U Samaranayake

Conifers - Residential Care Home For People with Learning Disabilities

Inspection report

Conifers, Harriet's Farm Bungalow
Church Street, Bocking
Braintree
Essex
CM7 5LH

Tel: 01376550779

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09 May 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Conifers is a residential care home registered to provide accommodation and personal care for up to six people who have a learning disability. There were six people living at the service on the day of our inspection.

The inspection took place on 9 May 2017 and was unannounced. The last inspection of this service took place in March 2015 and at that time the service was rated as good.

At the time of inspection there was a registered manager in post who was also the registered provider. 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 and associated Regulations about how the service is run.

The service was managed by the registered manager, a deputy and a trainee manager who all shared responsibility for running the service on a day to day basis.

At the previous inspection we found that the registered manager had not met the requirements of the Deprivation of Liberty Safeguards (DoLS). At this inspection we found there was still a lack of understanding around DoLS. We made a recommendation that the provider take the necessary steps to increase their knowledge and make the necessary DoLS applications to ensure people were not being deprived of their liberty unlawfully.

People were safe at Conifers. Risks to people were managed safely and positively which ensured people received safe care that met their needs whilst at the same time allowing them to exercise choice and control.

Staff were aware of their whistle-blowing and safeguarding responsibilities. They knew the signs to look for that might indicate that people were being abused and who to report any concerns to.

Medicines were managed safely by staff who were trained and assessed as competent to give medicines safely.

Systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff deployed to meet people's needs safely.

People were supported to make choices about how they wanted to live their day to day lives including exploring interests and maintaining relationships that were important to them.

Staff felt well supported by the management team who were accessible and listened to them. A regular

programme of training was provided with opportunities for specialist training relevant to meeting the needs of the people who used the service.

The service supported people to have enough to eat and drink which reflected their preferences and helped them maintain a healthy balanced diet.

People's health and wellbeing was maintained. Staff worked with healthcare professionals and were pro-active in referring people for assessment or treatment. The service kept detailed health records and shared this information appropriately with the relevant health and social care professionals. This meant that people's health was closely monitored to ensure they received any treatment they required in a timely fashion.

Staff had formed positive relationships with people who used the service. People's privacy and dignity was respected at all times and people were treated with kindness and respect.

People were supported by a longstanding and stable workforce who knew them well and promoted their independence.

The care and support people received was personalised and met their individual needs and preferences. People, or their representatives, were involved in making decisions about how the support was delivered so they felt listened to and included.

The registered manager was held in high regard by people, relatives and staff who all felt included in the running of the home.

There was an open culture and the provider encouraged and supported staff to provide care that was centred on the individual.

There were systems in place to ensure the quality and safety of the service and respond appropriately to complaints and feedback.

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.
People were kept safe by staff who knew how to identify abuse and report it. Risks to people were assessed and action was taken to reduce the risk. Medicines were managed and administered safely by staff who had been checked to ensure they were safe to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.
The provider had not fully understood their responsibilities under DoLS which meant that people may be deprived of their liberty unlawfully. Staff were supported with supervision and training to assess and monitor their competence in their role. People were supported to have enough to eat and drink and ensure that their health and wellbeing was maintained.

Is the service caring?

Good

The service was caring.
Staff had the skills and experience to communicate with people. This ensured people were listened to and included in decisions about how they would like to receive their care and support. Staff treated people with dignity and respect and promoted their independence. People were supported to maintain relationships with their friends and family that were important to them.

Is the service responsive?

Good

The service was responsive.
People and their relatives were involved in planning and reviewing their care and support. People were supported to engage in routines and activities of their choosing that met their needs and preferences. Systems to manage complaints were in place so that any complaints or concerns could be responded to appropriately.

Is the service well-led?

Good

The service was well led.
The management team was visible, approachable and supportive. Systems were in place to assess and monitor the

service to improve the quality of care and support for people. There was a positive and inclusive culture and people and those important to them contributed to the development of the service.

Conifers - Residential Care Home For People with Learning Disabilities

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 9 May 2017 and was completed by one inspector and was unannounced.

As part of the inspection we reviewed information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

At the time of this inspection there were six people living at the home. We were able to meet with the people but due to the complex nature of their disabilities they were unable or chose not to verbally tell us about their experiences of life at the home. Therefore, we observed how care and support was delivered to people throughout our visit. 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.

As part of our inspection we spoke with three people's relatives and five members of staff including support workers, seniors and the registered manager. We looked at the written records in relation to four people's care and also looked at records relating to the management of medicines, staff training, recruitment records and systems for monitoring the safety and quality of the service.

Good

Is the service safe?

Our findings

Relatives told us they thought their family members were safe at the service. One relative said, "I never worry that [person] is not safe and well looked after." Another said, "I have peace of mind, I know [person] is safe here."

We observed that where people required support from staff they were assisted to walk and move around the building safely with the appropriate level of help to promote their independence.

Staff told us they had received training in how to safeguard people from abuse and they were aware of the signs that could alert them someone was being abused. They understood the reporting process and told us they would tell the manager or raise their concerns with the local authority if necessary. We saw that the registered manager recorded and dealt with safeguarding issues, including notifying us of concerns in a timely fashion.

Staff were aware of the whistleblowing policy and procedures. Staff told us they would feel confident to whistle blow without fear of reprisal and that they were confident that any concerns would be actioned without delay.

There were systems in place to assess and manage risks to people. We saw that risks to people had been identified and detailed management plans were included in people's care folders. Risk assessments were individualised to reflect the specific needs of each person and covered aspects such as activities they took part in, health conditions, behaviours, communication and daily living routines. This ensured that staff had the necessary guidance in place to support people safely in their everyday lives. These risk assessments were reviewed monthly or sooner if needed to make sure the information was up to date.

We found that staff had worked at the service for a long time which meant they knew people very well including risks to their safety and welfare and how to manage them. For example, one staff member told us, "[person] has poor eyesight so is at high risk of falls so we always make sure the corridors are clear of any trip hazards." Another member of staff described the importance of positioning a person correctly at mealtimes to reduce the risk of them choking.

There were appropriate facilities to store medicines that required specific storage. Medicines were given to people in a safe and appropriate way. People's individual medicine administration record had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. We saw that people's medicine administration records (MAR) had been completed accurately with no gaps indicating that people had received their medicines as prescribed. The service kept a running total of people's medicines and the balances we looked at were correct. There were protocols in place for PRN (as needed) medicines with guidance to instruct staff regarding when to give the medicines and in what dosage.

Staff had received training and been assessed as competent to administer medicines. The registered

manager completed a monthly audit of medicines and an external audit was completed on a yearly basis by Boots to check that medicines were managed and administered safely.

We observed that there was enough staff deployed to meet people's needs. Staff were attentive and responded swiftly to any signs of distress or requests for assistance to ensure people felt calm and well supported. A relative told us, "The staff here are very attentive to [person's] needs." Staff told us that where people's care needs had changed, staffing levels had increased as the registered manager had secured extra funding for additional hours for people that required one to one support at specific times such as mealtimes.

Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining a full employment history and checking that the member of staff was not prohibited from working with people who required care and support. However, we observed that in one instance, the registered manager had not verified a staff member's previous employment which had been in the care sector. This meant the registered manager could not be sure of their previous conduct and fitness to work at the service.

We recommended that the provider refer to the guidance in schedule 3 of the Health and Social Care Act 2008 (Regulations) 2014 to ensure that safe recruitment processes are consistently adhered to.

Arrangements were in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety checks, maintenance, fire drills, accidents and incidents were all recorded and any necessary action was taken to keep people safe.

At the time of inspection the registered manager was in the process of completing personal emergency evacuation plans for people. After the inspection, they provided us with written copies of these documents. Information for staff on what to do in the event of a fire was on display in the office and staff we spoke with were aware of the procedures should people need to be evacuated from the building.

Requires Improvement

Is the service effective?

Our findings

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. We found that the service had completed appropriate mental capacity assessments that were tailored to each person and were decision specific. Where people were found to lack capacity best interest decisions had been made in consultation with relevant parties such as the person's relatives.

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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At our previous inspection we found that the registered manager had not fully understood their duties and responsibilities under the DoLS legislation and at inspection we found this was still the case. The registered manager had removed the keypad door entry system in recognition that this constituted a potential deprivation of people's liberty. However, they had failed to recognise that people living at the service still required DoLS applications to be made on their behalf. We discussed this issue with the registered manager who assured us that they would immediately contact the relevant authority to make the appropriate applications. After our inspection we were provided with written confirmation that they had been in contact with their local authority and were commencing the process of making DoLS applications for everyone who lived at the service.

We recommend that the registered manager seek advice and guidance from a reputable source to improve their understanding of the MCA and DoLS legislation to ensure that people's rights are protected and they are not deprived of their liberty unlawfully.

Staff told us they had received training in the MCA and training records confirmed this. Staff were able to demonstrate how they applied the principles of the act in their daily practice to support people who had difficulty making decisions by giving them choices and communicating in ways that helped people to understand what was being asked of them. One staff member told us, "I will always give people choices, but not too many as this can be confusing." Another member of staff said, "I will show people things or let them touch them to help them choose."

Relatives told us that the registered manager and staff knew people very well and that the service was meeting people's needs. One relative told us, "Staff are very much aware of [person's] needs." Another said, "[person] is in the best place, they care for them really well here." We observed staff interactions with people throughout the day and saw that staff had the skills and knowledge to support people effectively.

When new staff joined the service they received an induction. For staff who were new to care, their induction was based on the care certificate which represents good practice. The care certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. We looked at three staff folders and saw that all staff had an induction checklist which

had been signed off as completed evidencing that staff had received a thorough induction.

Staff told us that their induction included a mix of mandatory training sessions and shadowing existing staff so that they could get to know all of the people who used the service and find out what their needs were. The majority of training provided was delivered by DVD. Staff watched the training videos and were then given a written test to complete to assess their learning. The registered manager told us they marked the tests themselves to check staff knowledge and understanding. The manager kept a training matrix to monitor staff training and highlight when refresher training was required. We looked at the training matrix and saw that all staff training was up to date. This showed staff received appropriate training to ensure they had the right skills and knowledge to carry out their roles and meet people's needs.

Training in practical aspects of the job such as moving and positioning was completed face to face by an external training provider so that staff had the opportunity to use the equipment and to move and position each other to gain an appreciation of how it felt. Staff told us that the management team was always around and working on the floor so their competence was continuously observed and assessed. Staff had received specialist training so that they could meet the specific needs of people who used the service. For example, staff had been trained in Percutaneous Endoscopic Gastronomy (PEG) training to support a person who was PEG fed. Buccal midazolam training had been organised so staff could support people experiencing epileptic seizures and training in dysphagia for people with difficulty swallowing. Staff told us they felt they had received all the training they needed to be competent in their role.

Staff had also received training in managing challenging behaviour. We spoke with staff about how they supported people whose behaviour challenged. They told us that they were aware of people's individual behaviours and triggers and were familiar with the management plans that had been put in place to reduce the risk of harm to the person or others. We observed that the home environment was calm and that people appeared happy and relaxed in the care of staff. When people became distressed or agitated for any reason, staff quickly diffused situations and alleviated any anxiety.

People were supported to have enough to eat and drink that met their preferences and dietary needs. Residents meetings were held which gave people an opportunity to talk about food choices and staff supported them to make decisions about what they wanted to eat. One staff member told us, "We show pictures of food to help people choose." The service planned a four week rolling menu but if people didn't like something on the menu they could have something else.

We observed the lunch time meal experience for people. Where necessary people had plate guards and cutlery had been adapted to help them to be independent at mealtimes. People were offered a choice of drink with their meal and were given assistance by staff if needed. Some people required one to one support at mealtimes as were at risk of choking and we saw this level of support was in place.

We reviewed four sets of care records and saw that people's food and fluid intake and weight was monitored. If people were identified at risk referrals were made to the GP and dietician as necessary to help ensure that people maintained their health and wellbeing.

Staff encouraged people to drink to help them remain hydrated. We saw that staff used information they knew about people to encourage and motivate them. For example, in one person's care plan it stated that they loved competition and winning and also really enjoyed praise. Therefore staff challenged the person to see if they could be the first to finish their drink. When the person finished their drink first, they received a heartfelt cheer and lots of praise from staff which made the person smile.

Care records showed that people were supported to access a wide range of healthcare professionals and specialists to meet their specific health needs. For example, speech and language therapists, learning disability specialists, dieticians and occupational therapists, all of whom worked with the service to support people to maintain their health and wellbeing. Relatives told us that the service was good at getting people the help they needed and communicating with them and including them in any decisions about people's health needs. One relative told us, "[person] has been poorly in the past, had the odd illness, they got it sorted out quickly."

Good

Is the service caring?

Our findings

Positive, caring relationships were in place between people who lived at the home and the staff who supported them. One relative we spoke with said, "The staff are lovely here, very kind and caring, really patient, always friendly and hospitable." Another relative said, "They [staff] are lovely; they know [person] really well and staff always seem very cheerful and happy."

We saw that staff treated people with patience and kindness. People appeared relaxed in the company of staff. The atmosphere was warm and friendly and staff chatted to people about things they were interested in and laughed and joked with them.

Staff had worked at the service for a long time which meant people were supported by a stable and consistent workforce who knew them well. We found that staff used their knowledge and experience to make sure that people felt happy and settled. Staff recognised that people were unique individuals and what worked for one person would not necessarily be right for another. For example, we asked staff how they comforted people who were upset. A staff member told us, "If [person] is upset physical reassurance works best, a hug always makes them feel better but that's not for everyone. [Another person] doesn't like hugs; it's about knowing what works for each individual."

People had care records which provided staff with guidance about their individual communication needs and methods of expressing themselves. The guidance included information on the words and Makaton signs that people used and understood. Staff used this information to help people make choices about their care and support and make decisions in their everyday lives. For example, we saw staff using Makaton signs with one person to encourage them to ask for things they wanted. Relatives told us that staff were good at communicating with people. One relative said, "The staff here communicate really well with [person]."

Staff were very familiar with the vocabulary and methods people used to express themselves including non-verbal cues such as gestures or vocalisations. We asked staff how they knew if people were in pain if they were unable to tell them verbally. A staff member told us, "We will look for signs, for example, when [person] hurt their toe they put their foot up in the air, that's how we knew."

Independence was supported and promoted as staff verbally prompted and encouraged people to do things for themselves if they could. A staff member told us, "We try to encourage independence and be there to reassure; we are careful not to ask too much of people though as we don't want to set them up to fail."

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Staff responses to our questions demonstrated positive values such as knocking on doors before entering, ensuring curtains were drawn, covering people up to protect their modesty when providing personal care and providing any personal support in private.

People were supported to maintain relationships that were important to them. People's families were able to visit at any time and were made to feel welcome. One relative told us, "We're welcome here at any time, I

had Christmas dinner here." Another said, "The atmosphere is lovely, the staff are very nice and they always make you feel welcome."

Good

Is the service responsive?

Our findings

We saw that people had care records in place which were very thorough and were personalised to each individual. The information recorded provided detailed guidance for staff on how to support people safely and in a way that met their needs and preferences.

Staff we spoke with demonstrated a very good awareness of the information held in people's care plans and they used this to provide person-centred care. Person-centred care means care that is tailored to each individual. Staff were able to discuss in detail people's likes, dislikes, interests and hobbies and preferred routines. For example, a member of staff told us, "[person] loves listening to audio stories and also likes us to read to them, they enjoy it when we give them hand massages, or just like company, we sit and rock with them to music, they love to dance with us."

Care plans were reviewed every six months or sooner if something changed for people. People's families and any relevant health and social care professionals were included in the reviews. A relative told us, "We always get invited to a yearly review, we feel very included and involved in all decisions." We saw that where people's needs had increased, this was identified promptly and communicated to relatives and the relevant health professionals. For example, a relative told us, "[person] refused to eat and drink so they [registered manager] got the doctors involved and got them the PEG to supplement their diet; I was included in that decision and all other medical decisions."

People were supported to pursue their interests and take part in social activities. The service worked with MENCAP, a charitable organisation that supports people with a learning disability. The service received a regular newsletter from MENCAP which provided them with details of upcoming events that people might want to attend such as parties, live music events and educational workshops.
Relatives told us their family members had lots of opportunities to do things they wanted. One relative said, "They keep [person] occupied." Another said, "There's lots for [person] to do if they want to."

We saw people being supported to go out to do activities such as attending day centres. There were activities available for people within the home too. We observed staff supporting people to engage in activities such as listening to music, completing puzzles or doing arts and crafts. Staff were aware of people's hobbies and interests and provided the support people needed to engage in activities. A staff member told us, "[person] likes doing gardening and puzzles; they do Thai Chi on Fridays with support, they have got their first belt; they do art and craft and we take them swimming on a Sunday."

Relatives told us that people received support to go on holiday every year. We saw that the service had held a meeting with people to discuss where they wanted to go on holiday. Staff showed people photos and activity cards to help them make a choice about where they would like to go and what activities they wanted to do whilst they were there.

The registered provider had systems in place to manage any complaints. These included a complaints policy and a pictorial complaints leaflet which was given to people and their families. At the time of

inspection we saw that there were no open complaints. We spoke with relatives who confirmed they had a copy of the complaints policy but they told us they had never had to make a complaint. A relative told us, "We have a copy of the complaints policy but have never had to make a complaint in 15 years." Another said, "We've never had to make a complaint but if I needed to I would ring the managers."

Good

Is the service well-led?

Our findings

The service was well led by the registered provider who was also the registered manager of the service. They understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The registered manager was supported by a deputy manager and a trainee manager and together they were responsible for the governance and oversight of the service including monitoring the safety and effectiveness of the service, completing reviews of people's care plans and supervising, observing and appraising members of staff.

Staff told us the management team were visible as were often hands-on working at the service providing direct care to people. This meant staff always had access to a manager who they could turn to for help or guidance. Staff told us they felt extremely well supported as the management team were approachable, accessible and listened to them.

Because of the hands-on approach of the management team, people were very familiar with the managers and were at ease with them. On the day of inspection we saw that people were very comfortable around the registered manager and from our conversations with them it was evident that they knew people very well and were committed to meeting people's needs and delivering person-centred care. For example, the registered manager told us about a person living at the service who loved the colour purple. We looked at this person's bedroom and saw it was decorated in different hues of purple to reflect their preferences. The carpet in the bedroom required replacing with hard flooring and the registered manager had taken the time to find purple linoleum as they knew this would reflect the person's wishes and make them happy.

Relatives we talked to spoke highly of the registered manager. One relative told us, "[registered manager] looks after [person] extremely well, they are doing a brilliant job with them." Another relative said, "[registered manager] is a very good manager, people like them, they run the service really well, it just feels like home."

The culture within the home was open and supportive with a strong sense of teamwork. Staff enjoyed working at the service and had worked there for a long time. This meant that people were supported by long-term regular staff members who knew them very well. The familiarity between people and staff had resulted in an atmosphere within the home that was friendly, warm and relaxed.

Supervision and appraisals are a formal means of monitoring staff competence and supporting staff learning and development. We were advised that staff received formal supervision three times a year and also had an annual appraisal. We looked at supervision records and saw that the sessions were used constructively to talk about any issues or concerns and identify training needs and career goals. Aside from supervisions and appraisals, staff were supported by management through staff meetings so that they were included in the running of the service. We looked at the minutes of staff meetings and saw that they were used constructively to share information and identify actions that needed to be taken to ensure any issues

were dealt with promptly.

People were also included in the running of the service. Regular meetings were held so that people could be supported to give their views about different aspects of the service such as menu planning, activities and holiday destinations. Relatives' feedback was also sought through the use of an annual satisfaction survey to gather their views on the quality of the service. We reviewed the surveys for 2016 and saw that relatives were highly complementary about the service. This was confirmed through our discussions with relatives whose feedback about the service was universally positive.

The registered manager took responsibility for monitoring the safety and effectiveness of the service. They had put quality assurance systems in place to monitor the quality of service being delivered and the running of the home. We found that the service had been regularly reviewed through a range of audits including health and safety, infection control and medicine management. Any action required had been taken to improve the service or put right any issues found.