

Conquest Care Homes (Peterborough) Limited

Conquest House

Inspection report

Straight Drove
Farcet
Peterborough
Cambridgeshire
PE7 3DJ

Tel: 01733244623
Website: www.craegmoor.co.uk

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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

Conquest House is registered to provide accommodation for up to 15 people who require personal care. At the time of our inspection there were 14 people living in the home. The home is located on the edge of the village of Farcet, near Peterborough. Shops and other amenities are a short drive away. The home has wheelchair access for those who may require this.

This unannounced inspection took place on 7 March 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the scheme is run.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. People's support plans were completed and reviewed with them.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. There was a sufficient number of staff to meet the support needs of people living in the home. Satisfactory pre-employment checks were completed before staff employed to support people in the home.

People were supported to be as safe as possible because assessments had been completed for all risks and how they were managed. This meant staff had the information they needed to reduce risks.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and could describe how people were supported to make decisions.

People were supported to take their medicines as prescribed and medicines were safely managed.

An effective induction process was in place to support new staff and further training was provided to ensure all staff had the necessary expertise.

People had sufficient food and drink of their choice throughout the day. People were supported by kind, caring and happy staff. People's privacy and dignity was respected by staff.

A range of audit and quality assurance procedures were in place. These were used as a means of identifying areas for improvement and also where good practice had been established. Information to assess the quality of the service was gained through residents' 'Your Voice' meetings, quality questionnaires and staff meetings.

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.

Risks to people's safety and welfare were assessed and managed.

People received the correct medicines as prescribed.

There were enough staff to provide the necessary care and support for people.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected.

People's health and nutritional needs were effectively met.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, friendly, and efficient.

People had opportunities to comment on the service provided and be involved in the support planning process.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their support plans and reviews.

People's care records were updated to provide staff with sufficient guidance to provide consistent care to each person.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager responded appropriately to people's concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager was experienced and staff were trained to provide people with safe and appropriate care.

There were systems in place to continually monitor and drive improvement of the standard and quality of care that people received.

Conquest House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 7 March 2016 and was undertaken by one inspector.

Before the inspection we looked at all the information we held about the service. This included the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people living in Conquest Lodge and observed people's care to assist us in understanding the quality of care people received. We spoke with the registered manager, deputy manager, one team leader, three support workers, one cleaner and the maintenance person.

We looked at three people's care records, the minutes of residents 'your voice' meetings and staff meetings. We also looked at medicine administration records and records in relation to the management of the service such health and safety checks. We also looked at staff recruitment, supervision and appraisal process records, training records, compliments and quality assurance records.

Is the service safe?

Our findings

People we spoke with told us that they felt safe. One person said, "I know I'm safe here. There are always staff around me."

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One staff member said, "Yes I have done the training [in protecting people from harm] and would inform the [registered] manager and would be confident in going to safeguarding [local authority] direct or seek advice from the regional manager or other home manager." Another member of staff said, "I would report to the senior [person on duty]. There is information on the board [which included telephone numbers] about safeguarding people [from harm] for staff or service users."

Staff told us that the home had a policy in place in relation to 'whistleblowing' which was where staff reported any poor practice. One staff member said, "I would go to [name of team leader] or [name of registered manager], but it would be on a one to one basis [in confidence]. There is information about whistleblowing in the office and there's a policy on it too."

Information about how to report any incidents of harm was displayed in areas of the home that was accessible and where people could see them, as well as for staff and visitors. This showed us that that there were systems in place to help ensure that people were as safe as practicable.

Risks to people, including those at an increased risk in relation to areas such as refusal of medication, anxiety and behaviour that challenged people or others, smoking and health conditions, were managed effectively. This included the correct methods to be used by staff to de-escalate people's behaviour when required, the use of medicines when necessary (PRN) and appropriate information about diets or smoking to reduce people's risk of poor health outcomes. We asked staff about the risk assessments for people and they were able to explain they were regularly reviewed and information was updated where necessary. One staff member said, "The information is in the service users file. Information in the handover book shows whose support plan and risk assessments have been updated and we are expected to read them."

Accidents and incidents, which included issues such as verbal attacks and inappropriate behaviour, were investigated and action was taken to prevent recurrence. For example, referrals were made to the appropriate mental health care professionals and risk assessments and support plans were updated.

Staff and people living in the home confirmed that there were sufficient numbers of staff on duty to ensure that people remained safe. We noted that where people requested assistance or attention from staff, they were responded to quickly. One person said, "There are enough staff. I talk to them and we have one to one [time] sometimes." They also told us, "It's much better here than where I was living before." One member of staff said, "If someone [staff member] goes sick then we might get a phone call to cover. Often we split the shift [as the shifts are 12 hours] and two people cover, each doing six hours." Information in the staff room showed the staff on duty and their roles and responsibilities during their shift. This was because some

people in the home required agreed one to one staffing levels from their local authority agreement. This meant staff were aware of where they needed to be and when. Also only some staff were able to drive the two vehicles available to people and this was also shown on the board.

Staff explained about the recruitment system undertaken by the provider and that they had not been employed until appropriate checks had been returned and were acceptable. This included a valid certificate from the Disclosure and Barring Service (DBS), (which carries out a criminal record and barring checks on individuals). This demonstrated that people in the home were cared for by staff who had undergone rigorous checks before they were deemed suitable to work with them.

People were administered medicines by trained and competent staff. The provider had a policy on the management of medication. Staff told us that they had received training in the administration of medicines and that their competency was assessed by senior staff. This was confirmed by the registered manager.

We checked Medication administration records (MAR) charts of three people and they showed that people had been administered with their prescribed medicines. One person told us she had agreed that staff administer her medicines and believed staff had been trained to do that. We saw written protocols of medicines that could be taken when necessary. Any medicines used when necessary were clearly recorded on the reverse of the MAR to show when and why they had been given. This meant people received the medicines they needed safely and as required.

We noted that the arrangements for the storage, handling, management and disposal of medication were satisfactory. A member of staff told us that the registered manager regularly undertook monthly checks and audits of medicines administration and the appropriate records to help ensure that they were accurate. There were weekly audits completed by senior staff. This meant that people were given their medicines safely and as they were prescribed.

Information was available in the event of an emergency such as fire or flood. Staff told us there was a 'grab bag' at the front door that containing each person's fire evacuation information and medication. There was also contingency in the event of a loss of power or flood and everyone would be evacuated to a hotel (specified) or another home belonging to the provider. This meant people would be kept safe as far as possible.

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.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS.

The registered manager had a good understanding of the MCA and DoLS and confirmed that where people using the service had or did not have capacity, information was in their support plan. We saw there was information in one person's file that they had capacity in all areas but one. The area where they did not have capacity had information to ensure their best interests were adhered to by staff. Staff told us they had undertaken training in the MCA and DoLS and were able to tell us what that meant in relation to their work with people. One staff member said, "It's where people aren't able to make decisions." Another said, "For people who don't communicate verbally we give options and choices through pictures or [hand] actions [such as asking if they want a drink]." Another said, "Although we have a lock on the front door, the back door is only locked after 10pm, so people can come and go as they want. Although anyone who is on a one to one [requires constant supervision during the hours allocated] would need a support worker with them." The registered manager showed us that five people had been referred to the local authority in relation to DoLS. They were awaiting the outcome of the referral.

Staff told us about the induction training programme, which provided all the mandatory training expected by the provider. One new member of staff said, "I had one month training. It included shadowing an experienced support worker and I was only put on shift [working independently] if I [and they] felt ready." Information we saw during the inspection showed that the training for current staff was up to date.

People were supported by staff who had the knowledge and training necessary to meet their needs. Staff told us they received a range of training that supported them with their roles. These included safeguarding people from the risk of harm, autism, behaviour that challenges other people, training in de-escalation techniques and medication administration. One staff member told us, "This is my first care home job. I've done all my training [mandatory] and recently done epilepsy to use Buccal Midazolam [a medication that requires specific training to administer]."

Staff told us that they were supported by face to face supervision meetings and staff meetings. One staff member told us, "I get one to one [supervision] every month to discuss any issues or anything that may result in an issue. I always feel better when I come out [of supervision]." Another member of staff said, "You can discuss concerns and go over things. It's nice as you can say how things feel. If you are weak in a certain

area you can discuss it and try to resolve it."

People were supported by staff who ensured that they could see a range of healthcare professionals when it was required. These included psychiatrists, GP's, dentists and emergency services. There was evidence in the daily diary of appointments made for people. Staff told us they arranged and transported people to their appointments. One person said, "They phone up for appointments and take us. I like staff to come in with me [to the appointment]." Staff were clear and understood their responsibilities and there were procedures in place to support the person's healthcare needs.

People's choices, preferences and assessed needs were met by staff who were skilled in meeting these. Staff respected and encouraged people's abilities to be as independent as possible when eating and drinking. We saw that in the 'Your Voice' meetings menus were discussed each month. People had made comments and the menu had been adjusted. We saw that people were encouraged to assist in the kitchen to prepare their own drinks and meals where possible. One person was aware that they needed to eat less sugary and fat rich foods but chose to buy them. We heard how staff supported them in trying to make the decisions that were best for their health but the person agreed it was their decision. They did say they were happy that staff was interested in them in trying to lose weight.

Is the service caring?

Our findings

People told us that the staff were caring and kind. One person said, "I get on all right with them all. Staff treat me all right and are kind and humorous. I have a key worker and she helps me sort problems out if I've got any." We observed how staff talked with the people they were supporting and this was excellent. People were encouraged to do as much as possible and make decisions for themselves. Staff treated people with kindness and respect and also with good humour and fun.

People said that they had been involved in developing and reviewing their support. They said that they had talked with staff and made decisions about the support they wanted. One person said, "I'm involved in making all decisions and about the future." Another person discussed what they wanted for themselves in the future with the registered manager and staff during the inspection. Staff were able to tell us, in detail, about the people they supported in Conquest House.

We saw that staff regularly sought or asked about people's general well-being and responded appropriately where this was required. For example, one person told us, "I'm going home [on specific date] and I know no-one will take that away from me." The person needed reassurance and staff provided that in a positive and caring way. One person told us they wrote their own daily records and staff just added their comments. Another told us they always read the things that staff had written about them during the day, which included their general mood and what they had done, and liked to do that. Staff said they sometimes read the daily notes to people who were unable to do this themselves. This meant people had the opportunity to have information explained to them or discussed where necessary.

People told us that they had a good relationship with the staff who provided their support. People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. Staff said that an independent advocate would be sought to help anyone if they wanted it. There was information around the home so that people could contact the advocates direct if they wished and staff confirmed that most people had mobile phones so that they could do so independently. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

The people we spoke with said they were able to provide their own personal care. Staff told us, and we heard how they reminded and supported people in the home to ensure they kept their privacy and dignity. Staff told us, and we saw, how they involved people in their everyday decisions about their support and how they provided choices to them. People told us and we saw how staff treated them with respect.

One member of staff said, "I love working here. We learn about the person rather than what's on paper. It's how you approach people, we get people interacting and involved."

Is the service responsive?

Our findings

The registered manager and staff got to know people's initial support needs through visits from the placing authorities' workers who attended staff meetings. One staff member said, "Many of the people here have been here for years. The information provided more recently [for new people coming to live in the home] has improved and we do have the information we need." This information formed the basis of people's initial support plans so that staff could work with people's aims and objectives. This ensured that staff were able to respond to people in a way that supported them. Records we viewed confirmed this.

People told us they had individualised support plans in place and they were involved in the writing of the plans as well as the reviews. One person said, "The support's always here. I want to be independent and move into my own home [supported living accommodation]." Staff told us these were the aims they and the person were working towards.

Each person had a key worker. This is a member of staff with specific responsibilities for the individual aspects of people's support. One person said, "I have a key worker, she's a good key worker." Staff told us about their role as keyworkers and one said, "We [staff and person] talk monthly and add small steps each time. We have put a weekly cleaning rota in place as cleaning [person's bedroom] monthly was overwhelming."

People's support needs were reviewed regularly and, where there were changes in those needs, the support plans had been updated. For example, we saw that one person was to be encouraged to eat less sugary and fatty foods and do more exercise to help with their diet. The person agreed that was the case and that staff tried to support them to do more. The person said, "I like shopping but would like to do more activities, like swimming."

People told us about the activities they enjoyed, such as shopping, having visits home, reading and writing. One person told us they enjoyed 'going to the dogs' regularly. Another told us they had chosen to go on holiday to Great Yarmouth later this year, and staff were arranging that. Staff told us that some people had jobs in the community, which included working in a local café and helping at the RSPCA, and these were choices made by the people and what they enjoyed. Conquest House earned a national award from the Priory Group in relation to a work experience initiative in 2014, encouraging independent living through work.

Staff said that people were supported to complete household tasks such as cleaning their bedrooms, doing their laundry, shopping for meals, as well as sweeping the dining room, emptying bins or filling the dishwasher. One staff member said, "It makes it a community and it's their home as well. It's nice they get involved [in everyday activities]." During the inspection one person was assisted to put up a small polytunnel so that plants could be grown. Throughout the day we heard different requests made by people to staff about activities they wanted to do. Each activity was provided. Conquest House had two vehicles available for people to be transported and there were sufficient drivers for activities to be accommodated.

There was information on how to make a complaint available in the home and people were aware of the information. Staff confirmed how they would support people to make a complaint if that was necessary. One person said, "I would talk to staff or [name of registered manager] or [name of deputy manager] if I was unhappy." We saw that during the meetings held for people (Your Voice), complaints were an agenda item each month, which ensured people were able to discuss any issues if they had any. We saw that any formal complaints had been investigated and responded to according to the provider's policy, and the outcome agreed with the complainant.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection and they were supported by the regional manager, deputy manager, senior staff, support workers and ancillary staff. All the staff said the registered manager led the service. One staff member said, "[Name of registered manager] has an open door policy for staff and service users. He will listen to any issue, but we[staff] also need to be pro-active and come up with possible solutions." Another said, "I have had fantastic support [from all staff] since I returned to work." Staff said they worked as a team to ensure they provided 'the best support' for people in Conquest House.

People's views about improving the service provided in the home were sought in different ways. There were 'Your Voice' meetings, staff spending time with people to gain their views and more formally through quality assurance questionnaires.

The completed questionnaires were sent to the head office and the responses collated. Overall the outcomes for the home were very good. Some comments included: 'I like the house is kept clean and enjoy the space'; 'I like to go to the shops and out in the community'; 'Go places and do things I like' and 'I would like to watch more football on TV'.

One person said, "Your Voice meetings are about once a month. It's about if you want to say anything, but you don't have to go. I talked about holidays." Minutes of the meetings showed that where any issues had been raised at the previous meeting, there was information to show what had been done at the next meeting. For example, where planned activities that had to be changed at the last minute due to the weather, these needed to be discussed with people. 'What has been done' was noted as keyworkers sit with service users on a monthly basis and compile an activity sheet for the following month. At each meeting people were asked what was important to them. Often they commented about family contact, and we saw that was recorded as part of people's support plans. What should stay the same or what should happen next was discussed. Most felt the staff were good and the changes were about individual activities for people. Holidays about a wide range of places were also discussed. One staff member said, "[Name of registered manager] is given any questions from the meeting and either answers back to the person if it's a private issue; or if it's a home question then we feed back at the next 'Your Voice' meeting. The meetings are printed in large print and available in the home."

Strong links were maintained with the local community and included various trips out to local shops, local amenities and going out for trips such as to the coast. One person told us, "We can do what we like to do." Social inclusion in the local and wider community was promoted and supported.

Records we held about the service, and our discussions with the manager, showed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had an understanding of their role and responsibilities.

Audits of medicines management, fire records and other audits were completed as required. The maintenance person confirmed the fire and water audits had been completed and could provide evidence of them.

Staff told us that there were daily hand over meetings and daily notes on each person were recorded. Where issues affected people's support the registered manager was kept informed. Staff were also alerted to any changes and staff confirmed they were kept up to date by other staff as well as checking people's support plans and risk assessments to ensure continuity of support.

Staff spoke about the provider's key values of putting people first and treating each person as an individual. We saw that staff understood their roles and the challenges in ensuring the home balanced people's support needs and the risks. One staff member said, "We promote individual and healthy lifestyles and happy lives [for people]. It's somewhere they want to be. This is a home for them to live and enjoy." Staff confirmed that they liked working at the home. One said, "I love this home. I'd work here for nothing [as they enjoy it so much]."

Staff told us they were regularly reminded of their roles and responsibilities at supervisions and staff meetings. One staff member said, "We get a print out of the meeting and we can write anything [we want discussed] if we're unable to attend for the next meeting."