

Voyage 1 Limited

Conifer Lodge

Inspection report

Horsley Hill Square
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Tyne and Wear
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Tel: 01914554380

Date of inspection visit:
05 September 2019

Date of publication:
29 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Conifer Lodge is a residential care home providing personal care and support for up to 16 adults with mental health needs or associated conditions. At the time of the inspection there were 15 people living at the home.

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

The registered manager monitored the quality of the service through audits and feedback received from people, their relatives, staff and external agencies. However, some improvements were required to governance. Where improvements had been identified by the provider, they were not all actioned in a timely way.

Most risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. Improvements were required to ensure more regular fire checks took place and more regular review of people's risk assessments to ensure they remained relevant.

We have made a recommendation about following best practice guidance for food safety.

Most systems were in place for people to receive their medicines in a safe way. However, medicines records did not all correspond to reflect the medicines people were prescribed. This was addressed immediately.

People were part of the community and enjoyed regular outings. Improvements were required in relation to activities in the home to keep people engaged and motivated. People and relatives knew how to complain

Improvements were required to care records to ensure care was person-centred and reflected people's goals and aspirations and provided evidence of who was involved in decision making.

People were supported to have some choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, more regular individual meetings should take place with people to promote their involvement.

Staff had developed good relationships with people, were caring in their approach and treated people with respect. Systems were in place to protect people from abuse.

There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated people with respect and dignity. Staff received training and support to help them carry out their role

Communication was effective and staff and people were listened to. Staff said they felt well-supported and

were aware of their rights and their responsibility to share any concerns about the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with nine people about their experience of the care provided. We spoke with seven members of staff including the registered manager, the administrator, one registered nurse, three support workers and

the acting cook.

We reviewed a range of records. This included three people's care records and three medicines records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service following the change in registered provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Most risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. Risk assessments were reviewed. We discussed with the registered manager that a more regular review of risk assessments should be in place, including for people at risk of self-harm, to ensure all risks were mitigated. They told us this would be addressed.
- Checks and tests were carried out to make sure the building was safe. Monthly fire checks took place. We advised the registered manager to ensure weekly fire checks took place including fire doors and fire alarms to conform with fire authority guidelines. They told us this would be addressed.
- Mealtime arrangements required review in terms of the flexibility of timing when food was served and to conform with food safety guidelines. Food was prepared and left in the hot trolley from 4pm onwards and was not served until after 5pm on the day of inspection
- A lunch time meal was reheated over two hours after the meal had been served and this did not conform with current food safety guidelines. We discussed this with the registered manager.

We recommend best practice food safety guidance is followed for the serving and reheating of food.

Using medicines safely

- Systems were in place for people to receive their medicines safely.
- Most medicines were signed into the home. We discussed that not all medicines signed into the home corresponded with the person's MAR [medicine administration record]. This was addressed immediately and put right during the inspection.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed to confirm staff had a good understanding in this area.

Staffing and recruitment

- There were enough staff deployed to support people safely.
- Staffing levels were determined by the number of people using the service and their needs.
- The provider helped ensure people received support in the event of an emergency. Managers were able to be contacted outside of office hours should staff require advice or support.
- Systems were in place to ensure only suitable people were employed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help protect people from the risk of harm or abuse.

- People said they felt safe at the home. One person said, "I'm quite safe here, I like living here."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns thoroughly.
- The registered manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

Preventing and controlling infection

- The building was clean.
- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use as required to help reduce the spread of infection.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Incidents were analysed to identify any trends or patterns to reduce the likelihood of their re-occurrence.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had submitted DoLS authorisations appropriately. When authorised these were monitored and reviewed.
- DoLS listed any restrictions for people including for smoking or access to their finances.
- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were made in people's best interests. However, we discussed records should be signed by a person, their guardian or responsible person on behalf of people where they were unable to sign consent to their care and support. The registered manager confirmed that this would be addressed.

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

- The home was light and airy. There was a programme of refurbishment taking place. There was a large dining room and connecting sitting room. We considered a further area would be of benefit if people were upset and wished to sit alone.
- People's bedrooms were not all furnished with a chair if people wished to spend time there instead of in the communal area.
- Some parts of the home were showing signs of wear and tear. The hallway carpet was marked and paintwork to the hallway skirting boards and doorways was chipped. We discussed this with the registered manager who told us it would be addressed.

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

- Before people moved to the home a detailed assessment was carried out to check if people's needs could be met.
- Following the initial assessment, risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- Staff received training in safe working practices and to give them some knowledge about people's condition and to help maintain their skills. The staff training matrix showed 97% compliance. Staff comments included, "We get plenty of training opportunities, I'm doing some extra training" and "I've arranged to do a clinical competency update with the local Trust."
- Staff received regular supervision and appraisal to discuss their work performance and personal development.

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

- People had a variety of food and drink to meet their needs.
- People enjoyed a positive dining experience. They enjoyed their food and were encouraged to choose what they wanted. Their comments included, "The food is lush" and "You get a good Sunday lunch, nice roasts, there's always plenty to eat."
- Nutrition care plans were in place and these identified requirements such as the need for a modified diet.
- Where anyone was at risk of weight loss, their weight was monitored more frequently as well as their food and fluid intake.

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

- Support plans were in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. A staff member said, "Some people have a Community Psychiatric Nurse who visits monthly." Information was shared with other agencies if people needed to access other services such as hospitals.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. 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

- An up-to-date service user guide was not available to give people information about the service since the new provider had taken over. We discussed this with the registered manager, it was nearly a year since the new provider had taken over the service and we considered one should now be available.
- The service promoted a person-centred culture where people were at the heart of the service and was committed to ensuring they received support in a caring environment.
- Staff were caring in their approach and spent time talking with people. All people told us staff were kind. A person said, "I'm very well-looked after, staff are there when I need them." We observed if people became distressed, staff responded immediately and knew how to support them to reduce their anxiety.
- Staff had completed equality and diversity training where people are treated as unique individuals with different and diverse needs.

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

- All people said they made decisions about their daily living. One person said, "I come and go as I want."
- People made decisions about the care and support they received. Household meetings took place to ask people their views about the running of the home. One person told us, "We get asked at meetings about any change. We were asked at our meetings about changing the main meal time from lunch to tea time." We considered that people should have other opportunities to be involved in individual decisions about their care and support. For instance, regular key worker meetings with people to discuss their progress and aspirations. We discussed this with the registered manager.
- Guidance was available in people's support plans which documented how people communicated and about their level of understanding to help them be involved.
- People had access to independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- The service provided rehabilitation to help people re-learn or learn new skills to become more independent. Support plans did not detail the guidance for staff to ensure consistent care was provided. We discussed this with the registered manager who told us it would be addressed. A person told us, "You can cook your own meal, it was introduced to make us more independent, we can get ingredients for tea."
- Staff understood their role was not just to support people and provide care but to be an enabler with them. They supported people to become responsible in daily decision making in their own lives. A person told us, "You can have a cooked meal twice a day unless you cook your own" and "I make drinks for myself."
- People's dignity and privacy were respected. Staff respected people's personal space and were observed

knocking on people's bedroom door before entering.

Is the service responsive?

Our findings

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

This is the first inspection for this service following the change in registered provider. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were not in place to show people's involvement and why restrictions had been made, such as for smoking and access to their finances. A system of regular review was not in place to check the restrictions remained relevant.
- Care plans were developed for identified care needs. Some care plans such as for healthy eating and religious celebrations were not individual as the same information was repeated in other people's care plans. We discussed this with the registered manager who told us it would be addressed.
- Care and support plans were reviewed. We discussed that as well as review, they should be evaluated monthly, with people's involvement, to monitor people's health and well-being and progress over the month. The registered manager told us this would be addressed.
- Care was delivered by a team of staff who knew people well. People, relatives and other appropriate professionals were involved in planning how staff would provide care.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support.
- Information was not available for all people about how they wished to be care for or if they had any cultural or spiritual wishes at this time, nor who was responsible for the arrangements after death of the person. We discussed this with the registered manager who told us it would be addressed.

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.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records contained information and staff had a good understanding of people's likes, dislikes and preferences. Information about people's dietary requirements was kept in the kitchen. We considered a copy should be held in people's care files so all staff were aware as part of person-centred care.
- We considered improvements were required to activities in the home, if people wished to be engaged. We observed although staff spent time talking with people, there were no activities taking place in the home

and some people were sitting asleep or unoccupied. A staff member told us, "I think activities could be improved to try to motivate people."

- People went out and spent time in the community every day. A person commented, "We go out on the minibus or use public transport." Some people went out independently, one person told us, "I'm going out this afternoon for a pint, I try to go out every day." Other people were supported by staff. They all enjoyed a range of activities. One person said, "We went to Birds of Prey at Hexham, I had birds on my arm" and "We went to the zoo, we go out for meals for curry and to the sea front."
- People had previously been supported to go on holiday. Last year they had been to Scotland. This year people were going on day trips since the new provider had taken over arrangements weren't in place for people to go on holiday.
- People were encouraged and supported to maintain and build relationships with their friends and family. A person commented, "I get visitors as my family visit and I go to see my mother."

Improving care quality in response to complaints or concerns

- A complaints procedure was available and people were asked at their group meetings if they had any concerns or complaints.
- A record of complaints was maintained. People told us they could talk to staff if they were worried and wanted to raise any concerns.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities, including CQC, if required. We advised these included notifications to CQC of all incidents that effected the well-being of a person who used the service, such as self-harm and incidents of physical aggression.
- The registered manager understood the duty of candour responsibility, which requires them to be open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- Arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. However, some areas of improvement were identified at inspection with regard to care records to ensure people's safety and person-centred care, people's involvement, food safety and activities.
- There was a positive and welcoming atmosphere, staff morale and teamwork were good. A staff member commented, "I enjoy working here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits were completed to monitor service provision and to ensure the safety of people. However, some areas of improvement had not been identified as evidenced in this report. Some issues which had already been identified by the provider which required improvement such as further work to the environment, activities and a relevant service user guide were still outstanding and had not been addressed in a timely way.
- The provider's quality assurance systems incorporated additional oversight with external checks from senior management. All audits and checks fed into a continuous improvement plan identified through monitoring in line with CQC's regulatory framework and performance standards, the Key Lines of Enquiry [KLOE].
- The registered manager worked well to ensure the effective day-to-day running of the service. There were arrangements in place with the senior staff, for the running of the service, when the registered manager was not present at the home.

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

- Relatives and people were involved in some decisions about care and advocates were also involved where required. Improvements were required to promote people's involvement in discussing their care and support needs and aspirations on a regular basis.
- People were encouraged to be involved in the running of the service. Regular group meetings took place with people. Their suggestions were actioned such as ideas for meals and outings.
- Staff and people said they were supported. They were positive about the registered manager and all said the manager was approachable and they were listened to.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.

Continuous learning and improving care; Working in partnership with others

- The new provider, should ensure its training programme remains relevant to the needs of people living at the home. This would ensure staff continued to be skilled and competent to meet the specialist needs of some people.
- Records showed staff communicated with a range of health professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.