

# Active Adult Limited

# Conifer Lodge

## Inspection report

134 North Brink  
Wisbech  
Cambridgeshire  
PE13 1LL

Tel: 01945474912  
Website: [www.activecaregroup.co.uk](http://www.activecaregroup.co.uk)

Date of inspection visit:  
26 July 2022  
28 July 2022

Date of publication:  
12 October 2022

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Conifer Lodge is a residential care home providing accommodation and personal care for up to 13 people. At the time of the inspection there were 13 people using the service. Each person had their own en-suite room and other communal lounge and bathroom areas. The service has a large garden with many facilities for bar-be-cues, outdoor games and places to have privacy.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Although best practice is for no more than six people using this type of service, people using the service had developed long-term friendships and lived a life being treated equally well. There were plans in place to support people to move where this had been deemed in people's best interests.

Based on our review of is the service safe, effective, caring, responsive and well-led questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support

The staff supported people to have the maximum possible choice, control to be independent and they had control over their own lives. The service gave people care and support in a safe environment that was clean and suitably equipped to meet people's physical and emotional needs. Staff complied with measures designed to reduce the risk of COVID-19 spreading within the service.

Staff totally focused on people's strengths and promoted what they could do, enabling the opportunity for people to lead exceptionally fulfilling and meaningful lives. One person told us it was the best day of their life having been to a professional football match.

Staff supported people to pursue their interests inside and outside the home. People had aspirations and goals which staff helped people to exceed. The service worked completely with people to plan for when they experienced periods of distress; to minimise any restrictions and to ensure people had as much freedom, choice and control over their lives as possible. One person told us they would remember the day for ever when they met a famous sports star.

Staff received highly effective training in the use of restraint and were confident in their ability to deploy this training. At the time of our inspection no person required restraint. Any restraint would be in an emergency

situation as a last resort and for the shortest time possible. One person told us not having medicines anymore during such periods had, "Changed their life for the better for ever." Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Staff enabled people to access the community and pursue their interests in their local area. People were administered their medicines in a way that respected their independence and achieved the best possible positive health outcomes.

#### Right Care

Staff totally focused on and promoted people's equality and diversity completely, supporting and responding exceptionally well to their individual needs. This totally changed people's lives for the better. One person was proud to show us a photograph of them attending a remembrance day parade dressed in a way they chose that represented their passion.

People helped create and review their care plans when they chose to, and as such were an exact reflection of the support they needed and what people could do independently. Staff had training on how to recognise and report abuse, and had the skills protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. All those we spoke with felt people were safe and had enough support to do this.

Staff had a very thorough understanding of people's individual ways of communicating and this enabled people to be listened to. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

#### Right Culture

People were supported by staff who totally understood best practice in relation people's strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff knew people exceptionally well and responded to their needs and wishes.

Staff's diligence and persistence enabled people to exceed their aspirations. This helped people live a meaningful life full of opportunities they might otherwise not have had. One person was now seeing a relative they had not seen for 20 years.

Staff put people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was Outstanding, published on 26 September 2017. Although there was a new owner of the home, the registered manager and most of the staff team had been with the home for many years. The current provider registered the service with us on 5 March 2021 and this is their first inspection.

#### Why we inspected

This was a planned inspection since ownership of the home changed.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Conifer Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Conifer Lodge

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

Conifer Lodge is a 'care home' with nursing care. People in care homes receive accommodation, personal and nursing care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced for both site visit dates.

Inspection activity started 26 July 2022 and ended on 28 July 2022. We visited the service location on 26 July, and in the evening on 28 July 2022.

### What we did before the inspection

We reviewed information we had received about the service since it was registered under the current provider. We sought feedback from the local safeguarding authorities, a social worker and people's clinical commissioning groups (CCGs). We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with six people, five of their relatives and one person's advocate. We also spoke with 10 staff including the registered manager, a visiting area manager, deputy manager, nursing and senior care staff, support workers, the cook and maintenance staff. We received feedback from two health professionals.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, complaints, compliments, quality assurance processes and various policies and procedures.

### What we did after the inspection

We sought assurance about people's medicines administration records and the policies around this for people when they visited friends or families at their homes.

# Is the service safe?

## Our findings

At the last inspection under the previous provider this key question was rated as Good. At this inspection under the current provider this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from risk of abuse

- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. One person showed us how they used a wall mounted device which told them how to report safeguarding concerns.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us they always reported incidents involving people and that the registered manager took action to prevent recurrences.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One relative said, "People aren't wrapped in cotton wool. They do take risks but staff keep them safe."
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. One person told us about how they were supported to take risks safely when out in the community.
- Staff assessed people's sensory needs and did their best to meet them. We observed how staff used various communication devices and technology to help people manage risks.

Staffing and recruitment

- Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them. One person said, "I like new staff to ask me my name and not to be told by other staff. This means they know me better."
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. People were part of the

interview process and could ask potential applicants questions such as how they would keep people safe, how would they take account of disabilities or what they were good at.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff made sure people received information about medicines in a way they could understand. One person told us how they liked staff to tell them in private when to take their medicines safely with water.
- Staff followed effective processes involving good communication to ensure people understood risks of taking medicines themselves.
- Staff followed national practice to check that people had the correct medicines when they went to visit family or friends at their houses. Prompt action and investigations were completed if there were any discrepancies when people returned from home leave.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff. A health professional visiting the service had praised the, "Clear procedures for COVID-19 prevention. Made me feel safe."
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Visiting in care homes

The service supported visits in a safe way. Risks to people's mental health were managed in a safe way so people could visit others or be visited at their home. For people this meant they continued to live a life they expected free from, or with less, anxieties.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. One person told us, "I like it here as I have my space. Some people don't mix but that is their choice."
- When things went wrong, staff apologised and gave people honest information and suitable support. We saw letters of apology, even if it was a minor matter, each incident response could mean the world to people and their wellbeing. Responses showed people had been satisfied with changes and the apology.
- Staff recorded any near misses and this helped keep people safe. A staff member said, "We always record every incident. This helps inform any potential trends or changes in people's emotions."

- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

# 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 under the previous provider this key question was rated as Good. At this inspection under the current provider this key question has stayed the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- There was a thorough approach to planning and coordinating people's move to other services. One person had a detailed plan to move to more independent living as this is what they wanted to do.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff supported one person over several months to agree to have dental treatment after decades of fear of dentistry. Staff's careful and patient support enabled the person to overcome their fears and to have treatment that enabled them to eat normally again after years of being able only to chew soft food on one side of their mouth.
- We received positive feedback from health professionals about the care being provided to people. This included the support provided to one person who had been able to reduce the medicines they were taking.

Staff support: induction, training, skills and experience

- People's lives were enriched by skilled staff who undertook training and professional development according to their role. The registered manager received very positive feedback from student nurses undergoing training around learning disability services at a placement at Conifer Lodge. One staff member said, "Being able to teach new nurses our skills helps them understand, seeing first-hand the difference the right care means."
- One person told us staff definitely had good skills. All the relatives we spoke with praised staff highly for deploying their skills to enrich each person's life.
- Staff teams held debriefing meetings and reflected on their practice to consider improvements in care.

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

- Staff completed a comprehensive assessment of each person's physical and mental health.
- People had care and support plans that were completely personalised, holistic, strengths-based and always reflected their needs and aspirations; including people's physical and mental health needs. People's full involvement in developing their accessible care plans helped staff to have a complete understanding of their needs.
- Staff took the time to understand people's behaviours. This had significantly reduced people feeling worried and meant staff had not used restrictive practices in over 12 months. One person told us how settled they were due to having greater independence and their life transformed to a more settled and

happier one.

- A social worker praised staff for being, 'So skilled and having great knowledge about [person]'. And also, being, 'impressed with people's records and staff knowledge, always focusing on strengths and positive qualities.'

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. One person told us how they shopped online during COVID-19, but now were able to go shopping again with staff.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way including different recipes based on other cultures. We saw many examples where people had been involved in preparing and cooking meals. A Conifer Lodge 'bake off' took place which people really enjoyed taking part in.
- One person liked to eat on their own in their favourite place. They were supported to do this which enabled them to have a calm uninterrupted dining experience.

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

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person liked to have their family tree adorn their wall and another their artwork.
- The environment was homely and stimulating.
- People had chosen to swap the communal and lounge areas, so it gave them more space.
- People made full use of the communal areas and were supported in a kitchenette area to learn to cook their own meals.
- There were visual aids in the home which helped people know how to find each area, including fire escape routes.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated best practice around assessing and reviewing people's capacity to make decisions. Best interest's decision making processes were followed when people were unable to make their own decisions. One person told us, "I do make choices but I am in control of my life. [Staff] are very kind in offering [other options] or a safer way to do things."
- One person told us they were empowered to make decisions saying, "I choose what I want to do. I can always ask staff for help to understand the risks I can take. It's my home and I live my life how I want."

- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.

# 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 under the previous provider this key question was rated as Good. At this inspection under the current provider this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. One person told us that all staff treated them equally well.
- People were well matched with their designated support worker and as a result, people were relaxed around staff and regularly chatted with them and were supported to follow their interests and maintain relationships.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. A key element of people's care was the focus on quality of life. For example, being able to access hobbies and interests that people valued.

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

- People felt listened to and valued by staff. All those people we spoke with felt their voice was important. Alternative communication styles were used so each person was given equal opportunities to be heard.
- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication, such as interactive white-boards or computer tablets.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. For one person they had regular visits associated with their religion which was really important to them.
- People were supported to access independent, good quality advocacy services if they needed them.
- Staff supported people to maintain links with those that were important to them. All relatives and people's legal representatives who we spoke with told us extra effort had been made, even during the pandemic, to support people who were worried about being away from families or friends.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. They were encouraged to attend some of the training provided to staff. Several people had gained competence certificates in fire safety, road safety and food hygiene. This meant people were more independent and also

had a better quality of life. People were also very proud of their achievements.

- Each person had a skills teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff knew when people needed their space and privacy and respected this. For some people this was very important.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection under the previous provider this key question was rated as outstanding. At this inspection under the current provider this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff enriched people's lives so they lived a full and meaningful life. Staff made the impossible, possible using technology including computer tablets, the internet and interactive devices. All of the people, relatives, advocates and staff we spoke with described how people's aspirations were just the start of a journey to transform people's lives forever.
- All relatives, people, advocates and staff worked so people developed skills and had goals to achieve, exceed and set further goals which were previously thought impossible. One person had not seen a relative for more than 20 years. Staff persisted with people's long desire to regain lost friendships. This started with a five-minute meeting outside a pub and over two years of hope and dreams, the person was now able to go with their relative to their favourite places, reliving their childhood memories. Most importantly, being part of the relative's life once again.
- Another person liked to undertake their favourite pastime in a safe way. All risk assessments and procedures were in place for them to do this including a safe area of the garden when no other people were outside apart from staff. A third person's passion for snooker had been enabled by going to a snooker tournament and getting the player's signature. The person said, "This was the best day of my life."
- People had helped request, design and build a large homebuilt pub from many recycled items. People had been awarded certificates in moving and handling and fire safety as part of the project. They had also taken part in fund raising events including a garden party for the Queen's Golden jubilee celebration. The bar area had taken almost two years of work by all. It now provided people with a true to life pub experience, an area to be alone, with others, and to learn financial skills and how to buy things themselves.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. One relative told us how their family member knew and trusted staff they knew by using a certain term, such as the name of staff for cooking, medicines administration or going out shopping. The relative said, "[Person] uses these terms as a compliment and positive descriptions and needs to have this structure to their day. Staff have a complete understanding of them and their needs. They accept their disabilities and for [person] this is a big thing."
- Staff used person-centred planning tools and approaches to discuss, review and plan with people how to reach their goals and aspirations. All people referred to Conifer Lodge as their home, and the 'Conifer Family', treated it as such, but respected each other's preferences.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. In one example a person had been supported over many months so they could manage their finances. Staff from a bank, who out of three, agreed this level of independence from the home's vehicle. Staff from the bank would bring all necessary information and

equipment so the person could monitor their finances free from the things that worried them, such as a busy place. This had never previously ever been achieved. The person had gained further independence being able to access benefits they were due and this helped them live a better life working towards greater independence.

- Staff provided effective skills teaching because it was tailored to individual people. Not only did staff have skills, the skills they had supported people to achieve meant people taught staff skills in return. For instance, how to do certain arts and crafts.
- People learnt how to maintain their home, manage in society and develop new interests by following individualised learning programmes with staff who knew them well. People who liked gardening had made a special garden area and entered a competition. The people involved won the competition and received the prize of lots of plants. This gave people skills growing plants and vegetables they could nurture and then cook in the kitchen. Photographic records showed a huge beaming smile as the person received their award.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them. In one example, a person had dental treatment when there was no one else in the practise.
- Preference, such as gender of staff were identified, and appropriate staff were available to support people. One person told us, "I like most staff. I have my favourites but that is up to me. I get support for holidays and staff help me, but it is a team effort. Being on holiday with staff is more like having a friend with you. That's what matters to me."

#### 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.

- Staff ensured people had access to information in formats they could understand. For example, easy to use technology, such as 'talking buttons' provided information for people, in a way they understood, on various topics such as safeguarding and advocacy. Talking buttons were found alongside pictorial and easy read versions of the topic on display in communal areas of the service. This helped keep people, with varying and differing communication and reading skills, informed on important subjects matters.
- There were visual structures, including photographs and other visual cues which helped people know what was likely to happen during the day and who would be supporting them. For instance, shopping or holiday plans.
- People had individual communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations. One person told us they liked a few words at a time and staff respected this. Another person wrote comments down so staff understood them.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. We observed how attentive staff were to a person in distress. Staff calmly reassured the person before offering pain relief or a lie down in their room.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The complaints process was accessible and tailored to each person's means of communication. People could also apologise if they made mistakes.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. One person said, "I don't need to complain. Staff know me well and if I am worried about something, we talk it through." This meant staff had gained people's trust which treated them as an equal.

- Staff explained to people when and how their complaints would be resolved. Records showed how apologies had been offered and accepted and also changes made to prevent recurrences.
- The service used compliments to identify what worked well. One compliment from a relative stated, "Keep up the outstanding work. Conifer Lodge is by far the best placement my [family member] has been in." Another relative told us, "The care is excellent. No care is perfect, but the care is really, really first class."
- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

#### Supporting people at their end of life

- There were policies, procedures and staff in place with end of life care skills. People's end of life care wishes had been sought with involvement of families, friends, and their choices were respected.
- Where people had been supported with end of life care they had lived their final moments in the way they chose to. For one person they had been enabled to go out for a car journey with staff driving so the person could for a final time see things that really mattered. Staff told us this had meant the world to the person and with support from health professionals the person had experienced a comfortable and dignified death.
- Emergency care and treatment plans were in place should any person suddenly become unwell, such as for hospital admission, or administration of end of life medicines for dignity or any need for pain relief. One staff member said, "I used to work in a hospice and it is sometimes about holding a hand, saying the right things or just being there."
- People had a place to remember loved ones. One person told us all about their family tree and the special support staff had provided when a family member passed away. The person had planted a rose in special memory to their loved one and they visited this in private when needed. The person told us, "Seeing [family member] one last time before they died meant a lot. Knowing I can now remember them here at Conifer Lodge means so much to me."

## 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 under the previous provider this key question was rated as outstanding. At this inspection under the current provider this key question had remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider and registered manager worked exceptionally hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People's dreams and aspirations became a reality because they wanted this to happen. Staff just helped enabled this.
- Whatever people dreamt of and wherever possible, people were empowered to live their dreams. One person said, "I never thought I would get to go to the theatre to see my favourite play about [film character]. Theatre staff had been impressed with the person's in-depth knowledge knowing more than the staff. This was due to the registered manager enabling people to do these things. One relative told us, "[Person] has achieved so much. They love their [hobbies] and are proud to show us."
- Management and staff put people's needs and wishes at the heart of everything they did. People described the service to us as, "The best place I have ever lived" ... "Exceptional staff", and "Changed my life for the better for ever."
- The registered manager taught the CQC's quality of life tool and the principles of 'Right support, right care, right culture' with staff and trainee nursing staff on a placement at Conifer Lodge. There were many examples of people exceeding their aspirations including one person being given alternative options at a career choice. Another person described their experience of having a pen pal and had been conversing for six months. The person had stated, "I like getting letters a lot." Another person described a day at a professional football ground as, "I will remember this day for ever" and, "I can't wait for the next time."
- Managers worked directly with people and led by example. For example, one staff member at a person's request had joined an online football player card group and arranging to swap various cards. This meant the world to people being supported to safely access the internet. People were enabled to collect other groups members' cards and arrange swaps and were very excited opening the post with new cards. People told us they got great pleasure and passion doing a hobby with only a few cards to collect.
- Staff felt respected, supported and valued by senior staff which supported a culture that drove improvement. One staff member said, "I love working here. I have seen huge improvements in people's independence, reduced, or no, medications, and the skills people now have making things."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member said, "I would have no qualms about reporting poor care. The [registered] manager praised me for being open and honest about a staff member who no longer works here. I know issues are taken seriously."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong. One person said, "A person bumped into me (accidentally) and I just wanted to walk around freely. It was dealt with as it hasn't happened again. I got a letter of apology. Most importantly actions the person wanted from the complaint had prevented a recurrence.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. Staff used reflective practise about what they could do better or differently and reflected on their achievements changing people's lives for the better.
- The registered manager was the provider's clinical lead and had exceptional skills, in depth knowledge and experience to perform their role. They had a clear understanding of people's needs and oversight of the service they managed. Feedback from one relative stated, "The term heroes has been applied to care staff and the NHS. It is truly well deserved, and our Conifer Lodge family are most definitely amongst them."
- People continued to do things that mattered to them. Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One example was staff working with a local pub people used prior to COVID-19. The pub on hearing about the service new bar building had provided items, such as pictorial examples for people to recognise including a beer tap. People always came first. Staff delivered exceptionally high quality support consistently.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. One person was looking forward to a more independent life due to the support from all involved in their care and improving their quality of life.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. This was based on the requirement for staff to have training about learning disabilities and people with autistic support needs.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. The registered manager had ensured we were always notified about various incidents and also actions taken to help prevent a recurrence. One person now had their own place to be in private lived a full life, free from others, but learnt skills cleaning and personal budgeting.

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

- People, and those important to them had a complete say in how the service was run and how they lived their lives working with managers and staff to develop and improve the service. One health professional had praised staff for their 'very good knowledge of a person new to the service and how person-centred the care and support was from the start'.
- Staff encouraged people to be involved in the development of the service. Many positive examples of people's involvement in creating a homely environment. This included during COVID-19 included bringing an outdoor cinema and 'whole cinema experience' to the service. This meant people could watch the big screen film they chose in safety. One person told us, "I loved the evening, we even had another film outdoors the next night." People were now returning to going back to the local cinema.
- A health professional had praised all the staff for how impressive they were at a summer party stating, "Staff not only took part in the fancy dress, but supported every person in such a way it was noticed. Your staff are a credit to Conifer Lodge." Other events included a masked ball with a full night-time's experience of dressing up and dancing. Relatives had complimented the service on what this meant to people living a normal a life as possible.
- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. One person told us in some detail what it meant to go to their

own pub. They spent 15 minutes explaining each stage of the project. It was clear they were very proud due to the passion about this in their voice.

#### Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.
- The management team saw learning and improvement as a continuous process where perfection was a target to exceed. Improvements were achieved through rigorous audits, regular spot checks to make sure staff upheld the provider's values and always showing people respect.
- People were at the heart of the service and had a complete say in how they lived their lives. One person helped work in a local garage and another in a restaurant. Both people's involvement helped the provider identify best practise in support and meeting or exceeding people's initial expectations.
- Regular residents' meetings were held where people, whatever their communication skills, were listened to. Actions were taken such as turning dreams into reality. For instance, seeing long lost relatives, going to the theatre, a snooker match, or a favourite football team.
- The registered manager told us how during out of hours visits they would often see wonderful examples of care and support. They said, "I do need to check and on the whole the staff team are totally trustworthy. I empower them and this transforms the way people live."
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. This desire had been fulfilled many times over.

#### Working in partnership with others

- Staff engaged in local and national quality improvement activities. For example, the registered manager had supported nursing staff on a placement about the quality of life for people and what this meant. Feedback from these students included, "The sessions improved my understanding on supporting people with a learning disability. It emphasised effective communication between people and professionals."
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service. The provider had featured in a CQC report into COVID-19 as making people's lives as normal as possible during a pandemic.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area. One social worker had praised the service for a successful transition and doing this quickly and safely.
- The service worked well in partnership with advocacy organisations other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing. One advocate could not praise the service enough for being engaged and knowledgeable in relation to the MCA. People's human rights were fully upheld and allowed people to be without unnecessary restriction. One example of this was a person who could cross a road on their own after many, many months of work in helping the person understand risk.