

Conifer Lodge Limited

# Conifer Lodge Residential Home

## 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

### About the service

Conifer Lodge is a residential care home providing accommodation and personal care for up to 20 people in one adapted building. The service provides support to people that may have dementia, physical disabilities and sensory impairment. At the time of our inspection there were 20 people using the service.

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

Improvements to the service we found at our previous inspection had been embedded. This assured us the service was well-led.

People were provided with person centred care that met their preferences and wishes. Care was delivered by kind and compassionate staff. People had their dignity and privacy upheld and were treated respectfully.

The service was welcoming and inviting to visitors. The provider and registered manager were visible and monitored the service effectively. Prompt action was taken when things went wrong.

People and relatives were consulted and involved in how they wished for care and support to be delivered and treated as individuals.

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.

Staffing levels ensured people received timely care. Staff were recruited safely and were competently trained and experienced to carry out their roles to provide safe care.

People's needs were assessed and risks to their health and wellbeing were managed safely. People were safe and protected from harm and abuse. Medicines were administered as prescribed and people were well nourished.

We were assured that the provider had sufficient infection, prevention and control measures in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 27 March 2021) and there were no breaches of regulation. At this inspection we found improvements had been made.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Conifer Lodge Residential 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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

#### Service and service type

Conifer Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Conifer Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 2 people who used the service and 7 relatives to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine.

We spoke with 7 members of staff including the registered manager, the provider, an administrator, two care staff, and a cook and housekeeper. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included accident and incident records, care and medicine records, audits and three staff recruitment files.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff had received safeguarding training and understood how to report any concerns to the registered manager, provider and relevant professionals. One staff told us, "If I did have to raise a concern about anything, like how people were treated, I would report them to the manager. I know they would take it seriously but if they didn't, I would report it to you [CQC] or the council safeguarding team."
- Safeguarding incidents were reported, recorded and investigated. We found appropriate actions and referrals to relevant professionals been made.
- People told us they felt safe, and relatives told us they felt their family members were safe at the service. One person told us, "Yes everything is good here and 1 relative said, "[Name] always looks clean, happy and well cared for."

Assessing risk, safety monitoring and management

- Risks to people's health were assessed, safely managed and appropriate measures put in place to monitor people's health and well-being. Care files and associated risk assessments were detailed, reviewed regularly and when people's needs changed.
- Care plans were in place for specific health conditions such as diabetes. One relative told us, "[Name] is looked after very well and [person's] diabetes is monitored all of the time." Records confirmed this with blood sugar levels were taken as required and when any fluctuation in these were identified, timely reviews with a health professional were undertaken to ensure the risk of a hypoglycemic or hyperglycemic event [too little or too much glucose in the blood] was reduced.
- Personal emergency evacuation plans (PEEP's) were in place to ensure people could be safely evacuated in the event of an emergency.
- Environmental risks were safely managed. Regular checks had been carried out which included hot and cold water temperature checks, electrical installation and fire safety. One environmental concern we identified was promptly addressed during the inspection.

Staffing and recruitment

- There were enough appropriately trained staff employed to ensure people's needs were met. A dependency tool was used to assess levels of staff required each month.
- People and their relatives raised no concerns with staffing numbers. One relative told us, "Staff make time to talk to [Name] and have a laugh and joke which makes them feel comfortable."
- Staff said they had enough time to undertake their roles. One told us, "I don't have to rush when I am supporting people. We generally have time to sit and talk to people too."

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely, and people received them as planned.
- Staff who administer medicines told us they were trained in medicines management, and had their competency assessed frequently. Records we reviewed confirmed this.
- Several medicines audits were in place including a daily check of medicine administration records (MAR) and frequent audits by the registered manager were completed.
- Protocols were in place for people who were prescribed medicines 'as and when required'. However, two protocols required updating and these were addressed during the inspection. People who required their medicines at specific times of the day were administered these as directed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider followed government COVID-19 guidance on care home visiting.

#### Learning lessons when things go wrong

- The provider and registered manager had continued to make improvements to the quality of care and management of the service following our previous inspection. People, relatives and staff feedback mirrored our inspection findings.
- Staff received the necessary information about changes to people's care following incidents and accidents. These were reviewed and audited to monitor themes and trends, and enabled staff to implement the changes to people's support needs to minimise the risk of recurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been carried out prior to people using the service. These included, but were not limited to, moving and handling, environmental risks and medicines.
- People were supported in line with national guidance, with nationally recognised assessment tools deployed to safely assess people's current needs. This included the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs and the Waterlow score to assess risks to people's skin integrity.
- Staff told us they knew people's needs and preferences because care plans were detailed, up to date and reviewed regularly. Two staff were able to tell us detailed information about two people's needs and risks we reviewed. Their responses matched the information contained within their care files.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge required to safely meet their needs. Records confirmed appropriate training had been delivered to all staff relative to their roles. One staff member told us, "I feel I have been well trained." A relative told us, "Staff know [Name] well and I am happy they receive the support they need."
- Newly recruited staff received a thorough induction to the service and worked alongside experienced staff until they were competent to work alone.
- A system of formal supervision and 'ad hoc' observations were in place to support and supervise staff practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. Where people required their food and fluid to be monitored records confirmed they were.
- We observed staff supporting people with their meals or prompting them to eat where this was required. One relative told us, "[Name] has difficulty with co-ordination but they encourage them to feed themselves with special cutlery. The quality of food is good and freshly made and he have a choice of what he would like to eat. They ensure they get drinks regularly."
- Where people had been assessed for their meals to be prepared in a specific way for example, soft or pureed, we found they were. Kitchen staff had the necessary information to ensure they followed people's dietary requirements.
- We observed people being offered drinks and snacks between mealtimes. Where people were cared for in their bedrooms staff supported people with their meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access healthcare appointments when they needed them. A relative told us, "They (staff) always phone (healthcare professional) if they aren't well, a doctor or ambulance is called if needed."
- Where changes to people's needs were identified timely referrals had been made to other healthcare professionals.

Adapting service, design, decoration to meet people's needs

- An environmental action plan was in place. Bathrooms and flooring were in the process of being refurbished, and further improvements were scheduled to be undertaken.
- People's rooms were personalised with their possessions and those items of significance to them.
- Equipment was in place to support people's mobility.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out where applicable, these were detailed and completed correctly in line with the MCA.
- Where people were deprived of their liberty DoLS were in place and people were supported in line with their agreed plans.
- Staff gained permission before offering personal care or support. Throughout the inspection we heard staff ask people for their consent when offering care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us staff were kind and caring. One relative told us, "Staff are very attentive and caring. We can't fault them in any way."
- We observed caring interactions between staff and the people they supported. For example, at lunch time we saw very warm and positive interactions.
- Staff were relaxed and calm and had enough time to support people to meet their needs. The atmosphere was warm and welcoming, and we observed staff having jovial and friendly conversations with people.
- Staff had a good understanding of the support people needed, their diverse needs and their preferences on how they wished to be supported.
- We saw that staff had time to spend with people and people were supported at their own pace. One relative told us, "[Name] is happy, well looked after and given the care they need and deserve. All the staff go the extra mile to make sure everyone is ok from what I have seen."
- People and relatives were involved in their care with their views and wishes clearly documented.
- We observed staff involving relatives during their visit. They provided information and discussed their needs and wishes. Relatives commented on how when they were not visiting, they remained involved with their relative's care. One told us, "Staff provide updates on 'WhatsApp' where we can send replies with our thoughts and wishes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld. Staff spoke to people discreetly to ensure other people were not aware of their need for support, for example, with personal care. Staff knocked on people's doors before entering and where signs on doors displayed people wished for it to be open or closed, we found they were.
- People were supported to be as independent as possible. Where safe to do so they were encouraged to undertake tasks and activities which supported them to retain their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider supported people with person-centred care. Care files were detailed and included details regarding people's protected characteristics, for example their race, religion and beliefs. One relative told us, "[Name] can have their care when they choose. If they want to stay in bed in the morning they can; if they don't want to sit with other residents they can; or choose to be alone in their room they can, and staff 'pop in' on a regular basis to check they're ok."
- Staff were knowledgeable of the people they were supporting and knew their individual needs. One said, "I have read the care plans, and this helps you to get to know people before you start working with them because everyone is different."
- People's needs were regularly reviewed, and where required updated to reflect any change in their needs and preferences.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with during inspection raised no concerns. We only received positive feedback from the 7 relatives we spoke with. One relative told us, "This place is amazing. We tried 3 other care homes before coming here."
- There was a complaints policy in place which was clearly displayed around the service. No complaints had been made in the previous 12 months.

End of life care and support

- People and their relatives where appropriate had their end of life wishes recorded where they had chosen to discuss them. Care plans referred to these as 'last wishes'.
- Training records confirmed staff received training in end of life care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to make and maintain those relationships important to them.
- There was mixed feedback on activities. One relative told us, "The home provides activities regularly and send relatives details which is fantastic. Another relative said, "There could be more activities to help stimulate residents and occupy their time." Another relative commented on specific activities they loved one enjoyed. They said, "Staff will sit with them and look through their photographs and ask them about them. They can make them laugh and bring him to tears of joy. They know the things they like to do."
- The provider was in the process of consulting with people and relatives on the choice of activities on offer

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider and registered manager accepted they were not fully conversant with the AIS. They committed to immediately review the requirements to ensure they met these. However, we found systems and support was in place to support people with their communication needs which assured us people were able to communicate their needs and wishes.
- Care plans identified people's communication needs. Where people required hearing aids and glasses, we found them to be worn.
- Picture cards had been introduced and large print provided to enable people to use menus, choose activities, communicate their needs and to let staff know if they were in pain.

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

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

- The registered manager had maintained the improvements we found at the last inspection and they confirmed they continued to feel supported by the provider.
- The provider told us they had identified the need for further improvement. Consulting with people and relatives on the choice and variety of activities on offer, and environmental improvements to the décor and facilities in the service were underway at the time of the inspection.
- The provider was committed to delivering person centred care to enable people to live their lives according to their wishes and preferences. We observed 1 person who continually held a significant personal possession. A staff member told us, "We know how important this possession is to [Name]. We make sure they always have it with them as this helps with their anxieties and comforts them."
- Relatives also commented how staff cared for people. One relative told us, "They have a superb attitude and caring nature which makes this a great place for [Name] to live."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider had oversight of the service through a schedule of audits which checked all aspects of the quality and safety of the service. The provider and registered manager worked well together and took their responsibilities seriously.
- Staff were supported well and knew their roles and responsibilities. Staff had received the necessary training to ensure they provided people with safe care and support.
- Systems and processes were in place to monitor accidents, incidents and safeguarding concerns.

Working in partnership with others

- The provider had strong working relationships with other professionals such as GP's and specialist health services. The management team ensured staff knew who to contact when needed.
- Records we reviewed, and discussions with managers, assured us there was good communication with partner agencies and their recommendations were followed to enable people to receive joined up and holistic care.

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

- People and relatives were involved in the service. They had regular opportunities to provide feedback

through meetings, questionnaires and care reviews. Feedback we received about the whole service was positive and complimentary.

- Staff were also supported to give their views through regular team meetings and through regular supervision.

#### Continuous learning and improving care

- The provider had a rolling programme of environmental improvements in place to enhance people's experience at the service. Plans were in place to improve the variety of activities offered to people.

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

- The provider had a 'duty of candour' policy in place to ensure they met their legal responsibility to be open and honest if anything went wrong.