

Mrs M Mather-Franks

The Conifers Residential Care Home

Inspection report

The Conifers
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Conifers Residential Care Home is a care home providing personal care to eight people at the time of the inspection. The service can support up to nine people.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

Staff enabled people to access specialist health and social care support, however, guidance given by healthcare professionals was not always followed.

People had a choice about their living environment and were able to personalise their rooms, however, some aspects of the living environment required refurbishment.

The environment was mostly safe for people to live in, however, window restrictors were not always in place on first floor windows.

Staff supported people with their medicines safely and in their preferred way.

The service supported people to have the maximum possible choice and control over their own lives.

People were supported by staff to pursue their interests.

Right Care

The service did not always have enough appropriately skilled staff to meet people's needs and keep them safe. Staffing levels were not always sufficient, to ensure that people's healthcare needs were met during the night.

Risk assessments were carried out to assess the risk present in people's lives, but they were not always followed fully by staff.

People could communicate with staff and understand information given to them because staff supported

them consistently and understood their individual communication needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right culture

Staff and management did not always follow best practice and guidance given to them by outside professionals.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

People and those important to them, including advocates, were involved in planning their 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.

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 6 December 2018.

Why we inspected

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 COVID-19 and other infection outbreaks effectively.

We received concerns in relation to staffing levels at night time not being sufficient to meet people's assessed needs. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Conifers Residential Care Home on our website at www.cqc.org.uk

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Conifers Residential Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector, and an Expert by Experience carried out the inspection. 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

The Conifers Residential 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received since the last inspection. We contacted the local authority for information about the service. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with one person who used the service and three relatives about their experience of the care provided. We also observed people and their interactions with staff and each other throughout the inspection visits.

We spoke with three members of staff including the registered manager, a support worker, and a supporting manager from another service run by the same provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with professionals who regularly visit the service.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Staffing and recruitment

- There were not always enough staff to ensure people's need were met. During the night, only one member of staff was on shift. This was not adequate staffing to ensure people's healthcare needs were met. One person was at risk of skin sores, and guidance and assessments from medical professionals said they required turning every four hours. This was not carried out every four hours during the night. This placed people at increased risk of harm, as medical guidance was not being followed
- The registered manager said they were knowingly not following the guidance, as they thought it would disrupt the person's sleep. We discussed the importance of ensuring that medical guidance was followed to support people, and failing to do so was putting people at increased risk of not having their needs met.

- Window restrictors were not always in place or sufficient. One person's bedroom window did not have window restrictors on them. Other window restrictors in place did not appear to be of sufficient quality to ensure safety. The Health and Safety Executive guidelines states that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. This meant that the premises were not fully safe and secure.

This failure to follow medical guidance, risk assessment, and provide a safe environment, was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Areas of the building appeared tired and were in need of re-decoration and repair. One upstairs shower room had mouldy and worn seals around the base and grouted tile areas.
- The registered manager told us that the window restrictors would be replaced as required immediately, and the shower room would be re-fit.
- The registered manager told us that from the day of our inspection, the guidance would be followed, and an extra staff member would be on shift during all night shifts to ensure people's needs were met.
- Appropriate pre employment checks were carried out before staff started work within the service. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives of people using the service told us they were safe living within the service. One person told us, "Yes I'm very safe thankyou." A relative said, "(Name) is totally dependent on the staff and they are aware of what makes them distressed and how to calm them down. They can also go off balance and they keep an eye on [name] to keep them safe. [Name's] face lights up when they see the carers."
- Staff had training on how to recognise and report abuse.

Using medicines safely

- People received medicines from staff who were trained. Staff we spoke with told us that only trained staff supported people with medicine administration.
- Medicine administration records (MAR) we looked at showed that information was correctly recorded, and checked by management staff to ensure any errors were identified and acted upon.

Preventing and controlling infection

- The service was being cleaned sufficiently, however areas such as the upstairs shower room were in need of redecoration and maintenance.
- Staff used personal protective equipment (PPE) to keep people and themselves safe from infection.
- The service prevented visitors from catching and spreading infections.
- The service admitted people safely to the service.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed.
- The service's infection prevention and control policy was up to date.

The service supported visits for people living in the home in line with current guidance. Relatives we spoke with confirmed this.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regulatory requirements were not always met. Risk assessments in relation to people's health and safety were not always followed. Guidance from external medical professionals were not always implemented or acted upon. Staffing numbers had not been organised efficiently at night time to ensure people remained safe. The premises and equipment were not always well maintained. This increased the risk to people's safety.

- Governance of the service was not fully effective. Action identified from audits and checks completed had not been acted upon promptly by the management team to ensure to guidance set by medical professionals were implemented and followed.

These failures within the management and oversight of the service were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service worked alongside other health and social care professionals to support people. However, people's support needs were not always met due to the failure to follow advice given and guidelines for people's care.

- The service was aware of and had worked with advocacy organisations which helped to give people using the service a voice and improve their wellbeing.

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

- Relatives of people using the service were positive about the culture within the service, and felt that good outcomes were achieved for people. One relative told us, "The staff are like [name's] family. They know [name] very well and [name] has progressed since they went to live there." We saw written compliments which said, "'Staff know and treat [name] very well and as an individual.' And, 'The love and care that [name] receives is very obvious and they are part of a family that really think the world of them.'"

- Staff felt able to raise concerns with managers and felt that action would be taken as required.

- Management were visible in the service and were approachable. Staff said they felt respected and supported by management and that it was a positive culture to work in.

- Management were open and honest during the inspection and were receptive to feedback that was given.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Staff encouraged people to be involved in the development of the service, and in control of their day to day activities and decisions as much as they were able to be. One person we spoke with spoke positively about the staff support they got, and said they were able to do the things they wanted to do, in the way they liked.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative told us, "I get regular reports from them [staff]. especially during COVID-19 which was a worrying time for everyone." Another relative said, "I have never had any issues there, it is well managed absolutely. They keep me informed and work as a team there."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to ensure medical guidelines were being followed. Failure to provide a fully safe and maintained environment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure in oversight and management at the service