

Central England Healthcare (Great Wyrley) Limited

Conifers Nursing Home

Inspection report

16-18 Johns Lane
Walsall
West Midlands
WS6 6BY

Tel: 01922415473
Website: www.conifersnursinghome.co.uk

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

The Conifers is a nursing home providing personal and nursing care to 37 older people some of which were living with dementia at the time of the inspection. The home accommodates up to 40 people in one adapted building.

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

People and relatives felt there were not consistently enough staff available to support them when they needed it. People felt safe and staff knew how to identify and report concerns for people's safety. Risks were assessed and managed safely. People received their medicines as prescribed.

Staff were trained to carry out their role and had a good understanding of people's individual needs. Staff received support in their role. People received balanced diet and staff understood people's dietary needs. Health needs were assessed and people received consistent support.

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 support this practice.

People were supported by caring staff that promoted their privacy and dignity. People were supported to make their own choices and decisions. People were supported to maintain their independence and were involved in their care and support.

People received personalised care which reflected their individual needs and preferences and were supported to access social activities and avoid social isolation. People knew how to raise a concern about the service and expressed confidence in the staff team and registered manager to address any concerns raised. Where needed people had plans in place to support them with end of life care.

People and staff found the registered manager approachable. Regular quality audits were completed which identified any areas for improvement. People and staff had opportunities to give feedback and share their views about the home. The registered manager was open about where improvements could be made and shared their learning with other providers.

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 requires improvement (published 20 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 well-led.

Details are in our well-Led findings below.

Good ●

Conifers Nursing 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector 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.

Service and service type

The Conifers Nursing Home 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, six relatives, seven care staff, two nurses, the registered

manager and the provider. We looked at four people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at two staff recruitment records.

At the end of the inspection we requested some additional information from the registered manager, this was received without delay.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at call bell audits and further feedback was received about the service from relatives.

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 requires improvement. At this inspection this key question has remained the same.

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.

Staffing and recruitment

- People and relatives had mixed views about whether there were enough staff. One person told us, "The staff are good but there aren't enough of them for the work that has to be done. I'm kept waiting sometimes." A relative told us, "The numbers of staff varies. It's bad at the weekends." Another relative told us, "There is never an issue with staffing, I can always find someone to speak with staff about [person's name] Another relative told us, "Staff on duty are always around, I go regularly and there is never an issue, the staffing is absolutely adequate, there is always care staff, kitchen staff and managers around. The only difference is the mangers are not around on the weekend."
- Staff told us they were busy at times and felt rushed. They confirmed people did not go without care and support but felt sometimes people had to wait longer than they should, and they had limited time to spend with people.
- We saw people did not have to wait for their care and support. Staff were responsive to peoples needs throughout the day and did have some time to spend chatting to people.
- We discussed these concerns with the registered manager and provider and they confirmed a dependency tool was in place, to determine staffing levels. They said staffing had increased since the last inspection and there was continual monitoring in place. The provider had also put an extra member of senior staff in place.
- The provider told us following the inspection they had met with staff and discussed their concerns and had plans to meet with relatives and would take any required action. We will check this at our next inspection.

Using medicines safely

At our last inspection we found the provider did not always store medicines safely. The provider had made improvements.

- People received their medicines as prescribed. People and relatives confirmed they had no concerns about how medicines were administered. One relative told us, "I have never had any issues with how medicines are managed."
- We saw staff followed procedures to administer peoples medicine safely and in line with the prescribing instructions. Medicine Administration Records (MARS) were completed accurately.
- There was guidance for staff on how to administer medicines. Some people had medicines which needed to be taken on an 'as required' basis for pain or anxiety management.
- Medicines were stored safely, and checks were in place on the temperature of the medicines room and

refrigerator.

- Checks were carried out to ensure people had an adequate supply of their medicines. However there had been a change to the MAR charts in use which meant medicines stocks were not recorded.
- This meant it was difficult for the provider to accurately check if people had received their medicine as there was no record of stock levels at the start of the month.
- We checked medicines and found inaccuracies in the medicines amounts, the provider was however able to confirm people had received their medicine as prescribed.
- The provider told us following the inspection they had adjusted the records with the pharmacy to ensure this would not occur again we will check this at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of harm. People told us they felt safe living in the service. One relative told us, "I have nothing but good to say. This place has a very high standard of care. Any of the staff are approachable and I can talk to them about anything."
- Staff could describe different types of abuse and tell us how they would recognise these. Staff were able to tell us the actions they would take to report concerns.
- The registered manager described how previous incidents had been investigated and reported to the local safeguarding team as required.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and plans put in place to manage the risks.
- Staff were aware of risks to people's safety and could describe the support people needed to help minimise the risks.
- Risk assessments and mitigation plans were documented for individuals and reviewed on a regular basis.
- For example, one person was at risk of their skin becoming sore. There were clear plans in place which staff understood and followed to reduce the risk and prevent the person from their skin becoming sore.

Preventing and controlling infection

- People told us they felt the home was clean and checks were in place to maintain the home. One relative told us, "The home is always very clean and tidy, I've never had concerns."
- There was guidance in place for staff on how to minimise the risk of cross infection.
- Staff understood how to minimise the risk of cross infection and were observed following the procedures and using protective clothing.

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. The registered manager told us when incidents occurred they were reviewed, and action was taken to minimise the risk of reoccurrence.
- For example, following a fall one person's care plan had been updated and equipment put in place to minimise the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- People had their needs assessed and plans put in place to meet them. People and relatives told us they were involved in the assessment and care planning process and that reviews took place on a regular basis.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious or cultural needs so these could be met. We found staff had a good knowledge of people's diverse needs.
- Where needed people had specific guidance in place to manage health conditions, for example, epilepsy and diabetes, we saw staff followed the plans and documented the care people had received.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills and knowledge to meet their needs.
- Staff told us they had an induction and received training to understand people's needs. One staff member told us, "When I started I had shadow shifts and had to complete mandatory training."
- Staff told us they received training relevant to their role and felt they had the skills needed to meet people's care and support needs. Staff confirmed they received supervision in their role and had regular opportunities to discuss this in team meetings.
- Our observations confirmed staff were skilled and used their knowledge of people's needs to provide effective support.

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

- People were supported to maintain a healthy diet and could choose their own meals. People told us they were happy with the food. One person said, "Food is very good and there's always a choice. There's always plenty of things to be had."
- Staff understood people's needs and preferences. For example, where people were at risk of choking there was clear guidance in place which staff followed. This included guidance from the Speech and Language therapy team (SALT).
- People's preferences for food and drinks were identified within care plans and there were clear records of people's intake of food and fluids.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent support from staff.

- Staff told us they worked in teams of two to support groups of people during their shift. They explained this was to ensure there was consistent support offered to people.
- Handovers were in place and staff told us this meant they were kept up to date on people's needs and any changes.
- Staff were observed contributing items to the handover throughout their shift.

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

- The environment was adapted and decorated to meet people's individual needs.
- There were pictures on the walls and people could bring in their own personal possessions.
- Adaptations were in place such as hand rails in corridors and there were adapted bathrooms and toilets for people to use.

Supporting people to live healthier lives, access healthcare services and support

- People had access to support with their health and wellbeing. People and relatives confirmed support from health professionals was sought when needed.
- Staff understood people's health needs and could describe how they followed plans in place to support people with any health conditions.
- Referrals were made to health professionals when needed and the advice given was included in people's care plans and followed by staff. For example, one person had been referred to a specialist nurse to support with guidance around their skin integrity.

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 provider was compliant with the MCA. People's care plans showed if they did not have capacity to consent to their care and best interest decisions had been made when required.
- Where people were being deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. Where conditions applied to DoLS we found this was documented and the registered manager took action to ensure these were complied with.
- Staff understood the principles of the MCA and the importance of gaining people's consent and could give examples of how people were supported in line with their care plans.

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff that were caring. People and relatives spoke highly of the staff. One person told us, "The staff know me well. I get on very well with them because I can talk to them." One relative said, "I have not seen anyone in distress. It's a cheerful, bright, nice atmosphere. I've been to quite a few homes and this one is smaller, more homely. Staff are lovely with [person's name]"
- We observed staff were kind and supportive when engaging with people. The staff used their knowledge of people's needs, preferences and life histories to have conversations and we observed these were positive interactions.
- The home had a scheme in place where they placed a symbol on people's bedroom doors to indicate the person would like staff to pop in and have a conversation when passing. We saw staff were doing this throughout the inspection.
- Staff understood people's diverse needs and demonstrated a knowledge of the Equality Act and the need to be sensitive to people's individual needs in relation to their disability, race, gender, religion, sexual orientation or cultural backgrounds.

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

- People were able to express their views and be involved in their care. People and relatives confirmed they were involved in making decisions about their care. "The staff ensure [person's name] has choices, for example, [person's name] always has the TV on, and spends time in their room."
- People's choices were clearly documented in their care plans. For example, around preferred times for care and support and their preferences for delivery of personal care.
- We saw staff offering choices to people throughout the inspection. For example, people chose where to sit, what time to get up and where to have their meals. People had freedom to move around the home and spend time as they wished.
- Staff were able to describe how they gave people information to help them make their own choices.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected by staff. One relative told us, "The staff are excellent, they treat [person's name] with absolute dignity. [Person's name] knows the staff well and is pleased to see the staff."

- Staff were respectful in how they spoke to people. We saw staff knock doors and ensure people had their privacy maintained when they were offering care and support.
- Staff spoke with compassion when sharing how they cared for people. Staff told us about the going the extra mile scheme. This is where staff had been asked to consider how they could do more for people. One staff member gave the example of someone asking for some shopping to be done and they took the person out which included a meal.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care personalised to them and their individual needs. People and relatives confirmed staff understood their preferences. One relative told us, "The staff are very good with [person's name]. I approach them with any issues directly. They do listen and act."
- Staff were able to describe people's preferences to us and could give examples of how people liked their support to be delivered.
- People's care plans held details about their needs and preferences and these were reviewed and updated on a regular basis. For example, plans detailed people's preferences for personal care and their choice of toiletries.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their individual communication needs assessed and plans described the way people communicated. These plans were followed by staff.
- Information was provided in a format people could understand to help them make choices. For example, picture formats were available to aid people's understanding.

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 avoid social isolation. People and relatives had mixed views about the time staff had available to support people with avoiding social isolation. One relative said, "There are activities, [person's name] has been involved in walking, painting and bingo and loves the music sessions with records."
- People were supported to maintain relationships with people who were important to them and visitors told us they were welcome at any time. One relative said, "The staff are always able to give me information about how [person's name] is doing."
- Staff told us they tried to spend time with people and described initiatives which were designed to ensure they spent time with individuals on a regular basis. This included a set time each week when all other staff activity stopped to enable them to sit and speak with people.

- During the inspection we saw relatives were welcomed into the home by staff. We saw people were encouraged to spend time with their relatives in privacy if they preferred.

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to in line with the complaints policy. People and their relatives understood how to make a complaint. One relative told us, "I feel the management are very responsive, any issues are responded to in fact they are excellent, they jump on issues straight away and solve them."
- We saw where people had made complaints these were investigated and responded to with a learning approach.
- For example, complaints had identified peoples care records were not always accurately completed. The provider had learned from this and ensured additional senior staff were on duty to check on care delivery and ensure records were completed accurately.

End of life care and support

- People were supported to make consider the care they would like to receive at the end of their lives.
- The registered manager told us they had worked in partnership with a local hospice to develop systems to support people with assessing how they would like to be supported.
- We saw plans were in place which included people's future wishes about how they would want to be supported, where they would like their care to be given and how any pain would be managed.
- Staff were aware of peoples plans and could describe how they would discuss implementing plans with people and relatives when required.

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were asked for their feedback about the service. People and relatives told us they were involved in the service however, one relative told us they felt more relatives' meetings were required.
- We spoke to the registered manager about this and following the inspection they confirmed they had increased the frequency of relative's meetings and made relatives aware. We saw residents and relatives' meetings held resulted in actions being taken to make improvements to the service.
- People and relatives told us they thought the registered manger was approachable and they were comfortable in raising concerns.

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

- People and their relatives told us they felt the home was well managed. One relative said, "The culture is really positive, its built over a long time, the team is really good and this benefits people."
- There was a positive atmosphere throughout the home and staff treated people as individuals and respected their preferences and diversity. People, relatives and staff told us the home was person centred and homely.
- There was a 'You said we did' approach to feedback. This showed how feedback from people and relatives had been used to make changes. For example, people had requested changes to the dining experience which had been implemented.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- We found where things had gone wrong the provider had ensured they were open with people and their families and gave an explanation of the situation and what action they had taken to reduce the risk of reoccurrence.

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

- The registered manager and provider regularly reviewed the quality of care people received. They completed audits on care delivery, medicines and accidents and incidents. There were records which showed the action taken where inconsistencies were identified.
- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.

Working in partnership with others

- The registered manager and staff team demonstrated they worked positively with healthcare professionals and other agencies to develop practice and deliver peoples care.
- Where appropriate, relatives were involved in the care planning process and offered guidance to staff about people's preferences. People and relatives confirmed they were involved in assessments and care planning.