

Enviro Medical Limited

Coniston House

Inspection report

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Date of inspection visit: 1 December 2014
Date of publication: 27/02/2015

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	

Overall summary

Coniston House provides accommodation and personal care for up to 27 older people who require 24 hour support and care. Some people are living with dementia.

There were 25 people living in the service when we inspected on 1 December 2014. This was an unannounced inspection.

There was no registered manager in post. 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. There was an acting manager in post, who was in the process of completing their registered manager application.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

There were sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times

Coniston House

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 inspection took place on 1 December 2014 and was unannounced.

The inspection team consisted of an Inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

We looked at other information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 12 people who were able to verbally express their views about the service and five people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with seven members of staff, including the acting manager, care staff, catering, domestic and activities staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Prior to our inspection we had received concerns about the service provided, these had been reported to and investigated by the local authority. During our inspection we looked to see what action had been taken as a result of these concerns and found that the service had made improvements to the way that care was provided.

Is the service safe?

Our findings

All people gave positive comments with regards to feeling safe. One person told us, “When I have a shower they either stay in with me or outside the door, mostly in with me to keep me safe.” Another person said, “I feel safe here and I have got a buzzer in my room and there are buzzers all over the place and they [staff] help me with my bath.”

People’s relatives told us they felt that the service was safe. One said, “It is safe enough and they do ensure that they [people] cannot harm themselves.” Another person’s relative commented, “They are consciously aware that they have to keep [person] safe.” Our observations confirmed what we had been told. Staff were attentive to people’s needs and checked that people were safe, for example, staff moved chairs out of the way to enable people to walk freely in the dining room.

Staff had received training in safeguarding adults from abuse. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. They told us that they would have no hesitation in reporting concerns of people’s safety or if they witnessed bad practice in the service. The staff in the service had notified us when they had raised safeguarding referrals when they were concerned about people’s safety.

Staff knew how to support people when there was a risk to their safety. We saw that the staff acted quickly when one person shouted at another. Both people were reassured and actions were taken to manage the situation in a calm and reassuring manner to ensure that both people were safe and to minimise the risks of the incident escalating. Staff told us about the support that people required when they became distressed and this was demonstrated in our observations.

Where people required support with behaviours that may be challenging to others or distress reactions, associated with dementia, there were care plans in place which guided staff support people in a consistent way that protected and promoted their safety, dignity and rights. Staff had recorded the types of distress and/or behaviours that had been witnessed and the actions taken to protect people. People’s care records included risk assessments which identified how the risks in their daily living, including using

of mobility equipment, accidents and falls, were minimised. Where incidents had happened there were systems in place to reduce the risks of them happening again.

People told us and our observations showed that there were systems in place to keep people’s belongings safe. One person commented, “I have got my key and at night I lock my door and when I am not in my room in the daytime.”

People told us that they were happy with the environment and that it was safe. One person commented, “[Staff] is always looking around and making sure everything works.” This was confirmed by our observations, discussions with the maintenance staff and risk assessment records. Regular checks were undertaken to ensure that the environment was safe and where action was needed this was done promptly. Risks to people injuring themselves or others were limited because equipment, including the passenger lifts and hoists had been serviced so they were fit for purpose and safe to use.

People told us that there was enough staff available to meet their needs. One person said, “Staff always have time for you and the care is very good.” We saw staff were attentive to people’s needs and verbal and non-verbal requests for assistance were responded to promptly. Another person commented, “They give me every attention.” Another person told us, “Staff are good and do the things that have to be done.” One person’s relative said that their relative was, “Looked after with first class attention.”

Staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. A staff member told us that the staffing levels were adjusted if people’s needs increased and to make sure that the busier times of the day were adequately covered. The staff rota confirmed the staffing levels which we had been told about.

One person told us that when new staff started working in the service, “One of the old staff brings them up and introduces them to me.” Staff told us that checks had been made before they started working and one told us about how they had attended interviews to check that they were suitable for the job. Records confirmed this.

People told us that their medicines were given to them on time and that they were satisfied with the way that their

Is the service safe?

medicines were provided. One person said, “I have one tablet in the morning and two at night every day.” Another person said, “They bring me my tablets and a drink. They make sure I can take them alright before they move away.” One person’s relative told us that they were kept updated about if their relative had taken their medicines, “They tell me what medication [person] has.”

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People’s medicines were kept safely but available to people when they were needed.

Is the service effective?

Our findings

All of the people and people's relatives we spoke with felt that they had the skills to meet their needs. One person said, "It is wonderful here, the gardener, the cook, the carers, they are all first class." Another person told us, "Staff are very good and very willing." One person's relative commented, "In general they are very helpful and I am satisfied with the care and as soon as there is anything wrong with [person] they let me know." A health professional told us that the staff were knowledgeable about people's needs and provided requested information promptly.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. There were some gaps in staff training but there were plans in place to ensure that this was provided.

Staff told us that they were provided with the training and support they needed to meet people's needs safely and effectively. The acting manager told us that new staff worked with more experienced staff before they worked alone. We saw that the staff communicated effectively with people, such as using reassuring touch and maintaining eye contact with people. Staff were knowledgeable about their work role, people's individual needs, including those living with dementia, and how they were met.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. One person said, "Yes, they ask me what I need help with." One person's relative told us that they were included in making decisions with their relative who sometimes lacked capacity to make decisions to ensure that these were made in the person's best interests and by those who knew them well. We saw that the staff asked for people's consent before they supported them, such as any assistance they needed to eat, or if they wanted to see a health professional.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) legislation and had completed referrals to the local authority in accordance with new guidance to

ensure that any restrictions on people, for their safety, were lawful. Staff also understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this.

Care plans identified people's capacity to make decisions. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These showed that relevant people, such as people's relatives and other professionals had been involved, for example decisions associated with end of life care and where people lived. Where DoLS referrals had been made, these were kept under review to make sure that they were relevant and up to date.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "I never go hungry and the portions are about right." Another person commented, "The food is quite good and you can order what you like." Another person told us, "They cook food separately and get in special food for us." The chef was knowledgeable about people's specific and diverse needs relating to their dietary needs.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's dietary needs were being assessed and met. We saw that people who required assistance to eat and drink, this was done at their own pace and in a calm and encouraging way. Where people had not eaten their meal, staff offered encouragement and alternatives.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "I have seen the chiropodist, the nurse came this morning." Another person commented, "If you are poorly then they keep coming to check if you are alright." This was confirmed by people's relatives. One told us that they were kept updated about their relative's health and said, "They tell me when [person] has blood tests and has a chiropodist." Another person's relative told us about how the staff had supported their relative following a stay in the hospital and said, "[Person] is cared for well, they came from hospital and after a couple of months they picked up and is really well at the moment."

People were supported to maintain good health, have access to healthcare services and receive ongoing

Is the service effective?

healthcare support. We saw that staff took prompt action to call out a health professional when a person said that they were in pain. The staff spoke calmly to the person to find out what the issues were and kept their colleagues updated to make sure that the person was observed until the doctor arrived. We saw another person was encouraged to walk, as far as they were comfortable with and were

given encouragement by staff, “Well done, that is the furthest you have walked, well done.” This was helping and encouraging them to become more independent and regain more control of their lives.

Staff from a local community health service who provided care and treatment to people using the service told us that they felt that referrals were made to them appropriately and when needed, the staff were polite and worked well with them.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “They [staff] are a lovely bunch, really caring.” Another person said, “Everything has been done graciously, it is a kind home.” This was confirmed by people’s relatives and a health professional who told us that the staff treated the people who used the service with respect.

One person’s relative said, “The carers are kind and look after the residents well.” Another person’s relative commented, “It is friendly here and it is like talking to your neighbours when you talk to the staff, they all know your name and they are so friendly.”

Staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. We saw staff react when one person who was living with dementia did not look happy. They took action to find out what was wrong. They were able to help the person because they knew them well and knew what to suggest to help their mood. Following this intervention by staff the person smiled and laughed. Staff interactions with people were calm and encouraging. We saw staff supporting another person who was distressed. This was done calmly and in a caring way which reduced the person’s distress.

Staff talked about people with care and compassion and knew about people and their individual likes and dislikes. Staff knew about people’s diverse needs, such as those living with dementia, and how these needs were met. This included how they communicated their needs, mobilised and their spiritual needs. One person told us, “One of the carers came with me up the road and I went to the church and sat inside for a quiet five minutes. [Staff] pushed the wheelchair in case I got tired.” They were pleased that staff had taken the time to do this as it was clearly important for them. Another person told us how representative from a community church visited the service which met their spiritual needs.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. One person commented, “I get up when I want and I go to bed when I want.” One person’s relative told us that they were consulted about their relative’s care and that they were kept updated about their wellbeing, “I have never seen [person’s] care plan and I know I have a right but I have not needed to see it.”

People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for and their decisions about end of life care. Through doing this people told us that they felt that their independence and dignity was promoted and respected and understood why this was important. One person said, “They always knock day and night.” This was confirmed in our observations, staff knocked on bedroom and bathroom doors before entering. Another told us, “I wake myself up, get washed and dressed and I choose my own clothes and I come to breakfast about 8.45.” For those who were unable to verbally communicate their wishes, the records showed that staff observations, people’s history and consultation with people’s representatives had been used to gain an understanding of the person and their preferences.

People told us that their relatives and friends were able to visit when they wanted. One person said, “You can have visitors at any time.” This was confirmed by people’s relatives who told us that they and their relatives were always treated with respect. One said, “I come and visit nearly every day and everyone here seems to be really looked after.” Another person’s relative told us how they and other people’s relatives were planning to attend the Christmas dinner in the service so they could spend this time with their relative. There were areas where people could entertain their visitors in private, such as their bedrooms. We saw that people’s friends and relatives were welcomed by staff as they visited throughout the day.

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, “They talk to me about what I need and what I need help with.”

People’s relatives were happy with the service their relatives received. One said, “I am very satisfied, the care is good and [person] tells me [person] is being looked after well. I would give it 10 out of 10.”

Staff were knowledgeable about people’s specific needs and how they were provided with personalised care that met their needs. For example a person’s relative told us how their relative preferred to stay in their bedroom and the arrangements that were in place to safeguard them. This included a device which alerted staff if the person was walking around as they were at risk of falling. They said that staff encouraged the person to join others in the communal areas and, “[Person] is very wilful and the staff never force the issue.”

Care plans provided staff with the information that they needed to meet people’s specific needs. Care plans and risk assessments were regularly reviewed and updated to reflect people’s changing needs and preferences. This included comments people had made about their care and staff observations of people’s wellbeing. Care records included information about people’s history, such as their hobbies and interests. These were used to plan activities for people which interested and stimulated them. These showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said, “Four of us went to dinner in a restaurant and I had lovely fish and chips.” Another person showed us how they had folded the napkins ready for lunch, we saw that the staff told them what a good job they had done, which made the person laugh. Another person told us how they went on a weekly shopping trip with a staff member to a local supermarket, “I walk to the bottom of the hill and then get in the wheelchair and they [staff] push me to [name of a supermarket]. I do some shopping and walk

around the store.” Another person said that a staff member had given them a manicure. One person said that they did not join in but liked to watch the group activities whilst they were reading their newspaper.

We saw people participating in a range of activities, such as an entertainer in the afternoon. People were showing their enjoyment by singing and dancing. During the morning, one person did some art work and told us that the staff had asked them to make some Christmas decorations. They told us that they usually helped when any art work needed doing and said, “I like doing it.” Other people did some festive art work, arranged the fresh flowers that were delivered to the service every Monday, watched television and talked with each other and staff. People who preferred to stay in their bedroom were provided with one to one time to try to stop them becoming lonely or isolated.

All of the people spoken with told us that they knew who to speak with if they needed to make a complaint. One person commented, “I would speak to the staff.” People’s relatives told us that they would make a complaint if they were not happy and when they had raised concerns these had been addressed promptly. One person’s relative told us, “I can always speak to someone and they are pretty good and answer whatever questions that you have.” Another person’s relative said, “I have never made any complaints and if there was something to complain about I would.”

Complaints were well documented, acted upon and were used to improve the service. Actions taken as a result of concerns and complaints received included meeting with the complainant, investigating their concerns and responding to them in a timely manner. Prior to our inspection we had received concerns about the service provided, these had been reported to and investigated by the local authority. During our inspection we looked to see what action had been taken as a result of these concerns and found that the service had made improvements to the way that care was provided, including providing training to staff.

Staff were aware of the actions that they should take if anyone wanted to make a complaint. One staff member said, “If residents have a problem they can speak to us.” There was a complaints procedure in place which was displayed in the service, and explained how people could

Is the service responsive?

raise a complaint. People were asked if they had any complaints and were reminded about the complaints procedure in meetings which were attended by the people who used the service.

Is the service well-led?

Our findings

People and relatives gave positive comments about the management and leadership of the service. One person said, “It is very well run, it is sociable and the [staff] are nice.” Another person commented, “The manager is brilliant and I find [acting manager] very helpful and all the staff will always talk to me if I need to talk to them.” One person’s relative said, “The service is well led and they are all very approachable.” Another relative commented, “I would recommend this home if someone needed somewhere for their relative. My relative is happy here.” Another commented, “I think it [service] is very good and everyone I have spoken to says the same, it is one of the best in town and they all say how nice it is.”

Staff told us that the management were approachable and listened to what they said. Staff understood their roles and responsibilities in providing good quality and safe care to people. Comments included, “It is brilliant here and everyone gets on well,” “The manager is lovely and easy to talk to and we all have a laugh here,” and, “There’s really good staff morale and [acting manager] is a good manager.”

The acting manager told us that they felt supported in their role, “I feel supported by the director and we have a weekly management meeting. [Director] is there 24 hours not just for me but for all the staff.” The management meetings included plans for improvement which were monitored each week, including progress on staff training and improvements to care records. Action plans were in place and the improvements were monitored. As a result of this the service continued to develop and improve.

The acting manager told us about the improvements that they had made since being in post which showed that issues which could impact on the care provided to people were identified and prompt action was taken to improve. This included introducing a document to show how people were provided with their prescribed creams and improving

staff training. They had undertaken night visits to monitor how the service was run during this time and made changes where necessary. The acting manager said, “It is turning around nicely and with my deputy manager who has a lot of knowledge and experience we have got a brilliant team.”

The provider’s quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medication, call bell response times and the safety of the environment. Where shortfalls were identified actions were taken to address them. Records and discussions with the acting manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

People were involved in developing the service and were provided with the opportunity to share their views. The minutes from meetings which were attended by people who used the service showed that people’s views were discussed. One person told us, “We have resident meetings and you can say whatever you like.” Where people were unable to verbally communicate their views, such as those living with dementia, their representatives were invited to meetings and to share their views of the service with the staff.

There was documentation in place which identified the actions that had been taken as a result of comments made in the satisfaction questionnaires completed by people who used the service, their representatives and staff. This showed that people’s views and experiences were valued and acted on. We could see from records that when people had made comments, such as their preferences regarding food or activities, changes were made to show that their views were valued and acted on and improvements were made to improve people’s experiences.