

Bondcare (London) Limited

Coniston Lodge Nursing Home

Inspection report

Fern Grove
off Hounslow Road
Feltham
Middlesex
TW14 9AY

Tel: 02088444860

Website: bondcare.co.uk/coniston-lodge/

Date of inspection visit:
24 November 2020

Date of publication:
07 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Coniston Lodge Nursing Home is a care home with nursing for up to 92 older people. At the time of our inspection, 29 people were using the service. Some people were living with the experience of dementia. The service offers care and support to some people at the end of their lives.

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

There had been improvements to the way quality was monitored. However further improvements were needed to make sure all risks were mitigated, and people continued to receive a high quality service. There was no registered manager at the service and there had been a lack of consistent management and approach. A new interim manager had been in post since October 2020.

People were happy with the care they received and had good relationships with familiar staff.

Medicines were managed in a safe way. Risks to people's safety had been assessed and planned for. There had been improvements in the way people were cared for. The number of accidents and falls had reduced. This was partly due to the provider's improved analysis when things went wrong. As a result they had changed their approach and care planning to help prevent accidents.

The provider had suitable procedures for recruiting, training and supporting staff. This helped to make sure they could meet people's needs. The staff felt supported and had a good understanding about the service and the people who they were caring for.

People's needs were recorded in care plans which were regularly reviewed and updated. These were personalised and took account of people's preferences. People were supported to take part in a range of different activities which reflected their interests.

There were suitable systems for dealing with complaints, accidents, incidents and other adverse events. The provider worked with others and gathered feedback from stakeholders to help them plan and implement improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 8 January 2020). We carried out an inspection in August 2020, but we did not review the rating because we only looked at specific areas of concern.

Since January 2020, the provider has been required to send us action plans each month to show us what they are doing to improve the service. This is because we imposed conditions on their registration telling

them they must do this.

At this inspection we found improvements had been made and the provider was no longer in breach of the regulations we assessed. We did not have enough evidence to make a judgement about the remaining breach of regulation relating to dignity and respect. However, we found no new concerns in this area. We will assess this when we next inspect.

This service has been in Special Measures since April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

The inspection was prompted in part due to our ongoing concerns about the service which has been in special measures since 26 April 2019. There has been no registered manager at the service since December 2019, there have been a high number of safeguarding alerts and incidents in 2020 and we needed to visit to make sure people were safe and well cared for.

We undertook a focused inspection to review the key questions of safe, responsive 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.

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

The overall rating for the service has not changed. This is based on the findings at this inspection.

We have found evidence that the provider needs to continue to make improvements. Please see the well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Coniston Lodge Nursing 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.

Inspection team

The inspection team included two inspectors and a member of the CQC medicines team.

Service and service type

Coniston Lodge Nursing 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.

The service did not have a manager registered with the Care Quality Commission. Registering as a manager with CQC means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider, which included their monthly action plans as well as reports of significant events such as falls, other accidents, safeguarding alerts and incidents. We spoke with representatives of the local authority quality monitoring team to ask for their feedback about the service.

During the inspection

We attended a meeting the provider was holding for people who used the service and met the six people who attended. We spoke with two other people who used the service. We observed some care and interactions, but this was limited because most people were being cared for in their rooms behind closed doors.

We spoke with six care workers, a senior care worker, two activities coordinators, both nurses who were working, the interim manager and members of the provider's senior management team who were supporting the interim manager.

We looked at the care records for six people who used the service, staff training and recruitment files for four members of staff and other records the provider used for managing the service, which included records of complaints, incidents and accidents, audits and quality improvement plans.

We conducted a partial tour of the building and looked at the systems for managing infection prevention and control.

We looked at how medicines were being managed.

After the inspection

We spoke with the relatives of two people who used the service over the telephone to ask for their feedback.

Is the service safe?

Our findings

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

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

Using medicines safely

At the inspection of August 2020, we found people's medicines were not always safely managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvements had been made and the provider was no longer breaching this part of Regulation 12.

- Some people at the home were prescribed medicines to be given via percutaneous endoscopic gastrostomy (PEG) tube - this is a tube providing nutrition and medicines directly into a person's stomach. There was information in the care plans about how to give medicines via the PEG tube. However, medicines were not always prescribed to be given via PEG, meaning there was a risk of these being administered incorrectly. This risk was somewhat mitigated by the instructions in care plans and staff awareness of these people's specific needs. The interim manager agreed to consult with the doctor to make sure prescriptions were updated with the required information.
- Medicines including controlled drugs were stored securely and at an appropriate temperature.
- We observed staff giving prescribed medicines and nutritional feeds to people. Staff members were polite, gained permission and then gave medicines to people. They signed for each medicine on the medicine administration record (MAR) after giving it. The provider had addressed concern about nutritional drinks found during the previous inspection. The provider had introduced a new container to ensure the staff were able to measure water or milk needed to mix nutritional drinks accurately.
- Some people were prescribed medicines to be given on a when required basis. There was guidance in the form of protocols in place to help staff give these medicines consistently as prescribed.
- During the last inspection, we had found medicine care plans were not always in place. However, at this inspection we found medicine care plans were in place to help staff manage people's health conditions effectively.
- At the previous inspection we found there was lack of information in people's care plans to help the staff monitor or manage side effects of high-risk medicines, such as insulin and anticoagulants. However, at this inspection we found there was adequate information in care plans.
- Medicines had been regularly reviewed by the local GP.
- Some people were given medicines covertly. The staff had carried out best interest decision meetings involving the GP to decide if this was necessary. The pharmacist was consulted to seek advice on how to safely give people their medicines covertly. Covert medicines are given in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them.
- There was a medicine policy in place to support medicines management. Staff members were

competency assessed and received training to handle medicines.

Preventing and controlling infection

At our inspection of August 2020, we found procedures for infection prevention and control were not always being managed in a safe way. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 12.

- There were suitable systems for infection prevention and control. These had been updated and reviewed since the start of the COVID-19 pandemic and included measures designed to help protect people from catching the virus. The provider undertook regular testing of staff and people using the service. They took appropriate action following positive test results to help keep others safe. There were restrictions on visitors, which included restricting access to parts of the building, requesting visitors wore personal protective equipment (PPE), taking their temperatures and asking them to complete questionnaires about their health and maintaining social distancing.
- The environment was kept clean with housekeeping staff regularly cleaning and checking touch areas and other parts of the environment. The housekeeping manager undertook regular audits and action was taken when problems with cleanliness were identified.
- Staff were provided with PPE which they wore correctly and in line with the provider's procedures. This was safely disposed of after use. They had undertaken training regarding infection control, wearing PPE and COVID-19. Their knowledge and application of training was regularly assessed.
- The staff closely monitored all infections and illness and took appropriate action to help make sure people received the treatment they needed. They liaised closely with the doctors' surgeries and discussed changes in people's health. Care plans were updated with guidance from healthcare professionals. The senior staff discussed people's health conditions daily and information about changes in these and infections was shared with the provider so they could monitor how staff were supporting people. People using the service and staff were offered seasonal flu vaccinations.

Assessing risk, safety monitoring and management

At our inspection of October 2019, we found risks were not always assessed, monitored and managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements during our inspection of August 2020 but were not able to judge whether the breach had been met because we only considered immediate risks and did not look at all areas of this domain.

At this inspection, we found enough improvements had been made and the provider was no longer in breach of this part of Regulation 12.

- The staff had assessed risks to people's safety and well-being. These assessments were made about people's physical and mental health, skin integrity, moving safely around the environment, nutritional risk, risks of falling, risks of choking and use of equipment. There were clear management plans which showed how staff could minimise risks and help keep people safe. The assessments were regularly reviewed and updated and closely linked to people's care plans. This meant the staff had enough information to monitor and mitigate risks.
- There had previously been a higher than expected number of falls, incidents and accidents at the service. These had reduced and we could see the staff had acted to help prevent people from falling. For example,

there was clearer information about people's individual needs and how they should be supported. The provider had also liaised with the commissioning authorities to increase staffing levels where they identified closer observation would keep people safer.

- The environment and equipment being used was safely maintained. There were regular health and safety audits and checks. We saw action had been taken when risks had been identified. There was a suitable fire evacuation plan, including individual plans describing how each person should be evacuated in an emergency. There was regular testing of fire safety equipment and staff had received fire safety training.

Systems and processes to safeguard people from the risk of abuse

- There were suitable systems to help safeguard people from the risk of abuse. These included training staff so they understood how to recognise and report abuse. The staff demonstrated a good awareness of this.
- The provider had worked with the local safeguarding authority to investigate allegations of abuse and help protect people from further harm.

Staffing and recruitment

- There were enough staff on duty to help keep people safe and meet their needs. The interim manager used a dependency tool to calculate the number of staff required to meet people's needs. Staffing levels were regularly reviewed, and the service was in the process of recruiting more care staff. Where agency (temporary) staff were used, the interim manager used the same regular workers and obtained assurances that they would not work at other services.
- The provider completed the necessary pre-employment checks for new staff to help make sure they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the disclosure and barring service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.
- New staff undertook an induction, which included a range of training and shadowing experienced staff. The provider assessed their knowledge and competencies to help make sure they had the skills to provide safe care and treatment.

Learning lessons when things go wrong

- The provider had effective systems for learning when things went wrong. These systems had improved since our last inspection. For example, following incidents, accidents and safeguarding concerns, the interim manager and staff discussed what had gone wrong and how they could make changes. The provider had recruited a training manager who worked alongside staff, incorporating learning from incidents into their training. The staff told us this had been helpful, and the interim manager said they had seen improvements in practice.
- The provider had created a detailed service improvement plan, which was regularly updated following audits, adverse events and feedback about the service. The plan included clear well thought out targets for improvement with specific actions for staff. This meant the provider could address areas of concern when they were identified.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people'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

At our inspection of October 2019, we found people did not always receive personalised care which met their needs and preferences. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- People were cared for by staff who knew them well and were familiar with their needs. These needs and preferences were recorded in care plans, which were detailed and personalised. Care plans included links to key guidance relating to people's individual needs. There was also information about people's background, likes, dislikes and choices. This helped the staff to understand about people, their needs and how they wanted to be cared for.
- Care plans had been regularly reviewed and updated when people's needs changed. We saw people using the service and their relatives had contributed their views. The staff completed logs to show the care they provided. They were provided with hand held electronic devices which they used to input care delivery information at the time it was provided. Logs showed care plans were being followed and people's needs were met.
- There was clear information about people's health conditions and evidence the staff had referred people to external professionals when needed. Their guidance was incorporated into care plans and had been followed.

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

At our inspection of October 2019, we found people's social and leisure needs were not being met. This was a further breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- The staff told us people were supported and encouraged to maintain relationships with friends and family

through regular video and phone calls. However, some relatives told us this was difficult to maintain due to people's communication needs. Normal visiting arrangements had been affected by the COVID-19 pandemic and this had been difficult for people using the service and their relatives. The interim manager told us they were looking at ways to improve the facilities so more visits could take place.

- People were supported to meet their spiritual and cultural needs. For example, live religious services were available for people through the computer. People's religious and cultural needs were recorded in care plans and we saw staff supported people to meet these.
- Since the last inspection improvements had been made to increase people's social opportunities and involvement. Two new activity coordinators had created a personalised folder for each person, detailing their preferences. An activity plan had been developed to help ensure that the activities were suitable and in line with people's choices. There had been challenges to provision of social and leisure activities because of COVID-19 restrictions. However, we saw the activities coordinators had tried to make sure each person received some individual activity support daily. Two people told us how they had been supported to celebrate their birthdays. People told us it had been a difficult time with restricted interactions with other people living at the service. However, they said the staff had done their best to support them.
- There were monthly house meetings for people using the service to discuss activities they wanted to take place. On the day of the inspection, people were meeting to discuss arrangements for Christmas.
- There had been no admissions to the home for several years. However, the provider was planning to start accepting new admissions shortly after the inspection. They discussed this with people during the house meeting and were making an arrangement for a 'buddy' system, where people who already lived at the service would 'buddy' a new person to help them settle into the home. One person told us how they thought this would be important as some people found it hard to adjust to life in a care home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were being met as far as possible. Some people did not speak English as a first language. Where possible, staff who spoke the same language were employed to support these people. We heard staff communicating with people in their first language. The provider had also obtained key words and phrases for staff to learn in order to assist with communication.
- People's religious and cultural needs were recorded in care plans so the staff could understand what was important to them and how they could support them with this.
- Some people's speech and understanding had been affected by a disability and/or healthcare condition. This was recorded in care plans, along with guidelines for staff to help better communication, such as use of touch, making eye contact and giving people time to process information. We saw the staff following these care plans when communicating with people.

End of life care and support

- Some people were being cared for at the end of their lives. The staff worked closely with the palliative care teams to make sure people's needs were met, they were comfortable and pain free.
- There were plans in place for people's care at this time. These included information about any preferences they had and religious needs which should be adhered to.
- The staff had received training to help them better understand about end of life care. The interim manager told us they felt this training had improved the way staff cared for people at this time.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure. People using the service and their relatives knew who to speak with if they had concerns.
- Records of complaints showed that these had been investigated and responded to. There was evidence of learning from these to improve the quality of the service.

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 inadequate. At this inspection this key question has now improved 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.

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

At our inspection of August 2020, we found systems for monitoring and improving the quality of the service were not always being operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17. However, further improvements were needed to make sure the provider continued to meet this regulation.

- There was a process to receive and act on medicine alerts. However, this was not robust, as the staff had not actioned recent medicines related alerts received by the home. This meant there was a risk staff would not follow the latest health related guidance.
- There was no registered manager at the service. The last registered manager left the service in December 2019. A manager employed in April 2020 left before they were registered with CQC. The interim manager had been in post since October 2020. Changes in management had impacted on the quality of the service over the last three years. The provider needed to make sure they employed a permanent manager who registered with CQC.
- Whilst we noted improvements at the service, some of these had only recently been achieved and had not been fully embedded into the service. Additionally, the service was not fully occupied and had not been for some time. Therefore, it was difficult to judge whether these improvements would be sustained when more people moved to the service.
- In October 2019, we identified people were not always treated with dignity and respect. Whilst we found no concerns relating to this during the inspection, it was difficult to make a judgement about whether there had been enough improvement in this area. This was because the majority of people were confined to their rooms at the time of the inspection, due to the COVID-19 pandemic, and care was provided behind closed doors.
- The interim manager and previous manager had introduced new systems for auditing and monitoring the quality of the service. These included observations of staff, responding to feedback from others and improved auditing of accidents, incidents and complaints. The findings of these checks were used to produce a service improvement plan, which was regularly reviewed and updated.
- The provider had employed a trainer who worked at the home directly with staff. They used information

from the service improvement plan to develop and run training sessions. For example, reviewing protection plans created following safeguarding alerts, and using these to incorporate good practice guidance into the training. The trainer and other senior staff also carried out regular assessments of staff and supervision to monitor their practice.

- The interim manager was supported by a team of senior management staff who worked at the service, implementing the service improvement plan and monitoring risks. They shared guidance and information with staff in order to help make sure the staff were knowledgeable about where improvements were needed. The staff confirmed this happened and told us they felt empowered to be part of improving the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they had not been able to see people regularly since the start of the COVID-19 pandemic and therefore it was difficult to judge how well their needs were being met. One relative explained their loved one sometimes appeared unkempt and they felt staff needed reminding to make sure they were shaved properly. They told us they had raised this with the senior staff.

- Relatives told us they received updates when things went wrong, or their relative's care was being reviewed. However, they told us they had not received other updates during the pandemic, and they felt this would be useful because they were not able to visit. One relative said, "[Person] is not really able to understand video calls or speak on the phone, so it would be nice if the staff could ring once a week just to let me know how [person] is." Another relative commented, "It is my only bug bear, they do not really communicate unless something goes wrong."

- The staff carried out monthly reviews of each person's care and wellbeing. Reviews were undertaken by each department – for example, activities, catering, housekeeping and maintenance in addition to the nurses and care staff review. This meant people's holistic needs were reviewed each month. There had also been improved awareness amongst staff in making sure people's needs were met in a personalised way, care plans were more detailed and discussions within the staff team had helped promote better understanding of how to meet people's needs.

- Some of the staff had taken a lead in specific areas of care, such as nutrition, end of life and falls. They undertook specific training and shared information with other staff to help make sure care was provided safely and as needed. Partly as a result of improved team work and better care planning, there had been a reduction in falls, accidents and adverse events at the service.

- There were regular meetings for people using the service. We attended part of one of these on the day of the inspection. We also viewed minutes from previous meetings. People were asked for their views and information was shared with them. There was evidence the provider had responded to people's feedback making changes where they had requested these.

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 range of policies and procedures, which included dealing with complaints and duty of candour.

- The provider had responded to complaints and kept relevant stakeholders informed when things had gone wrong. They explained how they had responded to these and what measures they had put in place to help prevent re-occurrence.

Working in partnership with others

- The staff worked closely with other healthcare professionals, making referrals when necessary. The interim manager had regular meetings with the GP to discuss people's needs.

- The provider joined meetings organised by the local authority to share plans and good practice with other providers.