

Coniston Lodge

Coniston Lodge

Inspection report

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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 unannounced comprehensive inspection took place on 3 February 2017.

Coniston Lodge is registered to provide accommodation, care and support for up to 10 people. At the time of the inspection there were seven people living at the home. There was a registered manager employed at the service. 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.'

Our previous inspection of the home, completed in February 2014 found the provider was compliant with the regulations.

People were being well cared for and told us they felt safe living at the home. Staff were aware of what constituted abuse and the actions they should take if they suspected abuse. Relevant checks were undertaken before new staff started working at the service which ensured they were safe to work with vulnerable adults.

Staff had the right skills and training to support people appropriately. People told us they felt there were enough staff available on each shift to care for them well. Staff felt well supported by the management team and received regular supervision sessions and appraisals.

Pre-admission assessments were completed prior to people moving into the home. People's risks were assessed and plans developed to ensure care was provided safely. Accidents and incidents were monitored to ensure any trends were identified to enable action to be taken to safeguard people.

Medicines were handled appropriately and stored securely. Medicine Administration Records (MAR) were signed to indicate people's prescribed medicine had been given.

People were referred to health care professionals as required. If people needed additional equipment to help them mobilise and keep them safe and comfortable this was readily available.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

Staff had an understanding of the Mental Capacity Act 2005 (2005) and how it applied to their work. Records showed appropriate mental capacity assessments had been carried out. Staff were able to explain to us how

they provided people with choices and how they encouraged people to make their own decisions.

Staff ensured people's privacy and dignity was protected. People received personalised care from staff who were responsive to their needs and knew them well. Staff created a relaxed atmosphere which resulted in a calm and happy culture in the home.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

People told us they felt the service was well led, with a clear management structure in place. Relatives told us they were always made to feel welcome at any time.

There were systems in place to drive the improvement of the safety and quality of the service.

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. People were supported by sufficient, suitably experienced and qualified staff.

Generally medicines were managed safely and stored securely.

Staff demonstrated a good understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good ●

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to a range of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive. People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

Good ●

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a positive open culture.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Coniston Lodge

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 took place on 3 February 2017 and was unannounced. One CQC inspector conducted the inspection.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the inspection we met and spoke with all of the people living at Coniston Lodge. We spoke with the owner, the manager and a member of care staff. Following the inspection we spoke with a relative on the phone and asked them for their views on the service.

We observed how people were supported and looked at three people's care, treatment and support records in depth. We reviewed all of the medication administration records and medicine systems. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records, policies and audits and staff meeting minutes.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Coniston Lodge. One person told us, "I feel very safe, it's good". A relative told us, "We couldn't have picked a better place, It's very good all round".

Although generally there were appropriate systems in place for the safe management and storage of medicines, we saw there was some medicine for one person being stored that had not been entered in the medicine stock record book. The manager explained this medicine was due to be returned to the pharmacy after the weekend and had not been needed. They then entered the stock into the medicine stock record book.

We recommend all medicines prescribed for people and brought into the home are entered correctly in the relevant medicine stock record book.

People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. People were able to tell staff if they needed pain relief, which was recorded as required.

The owner and manager had received training in medication administration and administered the medicines to people. They told us this system worked well in their small home and ensured people received their medicines correctly and safely. We checked all of the Medication Administration Records (MAR) which showed medicines had been signed for when given. There was a photograph at the front of each person's records to assist staff in correctly identifying people. MAR contained no unexplained gaps and staff had initialled each dose of medicine that was due, regular medicine audits were completed by the manager.

There was a system of body maps in use to ensure people's prescribed creams would be applied correctly. The body map guided staff on where to apply the prescribed creams.

Staff demonstrated a good knowledge about the procedure for reporting allegations of potential abuse. They were knowledgeable about the different types of abuse and were aware of the provider's policy for safeguarding people, which included relevant contact details for the local authority. Training records confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

There was a system in place to ensure people's risks were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care records of three people. This was so we could evaluate how people's care needs were assessed and care was planned and delivered. People had their needs assessed for areas of risk such as falls, moving and handling, malnutrition and pressure area care. Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

We conducted a tour of the premises and saw all but two radiators were covered to maintain people's health and safety. The two radiators that were not covered, although partly obstructed by furniture, could

pose a scalding risk if people were to fall against them. We discussed this with the manager who confirmed they would ensure up to date risk assessments would be completed for these two radiators as soon as possible.

One person had some denture cleaning tablets on their washstand. We discussed with the manager the risk to people's health should they ingest these tablets in error. They confirmed they would ensure the tablets would be placed safely in a cupboard immediately.

The manager told us they had a stable staff team and being a small home they knew on a day to day basis how many staff they would need on each shift to maintain people's safety. People and staff told us there were sufficient numbers of staff to support people safely. During our visit staff did not appear rushed and people told us they received help and support when they needed it. Staff spent time chatting to people who lived in the home, ensuring they were comfortable, warm enough and had a hot or cold drink of their choice. Staff rotas confirmed the required number of staff were present on the day of our visit.

Accidents and incidents were well documented, with summaries of analysis and action completed so that any trends would be highlighted and preventative action could be taken.

Staff recruitment records showed the provider had recruited the staff in accordance with the regulations and that staff were recruited safely and effectively. The provider had obtained the relevant employment checks before staff had worked unsupervised at the home. This showed that people were protected as far as possible from staff who were known to be unsuitable. Staff told us they had a period of 'shadowing' experienced staff before they commenced providing care to people on their own. They told us this gave them the chance to get to know the people and how they liked their support to be given.

There were plans in place to ensure the safety of the premises, including regular servicing of equipment. There were up to date service certificates for gas safety, electric portable appliance testing, emergency lighting, fire alarms, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. A recent Legionella risk assessment had been completed by an independent contractor but a legionella test had not yet been undertaken. The manager told us they would ensure a legionella test would be conducted as soon as possible. Legionella is a waterborne bacteria that can cause serious illness. There was a process in place to maintain safe water systems; however not all hot water taps were thermostatically restricted to maintain people's safety. The provider told us they had received planning permission to make substantial changes to the premises and the water systems would be updated during these building works. Regular fire drills took place and staff had completed training courses about the actions to take in the event of a fire.

The provider had made arrangements to deal with emergencies. People had a personal evacuation plan completed for them which gave staff clear guidance on how they would need supporting in the event of an emergency.

Is the service effective?

Our findings

People told us they received good care at Coniston Lodge. One person said, "They help me with anything I need".

People received care and support from staff who had the appropriate training. The manager showed us the training schedule for the home; this showed staff received regular training in all the core subjects such as, moving and handling, safeguarding adults and infection control. Staff told us they enjoyed the training they received. Recently recruited staff had completed the Care Certificate which is a nationally recognised induction training programme. There was a system of regular supervision, review and appraisal for staff. The manager also conducted one to one training sessions for staff on specific topics such as infection control, moving and handling and food hygiene. Staff said they felt well supported by the management team and received appropriate training to enable them to carry out their role effectively. Staff told us, "It's really supportive here, everyone is always helpful and approachable, I love it".

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. At the time of our inspection visit there was no one living at Coniston Lodge who required a DoLS.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to give their consent. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a basic understanding of the Mental Capacity Act 2005 and issues concerning consent. Staff told us if they needed further guidance they would refer to their manager.

Staff were aware of people's dietary needs and preferences and their food was prepared for them in a manner which was safe for them to eat. For example, if people needed their food to be cut into smaller pieces staff supported them with this or if they needed a 'soft' diet their food was mashed to ensure it was soft and safe for them to swallow. Snacks, biscuits and fruit were available throughout the day and we observed staff offering people hot or cold drinks and a variety of fruit juices. People told us they enjoyed the food which they said was "Always nice and tasty".

The kitchen equipment and fittings were well maintained and had been assessed by the local environmental health authority and had been awarded a 5 star rating.

The majority of people living at Coniston Lodge were able to eat their meals independently and they chose to eat in the dining room with others or have their meals in their bedrooms. The dining room was attractively laid out with tablecloths, place settings and salt, pepper and vinegar placed on each table with named napkins showing where people liked to sit. There was gentle music playing in the background which

promoted a calm and friendly atmosphere helping make the meal time experience an enjoyable event for people.

There were enough staff available to ensure people were assisted to eat their meal in a timely manner. We saw people's wishes were respected and people were gently encouraged and supported to eat independently. People were able to eat at their own pace and were not rushed and were asked if they wanted any more food before their plates were taken away.

People were able to move freely around the home and told us they enjoyed spending time in the lounge with others, but it was also important to be able to have some quiet time to themselves in their bedrooms. People's bedrooms were light and comfortable, with personal pictures, ornaments and their own choice of bed linen. We asked people if they were comfortable in their bedrooms, people replied, "Oh definitely" and "Yes, of course, it's lovely".

There were systems in place to monitor people's on-going health needs. People had access to a range of healthcare professionals based on their health and social care needs. Records showed people received care from community nurses, opticians, GP's and chiropodists. We asked relatives if they were involved and included in decisions about the care and support their relative received. They replied, "Absolutely, all the time...I'm always kept involved, they are really good".

Is the service caring?

Our findings

Every person we spoke with gave positive views on living at Coniston Lodge and the staff that cared and supported them. People said, "They are all wonderful" and "Everyone is so friendly and kind". A relative said, "We couldn't have picked a better place, everyone is so kind, a lovely place". A member of staff told us, "I love working here, lovely people to work with, it's so nice". Relatives said they were always made to feel very welcome and could visit at any time.

People were supported by staff who knew them well, and responded to them in a caring and sensitive way. We observed good interactions between staff and people, they showed they knew people well and what made them happy. Staff were attentive to people and spent time with them, checking they had everything they needed. Staff used people's preferred names and engaged in friendly chat and conversation. People responded well to staff and staff spoke to people in ways which showed they valued and cared about them.

People had built friendships with other people who lived in the home and staff ensured people could sit with their friends if that was their wish. Staff spoke fondly of people and were able to describe what activities they liked to take part in. This showed staff knew the people well and provided support and care in an individualised manner.

People were given enough time so that they could continue to do things for themselves with staff on hand if they needed it. Staff encouraged people in a friendly and supportive way. We asked people if staff respected their privacy and dignity, they all said they did, for example, people's bedroom doors were closed when they were being supported with their personal care needs. People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected. Staff knocked on people's doors before they entered and called people by their names when speaking with them. People's care records were kept securely in a lockable room and no personal information was on display.

People were involved in decisions about how they spent their day. For example, people were offered choices about where they would like to sit, whether they would like to watch the television or would they prefer to listen to the radio. If people wanted to spend time in their bedroom after their dinner, they were assisted to do so. Staff were aware of people's preferences. For example, a member of staff told us a particular person preferred to eat their dinner on their own in their bedroom rather than with the other people in the dining room.

Records showed people and their relatives were involved in decisions about their care when their care plans were reviewed on a monthly basis. People's care plans included details about their life history. This section explained the history of the person, their likes and dislikes, what they had achieved in their life, what was important to them and what hobbies they had enjoyed. This information was useful for staff to get to know the person well and provide activities they enjoyed.

Is the service responsive?

Our findings

People received personalised care and support based on their individual preferences, likes and dislikes. Assessment and care records covered a range of areas including; medicines, mobility, nutrition and mental capacity. The assessments showed people and their relatives had been included and involved in the process wherever possible.

The provider used recognised risk assessments tools to assess the risk of malnutrition, mobility and skin breakdown. People's assessed needs were then recorded in their care plans that were person centred and provided staff with clear guidance on how the person liked to receive their care and spend their day. Examples included, 'After lunch I finish reading the Daily Mail and Express. I enjoy talking about the news with the lady who sits next to me' and '[person] likes to spend time in the lounge around people but also likes her own time' and 'Check [person] has matching footwear and that they are suitable to walk in'.

Care plans were reviewed each month or more frequently if people's care needs changed. The care plans also gave guidance for staff on ensuring people felt comfortable and safe, examples included, 'I like to have the light close to me when in bed as it gives me confidence' and 'I feel very comfortable with the buzzer on my pillow at night, knowing someone is there if I need them'.

Where care plans stated people needed specialist equipment such as pressure relieving cushions and mattresses, we saw these were in place. Where people required mobility aids these were left positioned so people could reach them easily.

Staff were knowledgeable about people's needs and provided the support they required. One person was walking independently without any aids; a member of staff gently guided the person over to their mobility aid, safely supporting them until they reached it. Call bells were available in all rooms and were in easy reach of the beds, people told us they knew how to use the call bell, although they didn't often have to use it. Staff responded quickly to call bells and people were not left waiting for assistance for lengthy periods.

The manager told us the local church took an active part in the lives of some of the people living at Coniston Lodge, with weekly visits, meetings and singing sessions. The provider arranged for independent entertainers to visit the home regularly for reminiscence singing sessions and 'music for health sessions'. In warmer months the home took people out to local attractions for shopping and picnics. People told us they also enjoyed seeing and interacting with the pets that lived at Coniston Lodge, which included a parrot and two dogs.

The provider had a clear complaints policy and process that explained how people could complain and what people could do if they were not satisfied with the response. We saw a guidance on display in the home telling people how they could complain if they had any comments or concerns they wanted to raise. The information did not include the Local Government Ombudsman details; we discussed this with the manager who immediately updated the guidance to reflect the correct contact details. The service had not received any complaints since the last inspection. People told us they knew how to complain if they needed

to. A relative said, "I absolutely know how to complain, any concerns are dealt with straight away, I've no concerns".

The provider had received a number of compliments on their service, comments included, 'Thank you for all your kindness and support' and 'Thank you for taking care of our [relative] for the last few years of their life. They were very happy at Coniston Lodge and always said how lovely the staff were'.

If people needed to transfer between services, for example if they needed to be admitted to hospital, there was a 'transfer pack' completed for them. This included all relevant information on the person including their MARs, summary of medicines and care records, which helped ensure the receiving service had all the relevant information they needed for the person.

Is the service well-led?

Our findings

People told us they felt the service was well led with a clear management structure. People and staff described the culture of the home as, "Family, friendly and open". Staff said communication within the home was good, they said, "Everyone is very approachable and helpful, we have daily communication and updates and we all know what is happening all the time, being a small home we all work really well together".

There was a system used to obtain the views of people and their relatives. The manager said as a small home their staff knew people well and obtained their views on a daily basis in a number of ways. For example they talked with people informally on a day to day basis; they observed people's reactions as well as a more formal process of gaining people's, relatives and visitors views from a questionnaire. The questionnaire covered a variety of areas concerning the home, such as, appearance of home, cleanliness, response to phone calls and complaints.

We reviewed the last questionnaires that people and their relatives had completed, quotes included; 'A lovely welcoming atmosphere' and 'Happy to recommend Coniston Lodge to everyone' and 'Friendly home which supports carers to achieve their qualifications...a well managed home'. Once the completed questionnaires were returned they were reviewed and action taken on any negative concerns or queries. This showed there was a culture of continuous improvement in the service.

Relatives we spoke with told us they were kept fully informed and felt involved with the care their relative received at the home. A full staff meeting had been held during October 2016 where all staff had been present. Staff told us they found the meetings useful and felt comfortable to raise any queries or concerns or put forward any suggestions they may have. Minutes from these meetings showed staff were encouraged to discuss their views and opinions on the running of the service and put forward any ideas for different ways of caring and supporting people.

Staff were aware of the provider's whistleblowing policy, and felt comfortable to use should they be required to. Staff were knowledgeable about different independent organisations they could contact if they needed to raise concerns.

The provider had a range of policies covering topics, such as; staff recruitment, safeguarding adults, disciplinary and grievance and mental capacity. Staff signed to say they had read and understood the policies. The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The manager told us they kept updated about changes in practice via email correspondence sent out by the local authority and the Care Quality Commission.