

Enviro Medical Limited

Coniston House

Inspection report

77 Orwell Road
Felixstowe
Suffolk
IP11 7PY

Tel: 01394276201

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Coniston House is a residential care home for 27 people. On the day of our inspection there were 21 people living in the service. The service catered for people with a range of needs from those living with dementia to people who were able to access the community independently.

At the last inspection, the service was rated Good. At this inspection we found the service remained good.

There was a registered manager in post. 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.

Staff knew how to respond to possible abuse and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People were cared for by staff that had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink enough. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring and kind and treated people and each other with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a large variety of activities or events for people to do and take part in during the day, and people had enough social stimulation. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

People liked living at Coniston House and staff supported them to maintain community links. Staff worked well together and felt supported by the management team. The monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good

Coniston House

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 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 was a comprehensive inspection which took place on 11 July 2017 and was unannounced.

The inspection team consisted of 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. Our expert-by-experience had experience of supporting a relative living in this type of accommodation.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager completed this and returned it when they needed to. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law. We also looked at information we held about the service including previous inspection reports and notifications sent to us by the service. Notifications are information about important events which the provider is required to send us.

During our inspection we spoke with five people using the service and three relatives and observed how staff supported and interacted with people. We spoke with the cook, the maintenance person, three members of the care team, the registered manager and a director of the provider company.

To help us assess how people's care and support needs were being met we reviewed four people's care records. We also looked at other records regarding the management of the service, for example risk assessments. We looked at four staff personnel files and records, this included recruitment and training records. We looked at the systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

The service was rated as good at last inspection and continues to have systems in place to keep people safe. A person told us, "Staff pop in from time to time for a chat and make sure I'm safe and well." A relative said, "It's really good here. It's like a proper home, I and my [relative], can sleep at night knowing that [relative] is safe and well cared for."

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place which provided them with guidance on the actions to take if they identified any abuse.

The registered manager continued to ensure they assessed risks to people's safety and welfare. They recorded these in people's care plans with guidance for staff about how to minimise these risks. This included risks to people with their mobility, from falls, to their skin integrity and from not eating or drinking enough. We saw notices displayed in the service encouraging people to wear hats and apply sun screen before sitting in the garden during the hot weather which was being experienced prior to the day of our inspection.

Risks associated with the safety of the environment and equipment were assessed. The registered manager showed us that there were regular checks to identify whether they needed to take any action to improve people's safety. The maintenance person told us that they were available five days a week and were also on call to deal with any maintenance problems which may cause safety concerns.

There continued to be enough staff to support people safely. People told us that there were sufficient staff to give them the care and support they required. They told us that if they pressed their call bell they received a prompt response from staff. The registered manager told us how they ensured there were always enough staff on duty to meet people's needs and how the number of staff were adjusted when people's needs changed.

Recruitment practices remained effective in helping protect people from staff who were unsuitable to work in care. A newly appointed staff member explained the process they had been through and confirmed that checks the appropriate checks were completed before they started work. Their records confirmed these checks were in place.

Medicines were still managed in a safe way by competent and trained staff. One person told us that the service had, "Sorted out" their medicines. They went on to say, "Before that I was on all sorts of things and they have worked with me and the doctor to get me on the right stuff. I am much better now." We did note that although there were protocols in place regarding the use of medicines prescribed to be administered 'as required' (PRN) these did not always contain sufficient detail to ensure they were administered consistently. We discussed this with the registered manager and the director of the provider company who agreed to review the protocols for those who had medicines prescribed to be administered PRN.

Is the service effective?

Our findings

The service continued to support people effectively with their care. People told us that staff were competent to support them and understood their needs. For example, one person said, "They really do know what they are doing." Members of staff we spoke with described their induction into the service telling us that it equipped them with the necessary skills to support people effectively. The registered manager told us that the induction could be adjusted to meet care staff's individual needs, for example if they required more shadow shifts before they felt competent to work on their own. Staff told us, and records confirmed that they received regular supervision where their performance, and any development needs were discussed.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff sought their consent before delivering any care or support. One person said, "They always ask for consent before they do anything. I can manage on my own mostly, but they always ask the others if they are okay when helping them to move into wheelchairs for example. They're very good in that way." All of the staff we spoke with understood the need to seek people's consent for them to deliver care.

People were supported to eat and drink sufficient to stay healthy. Where people were at risk of not eating and drinking enough, staff were aware of this, offering additional support and increased monitoring. People were satisfied with the choice and quality of their meals. One person said, "If I don't like something [cook] will always provide me with an alternative or if I fancy it she will cook me something I've bought." One relative told us, "[Relative] enjoys the food. They do check that [they] like it, and [they do] surprise me with [their] choices. It always looks and smells nice and [relative] always eats it up." People were able to choose where they ate their meals. One person told us they ate in the dining room, "When I feel like it," otherwise they ate in their room. The cook was able to tell us about the specific dietary needs of people living in the service and what they did to meet these.

The service continued to support people to maintain their health and to seek professional advice when they needed it. One person said, "Yes, I am very independent. I can come and go as I please. They do check that I am okay but they also know that if I have a problem or require help I will speak to them about it."

Is the service caring?

Our findings

The service people received remained caring. One person told they had developed very positive relationships with staff. They had been supported to learn how to do word searches and said, "They treat me proper. For the first time in my life I feel liked." A relative told us, "This is not a Laura Ashley place, but I don't care over much for cosmetic appearance, it's the care that matters. Here it's excellent, we couldn't be happier. We are welcomed in each visit."

We observed that staff genuinely cared for people living in the service. When speaking with people staff got down to eye level, were polite and friendly. Staff were calm and unhurried in all the interactions we observed. On one occasion when supporting a person to get to the dining room staff repeatedly explained where they were going and why. On the day of our inspection the service was having a party for a member of staff who had recently got married. There was food, music and dancing. The member of staff's partner had come to the event and all were involved in celebrating the occasion.

People told us they were involved in making decisions about their care which included how they wished to be supported, what they wanted to eat and what activities they wished to engage in. One relative said, "They listen to both me and [relative]." Staff members encouraged people by presenting choices to them in a way they would understand. For example we observed staff dispensing drinks. Staff demonstrated knowledge of people's preferences whilst still offering choice. For example one staff member said, "Here's your tea [person], you like it milky without sugar don't you?" another staff member when offering a drink said, "You usually drink this in your room, do you want it there or will you have it here today?" The manager told us that they regularly discussed people's care plans with them and their family, where appropriate, although this was not formally recorded.

People's privacy and dignity was respected by those supporting them. People told us staff asked their permission before doing anything to assist them. One person said, "They [staff] always speak to me to check that I am okay with something before they move on. I wouldn't want to be anywhere else." Relatives told us that they were always made to feel welcome when visiting their relative living in the service.

People's rooms were decorated with pictures and photographs so that they were personal spaces. Pictures on people's doors had a photo shopped picture showing them at their favourite location. This had clearly taken some time and effort not only to produce the picture but to find out the information from the person.

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs. People's needs were assessed so that plans could be developed with them about how they wanted their care delivered.

Staff members we spoke with knew about the needs of the people they supported. This included the person's personal history as well as their care and medical needs. Staff members knew people's personal preferences and how they wished to be supported. One staff member told us how they were the key worker for a person which meant they spent extra time getting to know that person. They said not only did this mean they knew that person's history but because they knew them well they were aware of any changes in their mental or physical condition.

People told us, and we saw, that they were engaged in a range of activities that they found interesting, fun and stimulating such as quizzes and a gardening club. The service also tailored activities to the needs of individual people. One person said, "I did not have any interests before I came here, but now I do. Staff have helped me to gain a lot of confidence." They then went on to tell us how staff had supported them to do this and finished with the sentence, "They treat me like I am a real human being."

People were supported to be as independent as they were able. One person said, "Pretty idyllic really." They told us they were able to get out and about in the local community on their mobility scooter which was kept secure in the service's garage. They said, "I often trundle down the road to the local shop and pick things up that I like." They also told us how much they valued the small fridge they had in their room whilst demonstrating an awareness of health and safety concerns.

People told us that they felt able to approach the staff and the registered manager if they wished to speak about concerns and complaints. A relative said, "As family members, we are supported and encouraged to come in as often as we like, whenever we like." Another relative said, "I am always able to have a talk with the manager."

People told us they knew how to raise a complaint or a concern if they needed to do so. The provider had systems in place to respond to concerns which included investigation and contact with those involved.

Is the service well-led?

Our findings

The service continued to be well led and managed. There was a clear ethos of care demonstrated by all the interactions we observed not only between people and staff but between staff including the management team. The registered manager and director of the provider company demonstrated their knowledge of the needs of people using the service and their commitment to meeting these and improving the service they provided.

Staff were complimentary about the management of the service. In a recent staff survey one member of staff said, "I have never been supported so much, we could not ask for a better boss." They were confident that any issues they raised would be addressed by the management team.

One of the directors of the company owning the service visited regularly. The registered manager explained how they had regular meetings with the director to talk about issues within the service, identify priorities and establish what needed to change or improve to develop the service. They told us that these regular meetings meant they felt supported in their role by the provider. We discussed with the registered manager how they kept up to date with current practice within the care sector. They explained how they did this and were receptive to our suggestion of further avenues to explore.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened.

We discussed with the director actions they had taken to improve the service, which had included improvements to the garden area to ensure people could use it safely. They demonstrated that there were plans in place to drive improvement in the service.

The registered manager and the provider undertook regular checks to ensure quality and to drive improvement. These included regular checks on the support people received and the environment in which they lived. When needed, changes were made to improve the experiences of people.