Conifer Lodge Limited

Conifer Lodge Residential Home

Inspection report

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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

This was an unannounced comprehensive inspection that took place on 29 March 2016.

Conifer Lodge Residential Home is a care home registered to accommodate up to 20 people who are aged over 65. People may also have a physical disability, a sensory impairment, be living with dementia or have a diagnosis of mental ill health. The home is located on two floors, with lift access to both floors. The home has a variety of communal rooms and areas where people can relax. At the time of the inspection 20 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us that they felt safe when staff supported them and that they enjoyed living at Conifer Lodge Residential Home.

Risk assessments were in place which described how to support people in a safe way for most identified risks. We found that there were some risks that had not been fully assessed. Where people displayed behaviour that challenged techniques for staff to support the person to manage this behaviour were not recorded. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

The provider carried out checks before staff started to work at the service, however had not completed these checks fully for all staff. Information about staff's previous work history had not been recorded through obtaining at least two references for each staff member.

People received their medicines at the right time from staff who were trained and assessed as competent to administer medicines. Temperatures were not checked regularly where medicines were stored.

Staff were supported through training and supervision to be able to meet the needs of the people they were supporting. They undertook an induction programme when they started to work at the service.

Staff sought people's consent before providing personal care. People's capacity to make day to day decisions had been considered in their care plans however assessments of a person's capacity to make a specific decision had not always been completed.

People were supported to maintain a balanced diet. People were supported to access healthcare services.

People told us that staff were caring. Staff we spoke with had a good understanding of how to promote

people's dignity. Staff understood people's needs and preferences.

People were involved in decisions about their care. They told us that staff treated them with respect.

People were involved in the assessment of their needs. People and their relatives were involved in the review of their needs.

People were supported to take part in activities that they enjoyed.

People told us they knew how to make a complaint. The service had a complaints procedure in place.

The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

People were asked for their feedback on the service that they received. The provider carried out some monitoring of the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us that they felt safe. Staff knew how to recognise and respond to abuse correctly. The provider had not always followed effective recruitment procedures.

Staff managed the risks related to people's care however there were environmental risks which had been identified and had not been assessed. Individual risks had been assessed and identified as part of people's care plan's. Where people displayed behaviour that challenged techniques to manage this behaviour were not recorded.

People received their medicines at the right times from staff who were trained and assessed to be competent to administer them.

Is the service effective?

Good

The service was effective.

Staff received training to develop their knowledge and skills to support people effectively.

People's choices were respected and staff sought consent before providing personal care. Assessments of people's capacity had not always been completed.

People were supported to maintain a balanced diet. People had access to the services of healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes and dislikes.

People's privacy was respected and relatives were encouraged to visit regularly and made to feel welcome.

Is the service responsive?

Good

The service was responsive

People's care plans were developed around their needs, were kept up to date and reflected people's preferences and choices. People or their relatives were involved in reviewing their care plan.

People were able to participate in activities that they enjoyed.

People knew how to complain and felt confident to raise any concerns.

Is the service well-led?

Good

The service was well-led.

People knew who the registered manager was and felt they were approachable.

There were some quality checks being undertaken by the registered manager.

People had been asked for their opinion on the service that had been provided.

Conifer Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 29 March 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We spoke with five people who used the service and two relatives who were visiting the home. We observed staff communicating with and supporting people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the activities co-ordinator, one senior member of staff, three members of care staff and the cook.

We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff files to assess the recruitment process.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe. Comments included, "I feel safe. I wouldn't want to be anywhere else," "The staff make you feel safe," "I feel safe here," and, "I certainly feel safe." All of the relatives who we spoke with felt that the service was safe. One relative told us, "She is safe here." Another relative said, "I definitely feel [Person's name] is safe here."

Staff we spoke with had a good understanding of how to protect people from the different types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior staff member or the registered manager. The management team were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager. Staff had received appropriate safeguarding training and records confirmed this.

Staff managed the risks related to people's care. Each care plan had information about the risks associated with people's care and how staff should support the person to minimise risk. For example, one person had a risk assessment in place as they were at risk of falls. This had been completed to make sure that control measures were in place and that the person had the correct equipment to enable them to move around safely. Risk assessments were reviewed monthly, or when someone's needs had changed. This was important to make sure that information was current and was based on people's actual needs. We found that where someone had behaviour that may be classed as challenging this had been identified in their care plan. There was guidance for the staff to follow to try and support the person from presenting the challenge. However there were no techniques recorded that would tell the staff how to support the person effectively when behaviour that challenged had occurred. This meant that staff did not have guidance so that they could respond to the person consistently. Staff told us how they responded when a person had displayed behaviour that challenged. They consistently described using the same techniques and we saw that these measures were used. We discussed this with the registered manager who told us that they would make sure that this information was recorded in people's care plans.

People told us that they felt there were enough staff. One person told us, "The staff come when I press the call bell." A relative said, "There always seems to be enough staff around." Staff also told us that they felt there were enough staff. The rota showed that the staffing levels that had been assessed as being appropriate were in place. We saw that staff appeared to be busy however when people requested help staff would assist them as soon as they could. We found that staff spent time talking to people and had time to sit down and have a conversation. The registered manager told us that the staffing levels had been agreed based on the needs of the people who lived in the home. .

Staff maintained records of all accidents and incidents. The registered manager had monitored these and actions that had been taken were recorded on each form. We saw that accidents and incidents were audited each month and that changes were made to people's care to try and reduce the likelihood of reoccurrences. For example one person had been referred to a health professional for further assessment when they had more than one fall.

The premises were generally tidy. Cleaning schedules were in place. Care staff were required to carry out the cleaning. We found that there were areas that required more detailed cleaning. For example, we saw that there was heavy dust on furniture and light fittings were dirty or had cobwebs on them. We found that there were some areas that required maintenance. For example, a number of the radiator covers were loose and wardrobes were not secured to the walls. The registered manager told us that they would ask the maintenance person to look at these areas. Staff told us that fire drills and system tests were carried out regularly. We saw that regular testing of fire equipment and evacuation procedures had taken place. The registered manager advised and records confirmed that where people may have needed additional support in the event of an evacuation they had a personal emergency evacuation plan in place. Where a person had specialist equipment, for example a hoist, we saw that this had been regularly serviced. However we found that some equipment such as commodes and toilet frames were corroded. We discussed this with the registered manager who told us that they would review the equipment.

We found that checks were not being carried out fully in relation to water management. Where rooms or equipment were not used the outlets should have been flushed weekly. We saw that this was not happening. We saw that there was a risk assessment in place that recommended that showerheads and taps were descaled monthly. There were no records that these had taken place and the showerheads and taps showed signs of scale. We discussed this with the registered manager who told us that they would make sure that the appropriate checks were completed. We found that the stairways were not protected, for example by the use of a gate. This meant that people could easily access these where they may not be able to use the stairs safely due to their mobility. The registered manager told us that there was not a risk assessment in place for this. This meant that people could be at risk of falling on the stairs and there were no control measures in place to protect them from this. The registered manager told us that they would undertake a risk assessment.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We saw that some of the files contained a record of a Disclosure and Barring (DBS) check and references. These checks help the provider to make sure that staff are suitable to work at the service. We found that two references had not been sought for any of the four staff files that we looked at, however one reference was in place in three people's files. It is good practice to have two references with one being from the staff member's most recent employer. We discussed this with the registered manager who agreed to review the recruitment procedure to make sure that all checks had been completed before staff started to work at the service.

People received their medicines as prescribed by their doctor or pharmacist. We saw that medicines, including controlled drugs, were administered and disposed of correctly and there were policies and procedures in place to support this. We found that the temperature of the room where medicines were stored was not monitored; however the temperature of the fridge where medicines were stored was recorded weekly. It had been recommended by the pharmacy that these were recorded daily. We found that where the temperatures had been recorded were within the recommended range. This meant that there was a risk that medicines were not being stored at the recommended temperatures. The registered manager agreed that they would monitor the temperature of the room and fridge daily and record this. We looked at the medication records and found that these had been completed correctly.

Staff had received training in medicines management and they had been assessed to ensure that they were competent to administer them.

We saw that where people were prescribed medicines as PRN (as required) protocols were not always in place to advise staff when and why to administer them. However staff who we spoke with could tell us when

PRN medicines should be administered. The registered manager told us that the protocols were being implemented.

Good

Is the service effective?

Our findings

People told us that they felt that they were cared for by staff who were trained and who knew them well. One person told us, "The staff understand me. They know what I like and what I don't like." Another person said, "The staff look after me well." A relative told us, "The staff are very good."

Staff told us that they had completed an induction process that included training and shadowing more experienced staff. One staff member told us, "I did an induction booklet and shadowed until I felt comfortable." Another staff member said, "I was briefed and shown around. I did shadowing for about a week. I did a lot of training straight away and an induction booklet." Records confirmed that staff had completed an induction. We spoke with staff who told us that they felt that they had done enough training to do their job well. One staff member told us, "I am quite happy with the training. If we ever want to do something we just ask." We looked at the training records that were used to monitor the training needs of the staff team. These showed that staff had completed training in a range of subjects including training that was specific to meet the needs of the people who lived at the home. For example we saw that staff had completed training in catheter care.

Staff told us that they had supervision meetings with the registered manager. Supervision meetings are an opportunity for staff to meet with a line manager to discuss their practice and any concerns that the staff member may have. Staff received face to face supervision meetings with their manager, as well as observations of the care they provided. Staff told us that these had not always been held regularly. One staff member told us they had meetings every month and another said they had meetings every six months. The registered manager told us that they did not record the supervision meetings that they had carried out and they would start to do this. They told us that they spoke with the staff all of the time. All of the staff we spoke with told us that they felt supported by the manager. We saw that staff meetings had been held with the last one being in October 2015. The staff who we spoke with told us that there had been a team meeting planned for the day of the inspection. We saw that the minutes of the team meetings demonstrated that issues were discussed with the staff. For example, we saw that good practice, problems and concerns and training had all been discussed with staff. This meant that staff were being supported to meet the needs of the people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for authority.

People told us that staff had asked for their consent before they provided personal care and that the staff offered them choices. One person told us, "The staff ask me if it is ok to help." Another person said, "I can choose my own clothes, when to go to bed and if I want a bath or shower." Staff told us how they had involved people in making choices and asked them for their consent before providing care. One staff member told us, "I always ask people what they would like to do and if they want a bath or a shower." Staff had not completed training in the MCA or DoLS. The registered manager told us that this training had been arranged. Care plans included information about how people made choices and if they had capacity to make day to day decisions. However this information did not record how to involve people when they could not make their own decisions. The care plans recorded that some people did not have capacity and assessments to confirm this had not been carried out in line with guidance in the MCA. This meant that the registered manager had not followed the correct process to determine if someone did have capacity to make a decision. We discussed this with the registered manager who told us that they would carry out assessments where they believed that someone did not have capacity. They told us they would record information about how to involve people in making their own decisions in each person's care plan.

People enjoyed the food offered and there were choices at mealtimes. One person told us, "The food is very marvellous. They give me a choice." Another person said, "The food is as good as anywhere. I do enjoy it." Another person told us, "The food is very pleasant. They give me variety and choice." A relative agreed and said, "The food is very nice." People were supported by staff at mealtimes. We saw that most people ate in the dining room or the lounges but that some people had chosen to eat in their rooms. There was a menu available but this only had one main option displayed. The cook told us that people could have an alternative if they had wanted to. The cook described how people had been involved with developing the menus and had asked for certain meals to be added. They told us, "We have new people here and we are trying out different things to see what people like." Throughout the day people were offered drinks and snacks. People had care plans which included information on their dietary needs and support that was required. Staff we spoke with were able to tell us about people's dietary needs and were knowledgeable about how to support people who needed additional support. This meant that staff were able to support people appropriately and make sure that their nutrition and hydration needs were met.

People's healthcare was monitored and where needed they were referred to the relevant healthcare professional. One person told us, "I haven't had to see a GP or optician but if I did need to see them the staff would call." Another person said, "I see the doctor if I need to." A relative told us, "The staff will chase the doctors and make sure [person's name] is as well as can be." Records showed that people were supported to attend routine appointments to maintain their wellbeing, such as the opticians and chiropodist. We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken.

Good

Is the service caring?

Our findings

People spoke well of the care provided and the staff. One person told us, "The staff are nice and caring. They look after you." Another person said, "The staff are nice. They are all caring. I get on with all of them." One person commented, "The staff are good to a fault. They are very pleasant." Relatives told us that they were happy with the care and the staff. Comments included, "I am happy with the staff and the care," "The staff are all nice," and "There is a nice atmosphere."

Staff knew the people they cared for. They were able to tell us about what people liked and disliked and how they had used this information to support and care for people. One staff member told us that they had asked people how they wanted to be cared for. We saw that staff communicated with people effectively. They ensured that they were at eye level with the person they were talking to and altered the tone of their voice appropriately This meant that staff were communicating with people in a caring manner. We saw that when someone asked for a staff member to help them, the staff supported the person as soon as they could.

People and their relatives told us that they had been involved in planning their own care. One relative told us, "I have been involved in all of the care plans and reviews." Another relative said, "We discussed [person's name] needs before they came here." We saw that people were asked for information about their routines and what they liked and disliked. We found that each care plan had a section called 'How I want my needs to be met'. This meant that people were asked about how they wanted staff to meet their needs and were involved in planning their own care.

People told us that staff were respectful to them. One person told us, "The staff knock on my door." A relative said, "They treat [person's name] with dignity. Staff told us how they had protected people's privacy and dignity. Examples of this included knocking on doors, explaining what was happening, using people's preferred names and getting people to do as much for themselves as possible through encouragement and prompting. We saw that staff provided reassurance and explanations to people when they supported them. The home had recently been awarded the Dignity in Care award. This is awarded by Leicestershire County Council to a service that had demonstrated an on-going commitment to promoting and delivering dignified care services. We saw that there was a notice in the main reception area to the home. This said 'Our residents don't live in our workplace. We work in their home." One staff member told us, "It is their home, not mine."

People told us that staff promoted their independence. One person told us, "They let me do what I can for myself." Another person said, "There are the facilities so I can do things for myself." Staff told us how they promoted people's independence. One staff member said, "I try to get people to do as much as they can for themselves." Another staff member told us, "It is important to encourage people to do things they are capable of doing."

People told us that their family visited them and they could come when they wanted to. One person said, "Visitors can come at any time. My daughter can drop in when she wants to." Another person told us,

"People can come and see you whenever they want to." Relatives agreed that they could visit when they wanted to and were made to feel welcome. One relative said, "I feel welcome here. The staff make you a cup of tea." Another relative told us, "The staff are very welcoming. I am like one of the family. A relative further commented, "I come and have lunch with [person's name] on Fridays. The staff ask me what I want to eat." We saw that relatives visited throughout the day of our visit. People told us that they had friends who lived with them. One person told us, "I have some good friends here. The people are nice." Another person told us, "I have friends who live here. We are all good here together."

People were encouraged to personalise their own private space to make them feel at home. We were invited to see four bedrooms and people had brought their own items to make them feel at home. The communal areas had been decorated in a homely manner. For example, in the lounges there were pictures, ornaments and flowers placed around the home. There were areas where books and CDs were available so that people could use these.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. One person told us, "I think this is a wonderful home. I wouldn't like to go anywhere else." Another person said, "The staff allow you time by yourself when you need it. They check on you. I talk to the staff if I feel down. They helped me." Relatives told us that they felt that the service met their family member's needs. One relative told us, "I feel a sense of relief that [person's name] is here. They are aware of what can happen and doing as much as anyone could do." Another relative told us, "[Person's name] has been here for years and loves it. If staff can do anything for her they will do. It is like a second home."

People and their relatives told us that they had contributed to their care plans. The registered manager described how people's needs had been assessed before they moved into the home. We saw that an assessment had been completed that included key information about the person, their needs, what the person liked and their history. Care plans contained information about what each person liked and things that were important to them. Staff were able to tell us about people's care plans. One staff member told us about a person's previous career and how they liked to ask questions about people related to this. This was important to the person and staff recognised this. We saw that care plans had information about each person, their needs, how to support them and any changes to their needs. The care plans had been updated monthly to help ensure the information was accurate. We saw that reviews were held and that family members had been involved in these. We saw that where people had expressed preferences about their care this had been recorded. For example one person said that they liked a cup of tea when they were woken up. This meant that people received personalised care that was responsive to their needs.

Information about people was shared effectively between staff. A staff handover was held between staff and the information was recorded. We saw that staff shared information about any changes to care needs or if something had happened. This meant that staff received up to date information before the beginning of their shift.

People told us that they took part in activities that they were interested in. One person said, "I do the activities. We laughed so much during the Easter egg hunt." Another person told us, "I do some of the activities." Another person commented, "We are encouraged to do the activities. We can do anything we want." A relative told us, "[Person's name] was invited to join in with the activities." We saw that people were supported to take part in activities. An activity co-ordinator visited the home to carry out activities twice a week such as arts, crafts, painting, singing and reminiscence. Reminiscence is an activity where people are encouraged to remember positive things from their past to help them to retain their memory. The activities co-ordinator told us, "There are always things happening. I love it here. The owner actively encourages people to do things." We saw that there were activities planned for each day. These included in house activities such as bingo, an Easter egg hunt, and making Easter bonnets. There were also external people visiting the home such as singers, and people coming from a local church for a session called praise time. During the inspection we saw that people were involved in the crafts session that had taken place. We saw that examples of crafts, painting and artwork that people had created were displayed around the home. We found that pictures of activities and trips were displayed. Staff told us that people enjoyed the activities. One

staff member told us, "There is a range of activities including chairobics, trips out to the pub, the circus and we did a barge trip." Another staff member said, "I think people enjoy the activities. They are always really jolly when the activities are happening. I like to see people interact."

All of the people we spoke with told us they would raise any concerns if they had needed to. One person said, "I would tell someone if I had a complaint." Another person told us, "I would feel ok to raise a concern. I get on with all of the staff." Another person commented, "I have no reason to complain but I would complain if needed to." All relatives we spoke with told us they knew how to make a complaint and were confident to do so. One relative said, "If I have anything I am worried about I can talk to the manager. I know them well." We saw a complaints policy was in place and was available in the main entrance to the home. This included timescales for when a complaint would be responded to. There had been four complaints received in the last twelve months. We saw that these had been responded to within the timescales recorded in the policy.

Good

Is the service well-led?

Our findings

People told us that they felt that Conifer Lodge was a good service. Comments included, "I like everything here," "I am happy I came here," "I am very happy here. It is the only home I have ever known," and "I don't think I would change anything." Relatives told us that they felt happy with the home. One relative told us, "[Person's name] asked to stay here. The home is good and they look after her well." Another relative told us, "[Person's name] chose it. The GP said it was a good home. It has a good reputation. [Person's name] likes it here and is happy to stay."

People and their relatives told us that they knew who the registered manager was and that they felt listened to. One person said, "I know who the manager is." A relative told us, "I have spoken with the manager, the deputy manager and the owner. " Another relative said, "I know the manager and the deputy manager well. They are very friendly." Staff told us that they felt they could approach the registered manager. One staff member told us, "You can go to the manager for anything." Another staff member said, "It is run how it should be. They will listen and support you when needed." Another staff member commented told us, "I always go to the management if I have any concerns. I feel like I have progressed more since I have been here." The registered manager told us that they had been in post for a number of years. They told us that they liked to make sure that they spent time in the home to see what was happening and to develop relationships with people who used the service. We saw on the day of our visit that the registered manager spent time walking around the home and talking to people who used the service. This meant that the registered manager was aware of the day to day culture in the home and made sure that people knew who they were.

The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the deputy manager and senior support workers. They were also supported and monitored by the owner who visited the service on a regular basis. The provider's aims and objectives for the service had been shared with everyone. We saw that a copy of these was available in the main entrance to the home. Staff we spoke with showed an understanding of the values and aims. One staff member told us, "We offer the best quality care you can." Another staff member said, "It is all about making people happy. Giving proper care, dignity and respect and look after people." All staff told us that the main aim of the service was a 'home from home'.

The registered manager told us that they carried out audits to ensure that they provided a high quality service. This included audits on medication, falls and accidents and incidents. The audits were recorded, identified actions and when these were completed. Records we saw confirmed that these had taken place. The registered manager did not carry out any audits of the environment to make sure that cleaning and maintenance had been completed. We discussed this with the registered manager who agreed that they would look to implement checks in this area.

Relatives told us that they had been asked for their feedback on the quality of the service that had been provided. One relative said, "I did a survey a few weeks ago. I was asked for any improvements. They can't make any. They are good." We saw that people who used the service and relatives had received surveys in

2015 and 2016 to seek their feedback on the service. Following the survey the registered manager told us that they provided feedback through a newsletter for people who used the service and their relatives. We saw that the last newsletter had been sent out in August 2015 and did include feedback from the survey. They registered manager told us that they did not analyse the results. They told us that they would consider analysing the results and providing more detailed feedback from the next survey. We saw that this had already been sent out for 2016 and four responses had been received so far.
We saw that the service had been awarded a silver award from the Quality Assessment Framework (QAF) for older people in November 2015. The QAF is awarded by Leicestershire County Council and recognises the experience of people who use the service and the quality of the service that has been provided.

The registered manager understood their responsibilities to report events that they were required to report to CQC. They had reported events to CQC appropriately.