

Voyage 1 Limited

Conifer Lodge

Inspection report

Horsley Hill Square
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Tyne and Wear
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Tel: 01914554380

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

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.

At the last inspection we found improvements were required to ensure care records were fully person-centred and up to date. We also found improvements were required in relation to risk assessments and the mealtime experience.

At this inspection improvements had been made in these areas. Care records and risk assessments were reviewed regularly and contained a detailed amount of person-centred information.

We observed positive mealtime interactions and people confirmed they had the flexibility to make their own meals if they were unexpectedly late from an outing or activity. Feedback was consistently positive regarding the standard and choice of meals. The cook played an active and innovative part in the service more generally, for instance with themed evenings.

At the last inspection improvements were required to promote people's involvement in discussing their care and support needs and aspirations on a regular basis. At this inspection people and relatives confirmed they were always involved in care planning and more informal reviews and discussions, such as house meetings.

People were supported to have 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.

Medicines were managed safely by experienced staff, whose competence was regularly assessed. Training was comprehensive and had regard to people's individual needs as well as core topics.

Quality assurance and audit processes were clear at local and regional level. Appropriate safeguarding and whistleblowing policies and procedures were in place; staff knew how to raise concerns and were confident to do so if needed. The provider specialised in supporting people with a learning disability and/or autism. They were clear that areas of best practice would still have relevance at Conifer Lodge. The registered manager could do more to ensure these transferable areas of best practice were embedded in the service. We have made a recommendation about this.

Despite the coronavirus pandemic staff had ensured people felt safe, supported and played an active part in the service and, where possible, wider community.

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

Rating at last inspection and update

The service was rated requires improvement at the last inspection (published 30 October 2019). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5 September 2019. During the inspection we identified areas of improvement were required. During and following the inspection, the provider gave assurances about how improvements would be made.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We completed this focused inspection to make sure improvements had been made. This report covers our findings in relation to two of those key domains: safe and well-led.

The ratings from the previous comprehensive inspection for those key domains not looked at during this inspection were used in calculating the overall rating for this inspection. The overall rating for the service therefore has improved to good based on the findings at this inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Conifer Lodge on our website at www.cqc.org.uk

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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

One inspector carried out this inspection.

Service and service type

Conifer Lodge 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 announced. We gave a short notice period that the inspection would be taking place. This ensured we were able to work alongside the registered manager to identify any potential risks associated with the coronavirus pandemic and put measures in place to manage them.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service. The provider was not asked to submit a provider information return prior to our 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 or have made since the last inspection. We accounted for this when we inspected the service and made the judgements identified in this report. We used all of this information to plan our inspection.

During the inspection

We spoke briefly with two people who used the service. We spoke with four members of staff: the registered manager, the nurse on duty, senior carer and the administration officer. We observed staff interactions with people.

We reviewed a range of records. This included three people's care records, medicines records, rotas, recruitment information and incidents/accidents information. We reviewed a variety of records related to the management and quality assurance of the service, including policies, audits, and quality assurance visits by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the quality development manager. We contacted two people who used the service by telephone and three relatives to gain their views. We contacted two health and social care professionals to gain their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's health, safety and wellbeing were assessed and reviewed regularly. Staff demonstrated a good knowledge of the risks people faced.
- Checks and tests were carried out to make sure the building was safe, including fire safety, hot water and electrical services. Appropriate servicing and contingency arrangements were in place.
- Medicines were managed safely by staff who were trained and competent to do so. Medicines reviews had taken place to ensure people were not over medicated. This information was not always easy to locate, and the registered manager committed to ensuring it was easily accessible on a matrix or similar.

Staffing and recruitment

- There were enough staff to support people safely. The registered manager considered their skills and experience when planning people's support.
- Systems were in place to ensure only suitable people were employed. Criminal records checks, references and interviews were all undertaken and documented prior to employment.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes and policies were clear. Staff understood their responsibilities to protect people and relevant information was accessible for staff and people who used the service.
- People acted in a relaxed and familiar way with staff and said they felt safe at the home. One person said, "It's sound. The staff are all lovely. I'm really happy here." Relatives had confidence in the ability of staff to keep people safe and act in their best interests when needed.
- Staff at all levels were aware of the signs of abuse and how to report safeguarding concerns.

Preventing and controlling infection. As part of CQC's response to the coronavirus pandemic we are conducting a review of infection prevention and control measures in care homes during our inspections.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Learning lessons when things go wrong

- Incidents, accidents, safeguarding alerts and notifications to CQC were documented and analysed to

identify emerging trends.

- The provider ensured there was a culture in learning lessons from incidents. For example, the introduction of specific anti-choking equipment and training after an incident in another part of the country.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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.

- Regular audits were completed to monitor service provision and to ensure the safety of people. The registered manager demonstrated passion for the service and interacted warmly with people.
- The registered manager was subject to quality assurance visits and checks by the regional manager; they acted on required improvements. Audits fed into a continuous improvement plan which was in line with CQC's regulatory framework and performance standards, the Key Lines of Enquiry [KLOE].
- The registered manager ensured effective day-to-day running of the service. They submitted timely notifications to CQC and made safeguarding and other referrals to external agencies where appropriate.
- Administration staff demonstrated sound oversight of relevant process had an excellent working knowledge of people's needs.
- The provider's specialism was supporting people with a learning disability and/or autism. At times, the registered manager did not fully utilise aspects of best practice guidance put in place by the provider.

We recommend the registered manager and provider review how they will regularly share and implement this wider guidance into the service in future, where it has specific relevance.

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

- The culture was an open one in which people could suggest and pursue ideas. For instance, one person wanted to reach out to older people living nearby during the coronavirus pandemic. Staff helped them write and deliver letters to neighbours, which offered assistance with things like shopping and errands. This had led to improved relationships with the local community.
- Staff felt valued and trusted. They worked well together as a team.

Continuous learning and improving care; working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People could work with staff to set new goals and regularly review these. The registered manager and keyworkers used the provider's goal-orientated review system to support this.
- Staff and community or 'house' meetings took place regularly. These ensured people and staff had a say in the running of the service, mostly for things like menu planning, activities and outings. One person had used their interest in artwork to produce health and safety posters.

- The registered manager had an action plan in place, based on their and the provider's quality assurance work; they demonstrated they were making improvements against this plan.
- The registered manager and staff worked well with other health and social care professionals. Those we spoke with shared positive feedback about their experiences of the service. One said, "I feel that the staff interact appropriately with the people in their care. The manager is very approachable." Relatives all said they felt involved and included in the running of the service and one person said, "They're always about if you need anything - they're a hard worker."