

Mrs M Mather-Franks

The Conifers Residential Care 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

We inspected this service on 12 November 2018. The inspection was announced.

The Conifers is a residential care home that provides accommodation and personal care for up to 10 people. It is one of three care homes owned by the provider, Mrs M Mather Franks in the Rushden area of Northamptonshire. The service is set out over two floors and the lower floor has been adapted to make it accessible for people with mobility needs. On the day of our inspection 10 people were using the service.

The Conifers 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 care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were sufficient to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction when they first commenced work at the service and on-going training to ensure they could provide care based on current best practice when supporting people. People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to

make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and/or their relative where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Conifers Residential Care Home

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 comprehensive inspection visit took place on 12 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection visit, we spoke with three people who used the service and observed the care for one person who couldn't talk with us. We also contacted three relatives to gain further information about their family members care experiences.

We spoke with two registered managers; the registered manager for The Conifers and another for the providers sister home who regularly works at The Conifers, a team leader and a care and support worker. In addition, we spoke with an advocate who had supported a person using the service and a health professional.

We looked at the care and medication records of three people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint.

Is the service safe?

Our findings

People continued to feel safe living at the service. One person said, "Yes of course I feel safe." A relative commented, "Absolutely safe. No question." Safeguarding was discussed with people at house meetings and they were empowered to raise concerns. Staff told us about the systems in place to raise any concerns they may have. One told us, "I would report any concerns I had to the manager." The provider had launched a 'Cause for Concern' form for people, visitors and staff to raise concerns anonymously. We saw that incidents had been reported to the relevant authorities as required.

The PIR informed us that risks to people were managed to balance the safety of people but included the right to take risks such as working in the kitchen and accessing the community. The PIR stated that risk assessments were updated regularly or to reflect any changes in people's needs and the registered manager confirmed this. Staff told us they could confidently support people safely, and that risk assessments accurately reflected people's needs, and the way they should be supported.

Information in the PIR informed us that there were enough staff on duty to meet the needs of people using the service. A relative said, "There are always enough staff on duty to care for [relative] and when they go on holiday they always get one to one staffing." Staff said they felt there were enough staff to meet people's needs safely and did not feel rushed or under pressure. We observed sufficient numbers of staff on shift to support people safely.

The providers PIR stated that they used values based recruitment procedures, involving people who used the service in this process. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed safely. One person said, "Yes of course, I get my tablets." Staff told us they had received training in the safe administration of medicines and had their competencies assessed. One told us, "Our training gives me confidence to administer medicines safely." Medicines, were obtained, stored, administered and disposed of in accordance with good practice. The PIR informed us that people received their medicines as prescribed by their GP and there had been no medication errors since the last inspection.

People were protected by the prevention and control of infection. We observed that the premises were kept clean by both staff and the people using the service, who could choose the household tasks they wanted to complete. Staff wore protective equipment such as aprons and gloves and had access to equipment to maintain good food hygiene practices. Staff told us they had completed training in infection control and food hygiene.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt. These were then shared with staff at team meetings and through one to one supervision meetings.

Is the service effective?

Our findings

People's care was assessed to identify the support they required. The provider had recently reviewed and updated their assessment tool. We saw that this included information about people's physical care and dietary needs, family involvement and social contacts, mental health needs, personal risk and safety and social interests, religious and cultural needs. This meant that a full assessment of people's needs would be obtained to build a complete picture of the person before they went to live at the service.

Information in the PIR informed us that all staff received a full induction and ongoing refresher training. A relative said, "The staff have excellent knowledge of [relative]. They have guided them and supported them in the right way and [relative] has developed so much." We observed that staff were confident and had the skills they needed to meet people's needs. Staff told us they received regular one to one supervision so they could discuss any issues of concern or share good practice. One staff member commented, "We do get lots of support and there is always someone available to talk to." This meant that staff had opportunity to discuss their learning and development needs and their performance.

People were supported to maintain a healthy and balanced diet. One person said, "I like the food very much. I like eggs and I cook them." Staff told us that they encouraged and supported people to be involved with the shopping and preparation of their meals. The PIR stated that people's nutritional needs were assessed using a variety of tools such as weight charts and daily records and we saw this information in people's care plans. The registered manager said they worked closely with the dietician and speech and language therapists to ensure that people had the right support with their dietary needs. We observed that people were provided with sufficient food and drinks to meet their needs.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. For example, we saw there was involvement from the local church and one person volunteered with a local charity. The registered manager told us how they had used the services of a bereavement service for a person who had lost a family member.

Staff supported people in a timely manner with their healthcare needs. Care plans contained a health action plan that described the support people needed to meet their health care needs. The PIR stated that staff worked with a variety of health professionals to support people to access medical support and treatment and records were kept of all visits. The registered manager told us that people were encouraged to take an active role in their wellbeing.

People's diverse needs were met by the adaption of the premises. For example, there were ramps around the home, some corridors had been widened and wet rooms had been installed.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The MCA and associated Deprivation of Liberty Safeguards were in place for everyone using the service and were applied in the least restrictive way and correctly recorded.

Is the service caring?

Our findings

Staff had a kind and caring approach to supporting people. One person said, "Yes of course they are," when we asked them if staff were kind and caring. Another person agreed with this. A relative told us, "The staff provide excellent care and always go the extra mile." We saw compliments from relatives that were all very positive. One read, 'I have peace of mind knowing that [relative] is happy and cared for. God bless you all for looking after [relative].'

Staff interacted with people positively, they supported them with their diverse needs and had a good understanding of their social and cultural diversity. The PIR informed us that the provider had held a celebration of cultural diversity day involving people using the service, staff, families and the local community. Activity sessions had been held with people looking at carnivals in relation to gender and sexual orientation and we saw a Lesbian, Gay, Bisexual and Transgender (LGBT) poster and rainbow flags that people had been supported to make. Men using the service were welcome to enjoy beauty and pampering treatments should they wish.

Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. People could make choices and decisions about their own holidays and staff supported them to do this. One person told us they had recently been to Wales for a holiday and had chosen the destination with support from staff. Regular reviews and meetings had taken place and these provided people with an opportunity to be able to discuss their likes and dislikes, wishes and aspirations. Minutes of meetings showed that people had the opportunity to feedback regarding the care they received and also the running of the service.

We saw that people could have access to an advocate and would be supported to make decisions about their care and support. We spoke with an advocate who had been involved in supporting people living at the service. They said, "The staff make sure people's voices are heard."

All staff respected the privacy and dignity of each person and gave us examples of how they did this. Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe. Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

People received person centred care that met their needs. A relative told us, "[Relative] receives consistently good care. It's wonderful and I can't praise them enough." Another said, "The care is second to none. [Relative] continues to make excellent progress."

As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. From this information a tailored plan of care and support could be developed, ensuring the person was at the centre of their care. Each care plan was bespoke to the needs of the individual and provided staff with guidance on how to support people in the best way. They described the individual support people needed to achieve tasks, from simple day-to-day things like preparing food or booking their own holidays. One member of staff told us, "Each person is involved in their care plan. It's all about them."

People's interests were well documented and systems were in place to support people to attend social groups and leisure activities of their choice within their local community. Two people told us they were going out to their chosen activity and both were looking forward to it. We saw that people attended activities of their choosing and were supported to try new activities and experiences.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that staff used pictures, photographs and objects of reference to ensure people could understand as best they could any information they were given.

The PIR informed us that there had been no complaints received in the last 12 months. We looked at how people and were supported to raise a complaint if they wanted to. The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. This was available to people in a pictorial format. One relative told us, "I don't have anything to complain about but if I was not happy about something I would get on the phone to [name of manager]." We saw that people were encouraged to raise any concerns at house meetings and on a one to one basis.

At the time of the inspection, nobody was receiving end of life care. People had an end of life care plan in place that recorded any wishes they may have in relation to their end of life care.

Is the service well-led?

Our findings

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

Quality checks had been used effectively and were used to improve the quality of the service. They identified areas that required improvement and actions were taken to address the shortfalls. For example, checks were made regularly of the environment and improvements actioned as required.

The provider had a clear vision and strategy to continue to deliver person centred care and support. There was a positive culture that was open and inclusive. One relative told us, "The manager is very good. They lead by example and the staff are long standing and are like family to [name of person]." A staff member said, "The manager is very approachable. They are always available to talk to."

Staff expressed a high degree of confidence in how the service was run. All the staff we spoke with said they felt comfortable to approach the registered manager and one told us, "[Name of manager] is a good role model and they are very knowledgeable." People who used the service were integral to the recruitment process and new staff were selected based on the personal qualities that were important to them. The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning.

Feedback from people and relatives was positive and showed good standards of care were provided for people. Two relatives we spoke with confirmed they regularly received satisfaction questionnaires so they could make suggestions. Staff felt able to share any concerns or issues and said they had a voice and were listened to. The PIR informed us that staff could complete an online survey monthly and staff confirmed this. In addition, regular staff meetings were held which covered a range of subjects, and offered a forum for discussion and learning.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.