upset with a very compassionate approach which reassured and calmed them.
- People were positively encouraged to move freely throughout the home which encouraged a degree of

independence.

- Confidential records were held securely and staff understood the principles of confidentiality and data protection requirements.

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

How people's needs are met.

Personalised care:

- People continued to receive a service that was responsive to their needs. People, their relatives or others with legal decision making powers, [such as powers of attorney for health and welfare] were involved as much as they chose or were able to be with planning people's care.
- A person's relative told us, "Yes [they were involved in planning relatives care] and so was my daughter; she has power of attorney. There's a good relationship with [registered manager] and I chat to her regularly about [person]."
- People's communication needs were identified, including those related to protected equality characteristics such as dementia or sensory loss. Staff identified, flagged, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for adult social care services to comply with AIS.
- People were able to access a range of activities within the home that were tailored to the needs of people who used the service.
- During this inspection we observed staff positively interacting with people; providing activities and taking the time to talk to them about their daily experiences.
- Professional entertainers with specific experience of providing activities for people who lived with dementia were used by the home. This included a lady who had written books for activities that people living with dementia responded well to and the benefits of music therapy. We observed them playing their guitar and singing to each person in the lounge area during the session. People were given instruments to play along if they chose to.
- People told us there was enough for them to do and said they weren't 'bored.'
- One person said, "Yes, I make my own choices. I personally don't feel restricted. I can't go out on my own but someone would go with me if I wanted to go out, or I'd ring my sister and she'd take me. One of the ladies [staff] took four or five of us out; to Reigate I think it was, not so long ago. That was very nice."

Improving care quality in response to complaints or concerns:

- People and their relatives knew how to provide feedback or how to raise complaints about their experiences of the service.
- There was an open and transparent approach to complaints. Staff and the management team treated people compassionately and encouraged people to speak with confidence about any matters that maybe of concern to them.

- One person said, "I wouldn't like to make a complaint but if I had to I'd speak to [registered manager] or [deputy]." A person's relative told us, "I would feel confident. I'd speak in the first instance to [registered manager]."
- An accessible complaints policy was placed in a communal area so that people and visitors to the service could see it.
- One complaint had been received anonymously by the Care Quality Commission since the last inspection. This had been responded to appropriately and in a timely manner by the registered manager.

#### End of life care and support:

- At the time of the inspection people were not receiving end of life care.
- The registered manager and deputy manager had completed the 'six steps' programme for end of life care with a local hospice. This was revalidated each year. The management team were clearly very passionate about end of life care for people and their relatives.
- Clear systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people were able to die with dignity. This is known as a 'DNACPR' which stands for Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.
- The management team spoke very compassionately about their aim to ensure that people received good end of life care. The registered manager told us, "We go to all of their [peoples] funerals. We had a 'wake' here as they had nowhere to go."
- There was a remembrance book for staff which contained information about each person funeral and any cards of thanks from their loved ones. This was available for staff to remember people.
- The registered manager described how people's relatives were supported by staff when their loved one was at end of life and after they had passed away. They told us, "Families stay here when people are at end of life. Staff will get take out foods for them." They also said that they had supported a person's husband after they had passed away. They were invited to continue to have coffee at the home and share meals with staff.



# Is the service well-led?

## Our findings

Aspects of leadership and management did not consistently assure quality and safety measures were robust.

Manager and staff roles, understanding of quality performance, risks and regulatory requirements.  
Continuous learning and improving care:

At our last inspection in April 2018, this key question was rated as 'Requires improvement.' This was because the provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided. This included risks to the health, safety and welfare of people and others. Audits had not identified the shortfalls of the environment. A warning notice had been issued by us to the provider for these service failings.

- At this inspection we found that improvements had been made to the quality and safety of the service people received and the warning notice had been met. However, some newly implemented audit systems were not yet fully embedded in daily practice. This was an area that required improvement.
- The group manager and registered manager agreed that systems used to review the environment and maintenance works could follow a more robust and consistent process, to ensure that works were prioritised as required.
- The registered manager understood their responsibilities to notify us of significant events, as they are required to do so in law.
- People and staff spoke highly of the management team at the service. When we asked people about the registered manager, one person said, "The manager is very good. You can talk to her about anything. She'll always listen." One person's relative told us, "I've got to know the manager very well. She's marvellous. She keeps this place running well."
- There was a positive working culture at the home with a pleasant and friendly atmosphere among the staff and management team. One person's relative said, "It's [home] warm and welcoming with lovely staff."
- A senior carer described the management approach as, "open" and said, "We [staff and management] have strong working relationships with each other. If there's a problem between staff we would let them voice their issues and then move on."

Engaging and involving people using the service, the public and staff and continuous learning and improving care:

- People, their relatives and staff views were used to continually drive service improvements. A recent quality assurance survey showed positive feedback. One area for improvement noted was the need for, "Maintenance for the garden."
- In a survey completed by the service, professionals were asked for their views of the service. One doctor said, "Seniors [management] are always polite and knowledgeable and always call for our help appropriately."
- It was evident that a significant amount of work and resource had been supplied by the provider to make

the improvements we had suggested at our last inspection in April 2018. Work was ongoing to improve the home and its grounds.

- A CCTV system had been installed within communal areas to monitor the safety and welfare of people. This was not being used at the time of this inspection. The registered manager was in the process of seeking appropriate consent from people and their representatives before using the system.

Working in partnership with others:

- The registered and deputy manager attended local 'manager's forum' meetings with other home managers and a West Sussex County Council social services contract monitoring representative. This enabled them to engage with other health and social care professionals and to share best practice in an open way.