

Conifers Care Ltd

Conifers Nursing Home

Inspection report

The Conifers
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14 November 2017

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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

This inspection took place on 6 and 14 November 2017 and was unannounced on the first day.

Conifers Nursing Home is registered to provide accommodation for up to 55 people who require nursing or personal care. The service supports older people with dementia nursing needs. Accommodation is provided over two floors with a passenger lift for access between floors. There are two lounges and dining areas, a smaller quiet lounge and a conservatory to the rear of the property. At the time of our inspection 52 people lived at the home.

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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with four people who lived at the home. They told us they were happy and supported by staff who cared for them and treated them well.

People visiting the home told us they were made welcome by friendly and caring staff and had unrestricted access to their relatives. They told us they were happy with the care provided and had no concerns about their relatives' safety.

Staffing levels were sufficient to ensure people received the care and support they required. We observed staff responded quickly when people required assistance and showed genuine concern for their wellbeing.

Staff had received training to safeguard people who may be vulnerable from abuse. The service had systems in place to identify, record and report any accidents or incidents and take action to address these.

Risks assessments were used to identify and minimise the potential risk of harm to people who used the service and staff. These were kept under review to ensure they were up to date and accurate.

Recruitment procedures were robust to ensure only suitable staff were employed. Staff received appropriate training and support in order to ensure they had the skills and knowledge to support people safely and effectively.

The service had systems in place to ensure medicines were managed safely. Staff ensured people received their medicines as prescribed.

People's independence was promoted as far as possible and people were involved in making decisions about their care. Staff treated each person as an individual and worked to promote dignity and respect.

The building was purpose built, with facilities that were appropriate to the care being delivered. The building was clean, hygienic and maintained. It was a safe place for people to live. Equipment had been serviced and maintained as required.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The Chef had information about people's dietary needs and these were being met.

The service supported people's involvement in activities within the home as well as organising trips out to local events and attractions. This helped to maintain people's social health.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and relative meetings to seek their views about the service provided.

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

Conifers Nursing 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.

Conifers Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to accommodate a maximum of 55 people who require nursing and / or personal care in one purpose built building. Accommodation is on two floors with a passenger lift for access between the floors.

Prior to our inspection we contacted the commissioning department at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 06 and 14 November 2017 and was unannounced on the first day.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

During the visit we spoke with a range of people about the service. They included four people who lived at the home and ten visiting relatives. We also spoke with the registered manager, six care staff, the cook and head of housekeeping. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of four people, the staff training matrix, personnel records of three staff and arrangements for meal provision. We also looked at records relating to the management of the home and medication records. We reviewed staffing levels and also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We asked people and visiting relatives whether they felt the service was safe and if they felt safe in the care of staff. The two people we spoke with told us they felt safe living at Conifers Nursing Home. Comments we received from visiting relatives were positive about the safety of the service.

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

We reviewed care documentation which showed staff completed risk assessments in order to identify potential risks of accidents and harm to people who lived at the home and staff. These included moving and handling assessments, mobility, medical conditions, nutrition support and skin integrity. We saw guidance was provided for staff to follow in order to reduce the risks. The assessments had been kept under review with the involvement of each person or, where appropriate, others acting on their behalf to ensure the support provided was appropriate to keep the person safe.

We saw personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. These provided guidance for staff to follow in the event of an emergency such as fire or flood, where people would need to be evacuated from the home. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We looked at how the service recorded and analysed accidents and incidents. The registered manager showed us their systems which recorded details of such events, along with details of any investigations they had carried out. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of recurrence.

We looked at systems within the service to ensure medicines were managed safely. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medicines during the lunch time round. We saw the staff member followed good practice guidelines when administering medicines. People were sensitively assisted as required and medicines were signed for after they had been administered.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care safely. The registered manager continually monitored and assessed staffing levels to ensure sufficient staff were available to meet people's needs safely. Staff told us there were always enough staff on duty. We observed staff were able to take time to sit and speak with people. Staff showed genuine concern for people's wellbeing and responded quickly when people required assistance.

We looked around the home and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

People who lived at the home and relatives we spoke with told us they thought staff were knowledgeable and met people's care needs effectively. One person told us, "They all know what they're doing." Comments we received from visiting relatives included, "The staff are fantastic, very welcoming and support both residents and families." And, "The staff are good, they're always switched on."

People received effective care because they were supported by an established and trained staff team who had a good understanding of their assessed needs. We were able to establish through our observations people received care which met their needs and protected their rights. All staff had achieved or were working towards recognised care qualifications. This helped to ensure people were supported by staff who had the right knowledge, qualifications and skills to deliver care and support effectively.

Before anyone was moved into the home, staff completed a full assessment of people's individual needs. Written plans of care were developed to ensure those needs were met when someone moved into the home. Care documentation contained evidence people or, where appropriate, others acting on their behalf had been consulted and were involved with developing plans of care.

We received positive feedback about the meals provided for people. Comments included, "The food is good." And, "I think the food is fine." One visiting relative commented, "The food is very good and I'm always offered a drink and a biscuit with it."

Staff responsible for preparing meals had information about people's dietary requirements and preferences. For example, people who controlled their diabetes through their diet and people who required food and fluids at certain consistencies in order that they could eat and drink safely. We observed snacks and drinks were offered to people in between meals, including hot drinks, cold drinks and biscuits. Staff monitored people's food and fluid intake and people's weight was recorded consistently. We saw any concerns about someone losing weight, were responded to and appropriate action had been taken.

We observed the lunchtime service in both dining areas and the conservatory at the home. The food served was well presented and people appeared to enjoy it. Support provided over lunchtime was well organised, with staff sensitively supporting people who required assistance with their meals. The atmosphere was relaxed and people were able to enjoy their meal at their own pace.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff made sure people had as much choice and control of their lives as possible and

supported them in the least restrictive way possible. The service's policies and systems supported this practice.

The service had a refurbishment programme and we saw several rooms had recently been redecorated. There were two lounges, two dining rooms and a conservatory at the rear of the premises. A nurse call system was installed throughout the home which enabled people to call for assistance when needed. Equipment such as hoists and other aids were in place to assist in meeting the needs of people who had reduced mobility.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

Is the service caring?

Our findings

People we spoke with and their relatives were complimentary about the approach of staff and how caring the service was. Comments we received included, "The care is brilliant, very caring." And, "Nothing is too much trouble you ask if they will do something and it is done." Another person told us, "[Relative] has been here six weeks, I feel like we are part of the family."

Staff had a good understanding of protecting and respecting people's human rights. Policies and procedures the service had incorporated equality, diversity and human rights. Staff were able to describe the importance of promoting each individual's uniqueness. We observed staff took a sensitive and caring approach whilst supporting people throughout our inspection visit. We observed many positive interactions between staff and people who lived at the home. For example, we saw staff took time to sit and talk with people and enquire about their welfare.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed staff demonstrated compassion towards people in their care and treated people with respect.

Care plans we reviewed and discussions with people who lived at the home and their family members confirmed they had been involved in the care planning process. Written plans of care contained information about people's needs as well as their wishes and preferences. Daily records described the support people received and the activities they had participated in. We saw people's care plans had been reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People we spoke with and visiting relatives told us the service was responsive to the needs of people who lived at the home. They told us staff were available to support them when needed and the care people received was focussed on them. The service encouraged people to make their views known about how they wanted care and support to be delivered to them. We saw written plans of care were reflective of people's needs and preferences, and had been regularly reviewed to ensure they were up to date. Staff we spoke with had built positive relationships with people who lived at the home and their relatives, and were knowledgeable about people's care needs.

We looked at activities at the home to ensure people were offered appropriate stimulation in order to maintain their social health and avoid isolation. The service produced a timetable of activities which was made available for people who lived at the home and their relatives. This was varied and included singers and a comedian who visited the home, Reiki sessions, one to one time to chat, hand massages, nail painting and arts and crafts. In addition, the service had a minibus which enabled people to go on trips out to local events such as tea dances and Blackpool illuminations, for example. On the first day of our inspection, a bonfire night party had been arranged for people who lived at the home; relatives and friends had also been invited. Staff told us and relatives confirmed parties were organised for special events such as birthdays and anniversaries.

The service had a complaints procedure which was made available to people who lived at the home and their representatives. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. The registered manager told us she always responded to concerns raised immediately, to prevent them developing into a formal complaint.

People who lived at the home and visiting relatives told us they were happy and had nothing to complain about but were confident any concerns would be addressed by the registered manager.

People's end of life wishes had been discussed with them or, where appropriate, others acting on their behalf and had been recorded so staff were aware of these. People were supported to remain in the home where possible as they neared the end of their life, so they were in familiar surroundings with staff who knew them well. We saw several compliments from families of people who had received end of life care at the home, which praised staff and the level of care and compassion provided by staff.

We looked at how the service supported people to communicate where they had specific needs due to disability, impairment or sensory loss. The service took steps to identify, record and meet people's communication needs. Records we looked at showed people's communication needs were identified as part of the service's assessment process. This included whether people required large print or information in another language, for example.

The service shared important information about people's needs, including communication needs, with other services, for example, when attending healthcare appointments. Documentation contained information about how to support people, which helped to guide healthcare professionals where people were unable to communicate for themselves.

Is the service well-led?

Our findings

Everyone we spoke with gave us positive feedback about the management of the home, staff and how the service was run. Comments we received included, "The manager is very nice, very approachable. They are all very approachable." And, "The manager is amazing, brilliant. All of them are." Another person told us, "The manager is very good."

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a deputy manager who carried out management tasks. The registered manager and the staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. These included reviewing medication procedures, care plans, infection control, the environment and staffing levels. Records showed and discussions with the registered manager confirmed, where areas for improvement were identified, these were analysed and addressed accordingly.

We saw records of meetings where residents and relatives were encouraged to share their views and experiences of the service and make suggestions about how the service was delivered. This also gave a platform for the registered manager to share important information about goings on at the home and any planned changes. Additionally, satisfaction surveys were used on a six-monthly basis, in order to gain feedback from people who used the service and their relatives. This showed the service continually sought feedback and was open to making changes and improvements to the service provided.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.