Conifer Lodge Limited

Conifer Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 2 October 2018 and was unannounced.

This is the first time the service has been rated Requires Improvement This was the second comprehensive inspection carried out at Conifer Lodge Residential Home, the last inspection in March 2016 was rated Good.

Conifer Lodge Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 20 people in one adapted building. On the day of our visit, there were 18 people using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

The provider had not ensured there were sufficient processes in place to assess, monitor and to maintain the health, safety and welfare of service users. The provider had not carried out environmental audits to identify where repairs and maintenance were required. People living with dementia were at potential risk of harm due to access to the stairs, lift and hot radiators.

We made on recommendation relating to creating a dementia friendly environment.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

People could be assured there were enough trained staff to meet their needs and staff received the support they required to carry out their roles. Safe recruitment processes were in place.

People could be confident their complaints would be responded to appropriately.

People were supported to have enough to eat and drink to maintain their health and well-being.

People were supported to be involved in their care planning and reviews. Their care and support was

delivered in the way that people chose and preferred.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

At this inspection we found that Conifer Lodge Residential Home were in breach of two regulations relating to safe care and treatment and governance of the home.

Further information is in the detailed findings below.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from the risks associated with the environment.

There were enough staff deployed to meet people's needs.

People received care from staff that knew how to safeguard people from abuse.

People's risks assessments were reviewed regularly and as their needs changed.

The provider followed safe recruitment procedures.

Staff followed safe medicines management.

Is the service effective?

Good

The service was effective.

Staff received the training and support they required to carry out their roles.

People's care was delivered in line with current legislation, standards and evidence based guidance.

People were supported to eat and drink enough to maintain a balanced diet.

People's consent was sought before staff provided care.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs.

The provider had systems in place to respond to peoples' complaints.

People received care that met their needs at their end of life.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have suitable systems in place to monitor, assess and make improvements to the health, safety, welfare and quality of care of people using the service.

There was a registered manager who understood their roles and responsibilities.

Conifer Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced comprehensive inspection took place on 2 October 2018 by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had previous knowledge and experience in care home services.

The service was rated Good at the last inspection in March 2016.

Before the inspection we asked for a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider did not submit the PIR form. We took this into account when assessing the service.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During this inspection we spoke with eight people using the service and five visiting relatives and friends. We spent time observing people's care and how staff interacted with them. We also spoke with six members of staff including the provider, registered manager, two senior staff and two care staff.

We looked at the care records for three people who used the service including daily records and medicines

records. We also examined other records relating to the management and running of the service. These included four staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

After our visit we asked the provider for more information relating to the management of the environment such as evidence of gas safety, routine checks of the fire alarm, proof of purchase of equipment to monitor the temperatures of the fridge and freezers and their planned actions to protect people from open staircases. We asked for this information to be provided by 8 October 2018. We received the information between 9 and 18 October 2018. We took this information into account when we made judgements in this report.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection on 29 March 2016 we found some radiator covers were loose and wardrobes were not secured to the walls. The provider had not assessed the risk of ensuring people were protected from hot radiators and moveable wardrobes. During this inspection we found there continued to be loose radiator covers and not all wardrobes had been secured to the walls. We brought this to the attention of the provider who said they planned to carry out the repairs in the near future. People were at continued risk of injury from unprotected hot radiators and loose wardrobes.

During our previous inspection in 29 March 2016 we found not all the water safety checks and regular descaling of shower heads had been carried out. These checks are necessary to ensure people are not exposed to very hot water or exposed to pathogens that can cause disease that could be present in water sitting in pipes, such as Legionella bacteria. The provider had given assurances that these would be implemented. At this inspection there were records that showed the cleaning and descaling of the shower heads and checks of the water temperatures had taken place. However, the records were not consistent as some shower water temperatures had not been recorded since May 2018. There was no system in place to run the water in showers that were not in use to prevent water sitting in pipes; one shower was being used as a store room. The provider had not assessed or mitigated the risks of exposure to hot water.

During our inspection on 29 March 2016 we found the stairways were not protected and the provider did not have a risk assessment in place for people accessing the stairs. At this inspection the provider had not risk assessed the use of the stairs or provided any form of protection. Staff told us there were four people who could mobilise and potentially use the stairs, but would be unsafe to do so. One relative told us, "Until very recently [relative] used to go up and down the stairs with a staff member. [Name] has always been very active but now they take them up and down in the lift to make sure they're safe." One person living with dementia had their bedroom near the stairs; they were known to get up on their own at night, staff described the person as "restless at night." Although staff had placed a sensor mat to alert staff to the person getting out of bed, this person could access the stairs at night. People remained at risk of accessing the stairways when they had impaired mobility or living with dementia.

People were not always protected from the risks associated with fire safety. People's bedroom doors were designed to be kept closed to help protect them from the risks of the spread of fire. We observed most people's bedrooms contained a door wedge; this meant staff had the equipment readily available to prop bedroom doors open. We observed four bedroom-doors were wedged open with items of furniture and door wedges. The provider had not carried out a fire risk assessment for the bedroom doors, or mitigated the risks of propping open doors.

Although there were systems in place to carry out weekly and monthly fire safety checks, not all the checks had been carried out consistently or regularly. For example, the weekly fire alarm test had not been carried out in the last two weeks. The provider had not ensured there was an on-going contract in place to regularly maintain the fire alarms and emergency lighting; the contract had expired. We brought this to the attention of the provider who arranged for the contract to be renewed. The provider had not protected people from

the risks associated with fire as they had not adequately assessed the risks, or had systems in place to always ensure the fire safety in the home.

The provider had not ensured the gas and boiler checks had been carried out regularly. The boilers had been checked in January 2017 and the gas safety check in July 2017. The provider told us they had appointed a company to carry out the checks however, these had been delayed. The provider arranged for the gas and boiler checks to be carried out in the near future.

People could not be assured their food was being stored at temperatures that would ensure their food was safe to consume. There was no system in place to measure and monitor the temperatures of the fridges and freezers. These are required to ensure food is stored safely at the correct temperatures. We brought this to the attention of the provider who arranged for thermometers to be purchased; systems to monitor the fridge and freezer temperatures had not been implemented or embedded into practice.

People are at risk of harm as the provider failed to identify or act to mitigate risks relating to health and safety measures. This constitutes a breach of regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People were protected by staff who understood their responsibilities to safeguard them from potential abuse. Staff demonstrated they knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff told us they would report any concerns to the registered manager. One member of staff told us, "I would always let the manager know if I had any concerns." The provider had raised safeguarding alerts with the local authority. There were systems and policies in place to investigate any concerns if required to do so by the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for their risk of falls. Risk assessments reflected people's current needs and people's care plans provided staff with clear instructions on how to reduce the known risks. Staff were aware of people's mobility and were observant of people when they started to mobilise. One person told us, "I had a few falls when I was at home on my own but not since I've been here. They [staff] are careful not to let me fall." One relative told us, "The staff are very good and rush to people if they see them struggling to get up."

People told us they believed there were enough staff to meet their needs. One person told us, "[Staff] come quite quickly, they don't keep me waiting." Another person told us, "During the day, [staff] are always around so if you want anything you can just tell them. At night I don't often need any help, but they come quickly if I do." We observed that staff were attentive, however, there were periods of time where people were left unsupervised in the communal areas; where people attempted to mobilise other people in the room would call out. This meant people were at potential risk of falling as staff were not always around to support people when they mobilised. We brought this to the attention of the provider who told us they would ensure staff were deployed appropriately. The provider also told us there was one care staff vacancy being advertised.

The registered manager followed the provider's recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place for the management of medicines. One person told us, "They [staff] bring my tablets and a drink of water and wait until I've taken them." Staff had received training and demonstrated they had a good knowledge and understanding of the medicines policy and how medicines should be administered and recorded. We observed that people received their medicines as prescribed and staff recorded accurately when they had been administered. Staff assessed people for their need for 'as required' prescribed medicines, for example if people were in pain. One relative told us, "It's not always easy to tell if [relative] has any pain because she doesn't say anything, but they [staff] do seem to be able to gauge it and give her some pain relief."

The registered manager recorded and monitored accidents, incidents and near misses. They used the information they collated to identify where people were at increased risk of falls. They had updated people's care plans and shared the findings with staff. The reports showed there had been a decrease in the number of falls in the home from nine in the first three months to only two falls in the last three months.

Good

Is the service effective?

Our findings

The provider had systems in place to assess people to identify the support they required before moving into Conifer Lodge Residential Home. Staff had used the pre-assessments to create a plan of care which was updated as they got to know people or as their needs changed. People's risk assessments were based on best practice and evidence based care. For example, moving and handling risk assessments.

All new staff received initial training which gave staff the basic skills needed in their roles including health and safety, communication and consent. Staff had received updates to their training; the registered manager was implementing a new accredited system to update staff training that incorporated best practice. The registered manager regularly provided supervision and checked staff competencies in applying creams and moving and handling. Staff had not received appraisals since spring 2017; the registered manager had planned to carry these out in the near future.

People were supported to eat and drink enough to maintain their health and well-being. People received a balanced diet. One person told us, "The food is very nice." A relative told us, "All the food is freshly cooked, and they have a lot of fresh vegetables." We observed people's lunch was a relaxed and sociable event. Staff were chatting to people as they served meals. People received assistance with their meals where required; we observed staff to be attentive, sitting with them and quietly encouraging people to eat. Staff followed the health professionals' advice such as thickening drinks to help prevent choking. Staff also ensured people received foods that met their individual needs, for example, soft foods and gluten free diet. People were offered drinks and snacks regularly throughout the day.

People had access to healthcare services and received on-going healthcare support. Staff referred people to the GP or district nurse when they showed signs of ill-health. Relatives told us they were kept informed when people were referred to the GP, one relative told us, "They [staff] are good in that respect. They will always get in touch with the family if she isn't well or they are worried about her at all. They do involve us all the time."

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met. The registered manager had made appropriate applications for DoLS authorisation.

The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. One person told us, "They ask me everything." People looked happy and contented in the company of staff and we saw staff took care to ask permission before assisting people. For example, we saw staff asked people for their consent and explained what they were doing when applying clothes protectors at lunchtime.

People had been encouraged to personalise their rooms. The home contained many ornaments and items normally found in people's homes, however, some areas of the home were cluttered. The provider had not assessed on-going suitability of the home to meet the needs of the people now living in the home, particularly those living with dementia. Some areas of the home were used for storage, such as a toilet and under the stairs and the hoists were stored in the corridor.

We recommend the provider follow research based guidance on creating a dementia friendly environment.

Good

Is the service caring?

Our findings

People told us they were very happy living at Conifer Lodge Residential Home. In particular people valued the staff, one person said, "They [staff] are marvellous. Nothing is too much trouble for them." People told us they felt comfortable with staff they told us, "They're all very nice with us", "They are smashing", "They are lovely people" and "They are kind." One relative told us, "The staff are fantastic. I come every other day and I've seen nothing but kindness towards people here."

Staff knew people well; they had got to know people's life histories and their interests. We observed people were very comfortable in staff's company. Staff helped people to celebrate their birthdays; they always provided a buffet 'birthday tea' and provided a cake on these days.

People told us that staff respected their privacy and dignity and we saw that staff knocked on bedrooms doors before entering and that they were careful to close toilet doors when assisting with personal care. One person told us, "They [staff] are very good. They help me to get dressed and they are very gentle."

We saw that there were notices on people's doors reminding everyone, staff and visitors, to knock before entering. When staff carried out personal care, the notice was turned around to say 'Please do not enter. Respect my privacy and dignity.'

People chose where they wanted to spend their day. One person told us, "I like to come in here (the lounge) because I like to watch what is going on. It's nice in here." Another person told us, "I please myself where I want to be. I don't like to watch TV and sometimes I come into the (small) lounge because it's quieter. When they're [other people] all asleep I turn the TV off." People told us they chose when they got up and went to bed. One person told us, "I go to bed whenever I'm ready."

Staff knew people's individual communication skills, abilities and preferences. One person told us they had been involved in developing their care plan, they said, "I went through everything with them [staff]." Relatives told us that the registered manager was particularly good at communicating with them. One relative told us, "The manager here has been great. She is really kind and reassuring and has made sure that I have been involved from the word go in the care plan.'

People were supported to maintain relationships with those who were important to them. Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. One person told us, "The staff here are really good. They try their best and visitors are made welcome as well. I come every other day and stay for most of the day and I don't always come at the same time. If there was anything wrong, I'd be the first to see it but there is nothing. Families do get involved here."

People were supported to make decisions and express their views about their care. They could have access to an advocate if they felt they needed support to make decisions, or if they were being discriminated against under the Equality Act, when making care and support choices. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

People told us they had felt they were treated fairly and were free from discrimination. People felt able to discuss any needs they had associated with their culture, religion, sexuality. People continued to follow their religion, for example, there were weekly visits from the Roman Catholic priest.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the General Data Protection Regulation (GDPR). Handovers of information took place in private and staff spoke about people in a respectful manner.

Good

Is the service responsive?

Our findings

People had care plans that described in detail how their individual needs would be met. For example, one person had been assessed as at high risk of acquiring a pressure ulcer. Their care plan gave clear instructions to staff on how to provide their care to prevent pressure ulcers, such as ensuring their skin was kept clean and dry, and regular assistance to help the person to move to relieve their pressure areas. Staff documented the care they provided which demonstrated they carried out their care as planned.

People had been involved in creating their plans of care and had their care reviewed as their needs changed. People who required assistance to maintain their skin integrity received support to reposition frequently. Staff checked people's pressure relieving mattresses regularly to ensure they were on the correct settings to help relieve their pressure areas.

Staff were vigilant and used equipment to help keep people safe who were at risk of falling out of bed. Some people were cared for in a bed that was low to the ground, and mattresses placed next to their beds in case they fell out, to prevent injury. Others had pressure mats to alert staff to people getting out of bed. People told us they felt safe.

People were encouraged to maintain their independence as much as possible. One person told us, "I go to the shops or sometimes just to find a quiet spot where I can read my book in peace. I just think about observations about life and things that happen. I enjoy doing it."

People took part in activities organised by a volunteer who visited the home twice a week. The volunteer knew people well as they used to work at the home; they had a good rapport with people. We observed a large group of people taking part in a sing along. One person told us, "It's very nice here. You can please yourself what you do. If you want to do the singing, like this morning, then you can, but nobody forces you to join in." We also saw people talking about their past with the volunteer. There was a lot of laughing and people seemed extremely engaged in remembering everyday things such as the cuts of meat which are not commonly available now.

People had access to crafts and puzzles, some of their work was displayed in the lounge. The volunteer told us, "Most people like group activities but there are others who don't like to join in. If I've got time, I spend one to one time with them and just talk about their families and things that have happened in their lives."

People told us they knew how to make a complaint and there were systems to manage complaints. There had been only two verbal complaints raised in the last 12 months which had been responded to in a timely way in accordance with the procedure in place and action to address some of the concerns raised. All the people and their relatives who spoke to us gave us positive feedback.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to

ensure people with a disability or sensory loss can access and understand information they are given.

People had the opportunity to discuss with staff what it meant to be at the end of life. People told us they had discussed their beliefs and needs. One person told us, "They [staff] know all my preferences and they know what I want when I come to the end." Staff had ensured people's wishes were granted where possible, for example people remained in the home.

Requires Improvement

Is the service well-led?

Our findings

During our inspection on 29 March 2016 we found areas that required improvements such as protection from hot radiators, loose wardrobes, open stairways, incomplete water safety checks and unprotected stairways. At this inspection none of these areas had been adequately addressed. The provider had not carried out risk assessments and environmental audits to identify areas that required improvement.

The provider did not have suitable systems in place to assess and monitor the health and safety checks. There was no environmental audit to demonstrate the provider understood the issues or the actions that were required to maintain the upkeep and safety of the home.

The provider did not have suitable systems to record fire safety checks and food storage temperatures. They did not know when the boilers or the gas maintenance were due. Records were not complete or were stored in many different areas, making it difficult for the provider to assess if the records were up to date.

There were no systems in place to identify there were areas of the home that posed a risk to people. People living with dementia could access the lift unaccompanied, there was a risk that they could fall in the lift or the lift could break down causing distress. There was a toilet that was not in use due to the storage of commodes and other furniture; the door was propped open and the toilet accessible. People living with dementia could attempt to use this toilet but not realise they could not close the door. People were not protected from substances hazardous to health (COSHH); although there was a key pad to secure the COSHH storage door, staff did not ensure the door was closed.

We brought these to the attention of the provider who provided evidence of taking actions in response to our findings but they did not demonstrate they had oversight of the environmental issues.

The provider did not have suitable systems and processes in place to assess, monitor and improve the health and safety of people using the home. This constitutes a breach of regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

There was a registered manager who had managed the home since it registered with the Care Quality Commission in October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager understood and carried out their role of reporting incidents to CQC. The registered manager had made the appropriate notifications to CQC regarding incidents such as people incurring injuries from falls.

The registered manager had recently changed their work pattern to work part time. The provider had appointed another manager to job share with the existing manager. The new manager was in the process of registering with CQC. The new manager knew the home well as they had worked at the home for many

years; they were receiving training and guidance from the existing manager. The new manager had already started to implement a new training programme for staff.

People told us they knew and liked the registered manager. One person told us, "I've seen [registered manager] a lot. She is very kind." One relative told us, "The manager is very good. I'd give her 12 out of 10. She rolls her sleeves up and mucks in and I don't think she'd ask anybody to do something she won't do herself." People told us they could approach the manager at any time to discuss any concerns. One family told us, "We don't have formal meetings but there's no need. The manager is always available. It's very relaxed here."

Where the registered manager had responsibilities, they carried out audits such as accidents, incidents and falls. The medicines audit was carried out weekly; it checked staff were managing people's medicines safely. The registered manager asked for feedback from people using the service and their relatives. However, these had not been collated to establish if there were any themes that required action to improve the service.

The registered manager held the last team meeting in April 2018, where staff were updated about changes in shift patterns and the results from audits. Staff were informed of training opportunities and made plans to ensure there was enough staff to accompany people on a planned boat trip.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service. The provider did not have a website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to identify or act to mitigate risks relating to health and safety measures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have suitable systems and processes in place to assess, monitor and improve the health and safety of people using the home.