

Conifers Care Ltd

Conifers Nursing Home

Inspection report

The Conifers
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Conifers Nursing Home ("The Conifers") is a residential care home providing personal and nursing care to 48 people with different health and care needs, including those living dementia, at the time of the inspection. The service is situated within a residential neighbourhood and can support up to 55 people in one purpose-built, two-storey building.

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

The registered manager described the ethos and philosophy of the service as one that did not give up on people. Due to their complex needs, including behaviours that challenge, many of the people living at The Conifers had found it difficult to find or maintain appropriate care elsewhere. At the Conifers, positive outcomes had been achieved for people.

Staff enjoyed working at the service and making a difference to people's lives. Although we received some slightly mixed feedback before and during the inspection, most relatives praised the staff, their dedication and patience. Relatives told us that the local reputation of the service was very good. A person who had lived at the service but passed away had dedicated a hymn at their memorial service to the staff at The Conifers.

Changes to planning and support had started to be introduced, to help develop person-centred, proactive care further. We recognised the potential for developments and innovations at their initial stages, once consistently implemented, to elevate the overall good experience of people using the service.

Personalisation of plans and people's goals was ongoing to better reflect the person-centred care people received. We considered with the registered manager areas to review to further promote partnership working with people, as well as supporting of individual needs, strengths and abilities. There were enough staff to meet people's needs, however the service was currently relying on agency staff to provide a substantial number of hours. The registered manager worked with agencies to try and keep to regular staff with the right skills to maintain consistency in support. Recruitment was ongoing, and the provider was exploring innovative ways to attract more staff.

People felt safe living at The Conifers and overall relatives echoed this. A relative told us, "They are so good with [relative] and all of the patients." People generally appeared relaxed in the presence of staff, engaged with them in interactions that showed they knew each other or were supported effectively by staff during times of distress. One person told us, "What I really like is that they [staff] just are themselves and nothing else. They are a cracking bunch of [staff]." The service endeavoured to engage and stimulate people through a large variety of activities.

A long-standing, well respected registered manager led the family-like, inclusive culture of the service. They involved people, relatives and staff through meetings and regular communications. Service quality checks,

with support from provider oversight, had identified effectively ways to continuously improve people's care.

People were supported to have maximum 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. Support was being developed to continuously reduce the need for restrictive interventions, including the use of sedative medicines.

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 12 January 2018). There was also an inspection on 25 March 2019, however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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?

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Conifers Nursing Home

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 one inspector and one Expert by Experience on the first day of inspection and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Conifers Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The provider had not been asked to complete a provider information return (PIR) before this inspection. 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 used Short Observational Frameworks for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two people who use the service, seven family members and eleven members of staff including care staff, nurses, the activities coordinator, the chef, the registered manager, the deputy manager and the regional manager,

We reviewed a range of records. This included people's care and medication records. A variety of records relating to the management of the service, including recruitment, training, reports and quality checks, were reviewed.

Is the service safe?

Our findings

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

At the inspection on 6 November 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood safeguarding responsibilities and procedures, which helped to protect people from the risk of abuse. Staff had confidence in the registered manager to address any concerns.
- People felt safe living at The Conifers. One person said, "I feel safe everyone is very nice." Family members told us, "[Relative] is safe and secure", "[My relative] and all the other residents seem to be well looked after. I do admire [staff's] patience" and "We used to have concerns, but they have resolved them all."
- The registered manager carried out appropriate investigations when required and some were ongoing at the time of our inspection. Following investigations, accidents or incidents, the registered manager and provider analysed causes and actions to take to prevent reoccurrence.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed on an individual basis, to help ensure measures were in place to protect them.
- The service had introduced support plans to promote more proactive approaches to keep people safe who at times presented behaviours that challenge. We considered with the registered manager further ways to develop and personalise these, as well as some risk management plans.
- Regular checks of the environment and premises took place, to help ensure they were safe for people.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. One person said, "It seems they have enough staff, if I press my buzzer, they come quickly."
- Agency staff covered the majority of person-dedicated, or '1:1', support, as well as night nurse vacancies. The registered manager worked closely with the agency, to promote consistency in people's support. We asked the registered manager to confirm with the agency that their staff had received more specialised training regarding dementia awareness and de-escalation.
- Recruitment to reduce the use of agency and employ more permanent staff was ongoing. The provider had purchased a house close to the service, to help attract permanent staff from further afield through offering local accommodation to rent. New staff were recruited following appropriate checks, to help ensure applicants were suitable to work with people using the service.

Using medicines safely

- Medicines were managed safely, so people received them correctly and at the right time.
- The service worked effectively to try and reduce people's needs for some medicines. For example, behaviour support plans encouraged staff to try other ways to help a person in distress before resorting to

sedative medicines. A family member said, "I feel relative is more secure. When they came here, they were on [specific medication] and they do not need them now."

Preventing and controlling infection

- A clean and hygienic service helped to protect people from the risk of infection. Infection control protocols were in place when required. Personal protective equipment, such as gloves or aprons, were available to support this.
- The service had received a good rating at the last relevant food safety inspection.

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 inspection on 6 November 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the service, to plan their support and help achieve positive outcomes. For example, the registered manager explained often people came to The Conifers as other services could no longer meet their needs, particularly relating to behaviours that challenge. "[Name] came to us [after their previous placement had failed] and now they are almost fully independent again and going out into the community."
- The service referred to a variety of guidance, to ensure for example people's health care was provided to current best practice standards. We discussed a few additional sources, to support best practice regarding proactive assessments and oral health care.
- The service had recently introduced behaviour support plans for people who at times of distress required sedative medicines, to try and reduce the use of these. These plans were in the process of being developed further. The service used some therapeutic approaches to support people effectively in line with best practice guidance, for example regular pet therapy.

Staff support: induction, training, skills and experience

- Staff felt very well supported to be competent and skilled to provide people's care. One staff member told us, "If we are struggling on what to do we can always ask [registered manager or deputy] to help."
- Staff received comprehensive induction, regular training and supervision, to guide them in their role.

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

- Staff were aware of people's specific dietary needs and supported them effectively. We discussed some observations and feedback regarding the timing of people's meals and supplementary, nutritional milkshakes. The registered manager addressed this.
- When staff were concerned about people's weight, they made appropriate referrals to relevant professionals for advice and guidance.
- People enjoyed the food. Regular snacks and drinks were offered throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- The service worked effectively with a variety of health and social care professionals to ensure people's health needs were met, as well as their wellbeing promoted.
- Staff worked proactively with professionals to try and avoid hospital admissions for people. One person

said, "If I feel down, they come and have a chat, the doctor comes to see me." Relatives confirmed that staff sent for a doctor when their family member was ill and that they were kept informed.

- People had assessments of their oral health in place, to help promote this. We considered with the registered manager how supporting care plans could be personalised further. The registered manager had attended oral health training and was sharing this with the staff.
- The service was designed to be easily accessible for people and their bedrooms were decorated to individual taste and preference. Parts of the service had been refurbished and updating of the environment, furnishing and décor was ongoing.

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. We found that they were.

- Staff sought people's consent before providing care and supported them to make choices. Staff worked effectively with assessors and stakeholders to maintain people's best interests.
- Assessments of people's mental capacity regarding specific decisions had been completed. The service made appropriate applications to the local authority to deprive people of their liberty and addressed any conditions of authorisations.

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 inspection on 6 November 2017 this key question was rated as good. At this inspection 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 treated people with kindness, dignity and respect. In recognition of this one person who had lived at the service and passed away dedicated a hymn at their memorial service to the staff team at The Conifers.
- People praised the staff for their care and personal approach. People said, "Staff are very caring, in hospital you are just a number, here it is more personal, they ask you what you want and do not want" and "What I really like is that they just are themselves and nothing else. They are a cracking bunch of [staff]." Relatives echoed this and one said, "I think they are yes, they are extremely patient."
- People and staff interacted with each other in respectful ways that showed they knew each other well. We discussed some considerations with the registered manager of how to further promote and elevate real partnership working between staff and people.
- Some people received dedicated, or '1:1' support, for example when they were at particular risk. At times this had been informally arranged and funded by the provider, to offer additional support for a period of time. Some effective consultation and communication with relatives and staff were needed to help support everyone's understanding of these roles, to avoid misunderstandings that had occurred. The provider was addressing this.
- Staff were proud of the difference they made to people's lives and respected their equality. They cared for people without prejudice and one told us they loved their work because of "the residents, if they were not the way they are, I would not love it as much. I like making a difference."

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

- Staff supported people to express themselves in their own ways.
- People and their family members had been involved in the planning of and decisions over care. People and relatives told us that some of their original care plans had been informed by hospitals, but that staff involved them in adding to these plans and their review. One person said, "When you first move in they ask you all sorts of questions, I have a file in my room and they write things down."
- When people needed someone to speak up on their behalf, the service worked in partnership with people and their independent advocates.

Respecting and promoting people's privacy, dignity and independence

- The service promoted and respected people's independence. One person said, "I try and do as much as I can for myself." A family member told us, "They encourage [relative] to do things for themselves."
- Care plans described people's goals and outcomes linked to retaining or regaining independence. We discussed with the registered manager how, these at times could become more personalised and focussed

on people's strengths.

- Staff maintained people's dignity and respected their privacy. People's confidential records were stored securely on lockable electronic devices.

Is the service responsive?

Our findings

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

At the inspection on 6 November 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The service endeavoured to keep people involved and stimulated through a wide variety of activities. These included individualised sessions, as well as group activities, trips out, parties, school visits at Christmas and linking in with local dementia cafes.
- The provider was reviewing activities provision, to add to the support currently offered by one coordinator for the whole service.
- People's special occasions were celebrated by staff to promote people's quality of life. For example, people's birthdays were celebrated in individualised ways. A staff member also told us, "For [resident's] wedding anniversary, [activities staff] decorated the garden room with a balloon arch, the family did not know. It was a nice surprise."

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

- People's care was person-centred and responsive to their individual needs, which was supported by care plans. Care plans provided some information about people's backgrounds and life stories, to help staff understand their individual circumstances.
- Care plans had been transferred onto a new electronic system and gave staff basic guidance on how to support people and meet their needs. Care plans were being developed to become more personalised. Some plans included more person-centred detail, such as a description of how people experienced the impact of dementia.

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 had an understanding of people's communication needs, including personalised ways to express wishes. However, at times staff's awareness of impairments that might affect people needed to be developed further and the registered manager met with staff to ensure everybody was aware of people's related needs.
- Important information, such as guides or procedures, could be made available in different formats, to make them easier for people to read and understand. Care plans gave some insight into people's communication needs. This was being developed further.

Improving care quality in response to complaints or concerns

- The registered manager recorded and responded to complaints received. They identified actions to be taken to make improvements.
- Staff listened to people. One person said, "We have a chat about things, they come and sit with you and ask questions. I know the manager and would talk to her [about any complaints]." A family member said, "[Registered manager] always asks me if everything is ok when I visit, they do not hide. They do not know what I will say after all!"

End of life care and support

- People's care plans contained some information about the care they wished to receive at the end of their life, such as whether or where they would like to receive treatment. The registered manager was part of local networks regarding end of life care, which helped to continuously improve their practice.
- Staff worked in partnership with people, family members and professionals to provide effective, compassionate care at the end of people's lives.

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 inspection on 6 November 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive, inclusive and person-centred culture that promoted people's individuality and diversity. The registered manager had promoted this further through completing a course with staff on meeting the needs of Lesbian, Gay, Bisexual and Trans (LGBT) people. An LGBT champions plaque in reception communicated an inclusive culture to visitors.
- The service culture was led by a dedicated registered manager who was passionate about people's care. They had worked at the service for a long-time and continuously developed their professional knowledge, including having studied to become and registering as a nurse.
- People, relatives and staff recognised and praised the support from the registered manager in achieving a safe, quality service for people. One staff member said, "I love [registered manager]. They are just easy to talk to, I always say they are the best boss I have had."

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 registered manager understood and acted on their regulatory responsibilities and duty of candour.
- Effective oversight by the provider supported quality performance by the registered manager and necessary improvements. Person-centred planning development had been identified as a need through governance and we highlighted a few examples of record updates as part of this.

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

- Regular meetings took place for people and staff. These helped to keep everyone involved and informed. The registered manager kept in regular contact with family members and held quarterly relatives' meetings or reviews. We considered with the registered manager other ways to keep family members involved and informed more regularly.
- A closed social media group had been set up for staff, to support effective communication. Overall staff were very happy at the service. Some felt that communication and team work were overall good but could be improved at times. Staff described the service as a family and said, "We all work well as a team, it is well run" and "I thoroughly enjoy my job, I love it."
- The service was developing links with the local community, to promote people's good integration into the neighbourhood and reduce isolation.

Continuous learning and improving care; Working in partnership with others

- A variety of checks and audits helped to ensure the safety and quality of people's care. These were carried out by the registered manager, with additional oversight from the provider. They had effectively identified improvement needs and actions to take, such as development of behaviour support plans or having a more action-based follow up to staff meetings.
- The registered manager took part in a variety of networks, to continuously develop their knowledge of best practice in other organisations and help improve people's care. The service worked effectively with stakeholders, to achieve good joint-up working and promote quality care for people.