

Macleod Pinsent Care Homes Ltd

Conifer Lodge

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected Conifer Lodge on the 8 July 2015. Conifer Lodge is a residential care home providing care and support for up to 26 people. On the day of the inspection 21 people were living at the home. The age range of people living at the home varied between 60 – 100 years old. The provider, provided care and support to people living with dementia, diabetes, sensory impairment, risk of falls, mental health needs and long term healthcare needs.

Accommodation was provided over three floors with stairs connecting all floors and a stair lift in situ. Consideration had been given to the environment and making it dementia friendly. The home had received a

recent grant to change the carpets throughout the home. The new carpet was plain and pattern free enabling people to freely move around the home and promote their independence.

The home is located centrally in Hove and provides access to the city centre and seafront. There is good access to public transport and throughout the inspection; people were seen coming and going, going out shopping or going to meet friends. People and staff spoke highly of the registered manager. One staff member told us, “She’s very supportive and approachable.”

A registered manager was in post. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

People had mixed views regarding the opportunities for social engagement and activities. External entertainers came in and people spoke highly of the trips out. However, some people commented they felt lonely and bored. A weekly activities timetable was not in place and therefore people were unaware of what activities were taking place on a daily basis. Documentation failed to reflect what meaningful activities were taking place with people. We have therefore identified this as an area of practice that needs improvement.

People and staff felt staffing levels were currently sufficient. People felt staff at times could be busy and they didn't wish to be a nuisance. Individual's levels of care needs were assessed and dependency need calculated, such as high, medium or low. However, these dependency scores were not used to calculate staffing levels. If staffing levels needed increasing, the registered manager was expected to submit a dependency form to the provider requesting additional staff. We have therefore identified this as an area of practice that needs improvement.

Formal systems were not in place to review, monitor and assess the effectiveness of care plans. Care plans were not being audited to ensure all information was correct and up to date. The absence of a care plan audit meant the provider had not identified falls risk assessments were not taking place. We have therefore identified this as an area of practice that needs improvement.

Staff understood the needs of people and we saw care was provided with kindness and compassion. People were dressed in their own style and if they needed support, staff helped people to take a pride in their appearance and dress in their personal style.

People spoke highly of Conifer Lodge. One person told us, "I'm very lucky to be here." Visiting healthcare professionals praised the service and felt confident staff were following their advice and guidance. Staff received on-going training and support that enabled them to provide effective care

Medicines were stored safely and in line with legal regulations. People told us they received their medicine on time and staff were confident in medicine administration. People spoke highly of the food offered. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs.

People and their relatives told us that they felt the home was safe. Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised. There was an open culture at the home and this was promoted by the registered manager and team leaders who were visible and approachable.

There was a friendly, relaxed atmosphere at the home. People were regularly seen coming and going and people were free to spend the day how they chose.

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?

Conifer Lodge was safe. People commented they felt safe living at the home. Staff recognised the importance of positive risk taking and people were freely encouraged and promoted to take day to day risks.

Staff had a clear understanding of the procedures in place to safeguard people from abuse. People received their medicines when they needed them. Medicines were stored and managed safely.

Recruitment systems were in place to ensure staff were suitable to work with people. Risks associated with the environment and premises were maintained and people's ability to evacuate the home in the event of an emergency had been considered.

Good



Is the service effective?

Conifer Lodge was effective. People spoke highly of staff members and visiting healthcare professionals praised the service.

People were supported by staff who received appropriate training and supervision. People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Good



Is the service caring?

Conifer Lodge was caring. People and visiting relatives spoke highly of the caring nature of staff.

People were treated well by caring staff who respected their privacy and dignity. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

People were informed and actively involved in decisions about their care and support. Mechanisms were in place to involve people in the running of the home.

Good



Is the service responsive?

Certain aspects of Conifer Lodge were not consistently responsive. Activities were not consistently meaningful for people. Documentation failed to record what activities were taking place. Care plans did not consistently reflect people's equality and diversity.

People had individual care plans which were reviewed monthly and updated following any changes in the person's care needs.

Requires improvement



Summary of findings

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Certain aspects of Conifer Lodge were not consistently well-led. Improvements were required to the home's quality assurance framework. Systems were not in place to review the effectiveness of care plans.

Staffing levels were currently sufficient; however, feedback was not heard back from the provider when staffing levels required increasing.

People and staff spoke highly of the registered manager. Systems were in place to gain feedback from people, staff and healthcare professionals. The registered manager was committed to the on-going improvements of the home.

Requires improvement



Conifer Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection on 8 July 2015. It was undertaken by three inspectors. During the inspection, we spoke with seven people who lived at the home, two visiting relatives, four staff members, the chef, maintenance person, area manager, the registered manager and a visiting healthcare professional (Occupational Therapist).

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home. On this occasion we did not ask the

provider to complete a Provider Information Return (PIR), this was because the inspection was carried out at short notice. A PIR 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. Conifer Lodge was last inspected in January 2014, where we had no concerns.

We looked at areas of the building, including people's bedrooms, the kitchens, bathrooms, and communal lounges and the dining room. We spent time sitting with people in the communal lounges, talking and interacting. We also spent time observing the delivery of care and support in the communal areas.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Conifer Lodge. This is when we looked at their care documentation in depth and obtained their views on how they found living at Conifer Lodge. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Conifer Lodge, the care felt correct and the environment was safe and suitable for their individual needs. One person told us, "I feel extremely safe here." Another person told us, "If I press my call bell they come up straight away." Another person told us, "When I go out I lock my own door which I like."

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people coming and going from the home. One person told us they were on their way to the local shop and spoke passionately about being able to come and go as they wished. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. The registered manager told us, "I'm a firm believer of our residents taking risks. Our culture here is that we want people to live the same life they had before they moved into Conifer Lodge." Staff clearly recognised that people's level of autonomy should be respected and promoted. One staff member told us, "We are working with one person to ensure they remain safe when they go out independently. Make sure their phone is charged and we are now going to ensure they have a map on them of the local area." One person told us, "I don't think there is any risk of me going out."

Risks to people's safety when going out and about independently were assessed and reviewed. Risk assessments were in place which considered the identified risks and the control measures required to minimise any harm whilst empowering the person to undertake the risk. One risk assessment identified that the person could be at risk of getting lost until oriented to the local area. Measures were in place which included staff going out with the person until they felt confident they were familiar with the local area.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff

had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

People told us they received their medicines on time and felt confident in the skills of staff members managing their medicine regime. Some people self-administered their medicines and felt happy to retain this level of independence. One person told us how they had a lockable drawer in their bedroom where they kept their medicine.

The management of medicines was appropriate and people received the medicines they needed, safely, and on time. The storage of medicines was appropriate; this included a drugs trolley and suitable medicines storage cupboards. A medicines fridge was available which stored medicines required to be kept at a cool temperature. Medicine fridges were maintained and kept at a recommended temperature. Extreme temperatures (hot and cold) or excessive moisture causes deterioration of medicines and some are more susceptible than others. Documentation confirmed the temperatures of fridges and medicine room were checked on a daily basis and were consistently within the recommended limits

Medicines administration records (MARs) were well maintained and reflected that the recording of the administration of medicines was in line with best practice guidelines. A current photograph of each person was attached to the MAR to ensure there were no mistakes of identity when administering medicines. Systems were in place to account for and dispose safely of medicines that were no longer required. Medication audits were in place to guard against errors related to how medicines were handled. Staff members confirmed only staff who were trained in safe handling of medicines could administer medicines to people. One staff member told us, "We have a good working relationship with the local pharmacy and those who are trained are all confident in administering medicines."

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff

Is the service safe?

starting work which included checks through the Disclosure and Barring Service (DBS) service. These checks identify if perspective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. Staff told us they had submitted an application form and attended an interview. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. Regular checks on equipment such as stair lifts and bathing chairs were regularly serviced

and maintained. Weekly fire alarm tests took place along with weekly water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible. Generic risk assessments included cleaning in the kitchen, bathing a resident and infection control. A recent environmental health visit had resulted in a five star (excellent) hygiene rating.

Is the service effective?

Our findings

People, visiting relatives and healthcare professionals spoke highly of staff members. One person told us, “They look after me really well.” A visiting healthcare professional told us, “I really enjoy coming in. Staff engage really well with people and have a good knowledge of people.”

Staff were very knowledgeable about people’s needs and how to support them in a manner that gave them personalised, effective care, with a positive outcome, based upon their individual needs. Staff members could confidently tell us about each person’s care needs, how they best liked to receive their care needs, their likes, dislikes and personal history. Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as dementia awareness, equality and diversity and decision making in dementia care. Staff spoke highly of the opportunities for training. One staff member told us, “The manager encourages people’s potential. I am speaking with her about pursuing a higher NVQ and I am interested in a diabetes awareness course which we discussed first in my appraisal and reviewing it in supervision.”

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries. Mechanisms were in place to ensure staff received a yearly appraisal. Appraisals are a yearly performance review, setting targets and personal development plans for the year ahead. Documentation confirmed staff members had either had their yearly appraisal for 2015 or were due to have their appraisal. Staff members remarked they found their yearly appraisal useful and helped them identify what they wished to achieve for the following year.

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Conifer Lodge and the people living at the home. Staff told us they had received a good induction which equipped them to work with people. One staff member told us, “Before I worked unsupervised, I shadowed staff until I felt confident.” The induction

programme for new members of staff followed the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff members were required to complete an induction handbook which included; duty of care, equality and diversity, working in a person centred way and privacy and dignity. The registered manager told us, “As part of the induction, I spot check and observe staff members to assess their level of competency.” This demonstrated staff had a comprehensive understanding of their work and the policies, procedures and work practices expected of them.

Staff were committed to providing high quality, effective care. One staff member told us, “We know people extremely well and know when someone may be unwell or requires medical attention.” The registered manager told us, “We have a vast range of individual needs to meet and staff work hard to ensure people maintain good health.” People’s health and wellbeing was monitored on a day to day basis. Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and psychiatrists whenever necessary. Throughout the inspection, external healthcare professionals were visiting people, these included district nurses and occupational therapist. One visiting healthcare professional told us, “Staff are very good at contacting us if they have concerns along with following our advice and guidance.”

People commented that their healthcare needs were effectively managed and met. One person told us how if they felt unwell, staff always acted upon their concerns and sought advice from their GP. Visiting relatives/friends felt confident in the skills of the staff meeting their loved one’s healthcare needs. One visiting friend told us, “My friend is eating more and appears much happier and healthier.”

Communication within the home was seen as vital in supporting people to maintain their health and wellbeing. Staff explained how they handed over key information to staff coming in on the next shift, so that staff were kept up

Is the service effective?

to date with changes to people's changing health needs. We observed the afternoon handover which was led by the senior staff member. There was a clear focus on each person in turn and staff presented with in-depth knowledge about each person. Information was provided on how the person was, if they had been seen by a healthcare professional or if they presented as unwell. The handover identified that one person had a cough; staff were informed to monitor the cough, what time it comes on and for how long.

Conifer Lodge provided care and treatment to people living with dementia. To provide safe and effective dementia care, an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) was required. The MCA 2005 is a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. Staff observed the key principles of the MCA in their day to day work. Staff members understood the importance of gaining consent from people before providing any care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One staff member told us, "We always gain people's consent before providing or delivering any care, such as personal care." Staff members recognised that people had the right to refuse consent.

The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. The provider was meeting the requirements of DoLS. The manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty. On the day of the inspection five people were subject to deprivation of liberty

safeguards. Staff had a firm understanding that people were subject to DoLS, what it meant for those individuals and that the impact of the DoLS application did not infringe on their freedom or independence.

People were complimentary about the food and drink. One person told us, "The food is quite good here." A visiting relative told us, "The cook does brilliant homemade desserts." Another person told us how they could make specific requests to the cook. They told us, "I like cheese and biscuits and the cook does it for me,"

People were involved in making their own decisions about the food they ate. Special diets were catered for, such as vegetarian. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The cook commented that the menu was changed every five weeks and people were involved in deciding what they would like on the menu. Menu options included cold meat platter, savoury lamb mince, beef casserole and fish and chips. We asked people if we could join them at lunch time to share their experience and we were invited to join them. The dining room was on the ground floor and adjacent to the lounge. Everyone came to lunch and dined on tables that had been set by care staff. Tables were set with table cloths, place mats, napkins, wine glasses. The cutlery and crockery were of a good standard, and condiments were available. One person told us, "I like a glass of wine with my lunch. It's served by very nice, efficient staff." On the day of the inspection, people were enjoying roast Beef, roast potatoes, mashed potatoes and fresh vegetables. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was calming and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly (if consented to by the individual). Where people had lost weight, we saw that advice was sought from the GP, dietician and speech and language therapist.

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, “The staff are very nice.” Another person told us, “The staff are very kind to me.” Another person told us, “I’m very lucky to be here.”

Positive relationships had developed with people. Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level. One person was observed saying they didn’t like the lunch options. A staff member sat down next to the person, taking the time to see if anything was wrong and exploring what they would like for lunch and offered alternative options.

Staff demonstrated empathy and compassion for the people they supported. One staff member told us, “The care we provide is incredible and we genuinely care.” Staff made time for people, calling people by their preferred name and demonstrated a firm understanding of people’s personal background and personality traits. One staff member was observed asking, “Do you want to watch the tennis (person’s name). It’s your favourite, Andy Murray on in a while.” One staff member told us in depth how some people living with dementia had teddies. They explained to us how the teddies provided comfort to the individual and to them; the teddies were real and their family. Staff members all recognised the importance of the teddies and took the time to interact with people and their teddies.

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff’s induction, privacy and dignity was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people’s privacy and dignity. One staff member told us, “We always knock on people’s bedroom doors, close the curtains and respect their privacy.” Staff also explained how they gained permission before doing things and explained how they tried to offer reassurance and reduce or manage embarrassment where necessary. People confirmed staff upheld their privacy and dignity. One person told us, “They always knock.”

Conifer Lodge had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the home and spending time in the various lounges. One lounge backed onto the garden with the home’s pet budgies in the lounge. People were observed spending time in the lounge, reading, doing the crossword or enjoying quiet time. The other lounge was the TV lounge. People were observed independently turning the TV on and off, deciding what TV programme they wished to watch. During the inspection, people were observed enjoying Wimbledon on the television.

Staff and the registered manager were committed to making Conifer Lodge people’s home and an environment whereby people could orient themselves freely. The registered manager told us, “We support quite a few people living with dementia. We want people to be able to independently orientate themselves around the home. We were awarded a grant to change the carpets. We use to have patterned carpet and for people living with dementia, patterned carpet can be disorienting. We now have plain carpet throughout the home.”

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. Mechanisms were also in place to involve people in the running of the home. Resident meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes from the last meeting in May 2015 confirmed people spoke about entertainment, food options and staffing. Where people made suggestions, the registered manager acted upon these. The registered manager told us how one person suggested they wanted to make their own coffee. It was agreed for a hot water flask, coffee, milk and tea to be made available for people to independently make their own hot drinks.

People’s rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance. Ladies were also seen wearing jewellery and makeup which represented their identity.

Is the service caring?

Mechanisms were in place to support people to maintain relationships with those who mattered to them. Visiting was not restricted; people were welcome at any time. People could see their visitors in the communal lounges or

in their own bedroom. One visiting relative told us they could visit at any time and were always made to feel welcome. Another visiting relative told us, "When I arrive they always tell me what's going on with Mum."

Is the service responsive?

Our findings

People felt staff responded well to their individual needs. However, people had mixed views about the opportunities for social engagement and interactions. People spoke positively about the trips out but felt more activities could be on offer at the home.

It is important that older people in care homes have the opportunity to take part in activity, including activities of daily living, which helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. Throughout the inspection, we were unable to locate an activity timetable, informing us what activities were available every day. The registered manager acknowledged that one was not available and therefore no guidance was available for people informing them what daily activities were on offer. The registered manager told us, "We have external entertainers come in, musicians and dream work productions. We also organise trips out, and have pet therapy whereby people bring in pets such as dogs." Staff members informed us that they had just taken people out for afternoon tea the week before which people enjoyed. One person told us, "We went to St Anne's Wells garden last week for tea, it was really nice."

We queried with staff and the registered manager whether an activities coordinator was in post who was responsible for overseeing activities and ensuring that people receive one to one activities. We were informed that the registered manager was the activities coordinator. For people living with dementia, keeping occupied and stimulated can improve quality of life for the person. We explored what mechanisms were in place to provide meaningful activities to people and ensure people receive stimulation and engagement on a daily basis. The registered manager told us, "We do quizzes nearly every day which people enjoy and we try and pair people up with activities they enjoy doing. We had two people who enjoyed playing chess, so we introduced them and now they play chess together." We asked whether people had a weekly timetable planner which included regular one to one time or regular time to receive support to go out and about with staff (if unable to go out independently). The registered manager identified this was not in place, but confirmed that people received support to go out and about but acknowledged documentation did not reflect this was taking place.

People had mixed views about the level of social engagement and activities on offer. We spent time talking with one person who advised they often felt bored. They commented that due to their eye sight they could no longer read but needed support to go to the library and get talking books. They also spent time talking about how they enjoyed shopping and would like to go out shopping more. Another person told us, "It can be quite lonely here." For people who spent considerable time in their bedrooms, we queried what support was in place to reduce the risk of social isolation and to ensure their interests and hobbies were pursued. The registered manager told us, "Staff regularly spend time with people in their bedrooms but this interaction isn't always documented."

During the inspection, people were seen watching the television and during the afternoon, an external person came in selling shoes to people. However, no consideration had been given to encouraging people to participate in an activity or something meaningful to provide stimulation and engagement. We have therefore identified this as an area of practice that needs improvement.

We looked at the arrangements in place to ensure that people received care that had been appropriately assessed, planned and reviewed. Each person had an individual care plan. A care plan is something that describes in an accessible way the services and support being provided to an individual. Each section of the plan covered a different aspect of the person's life, for example personal care, mobility, mental health, continence, communication and emotional support. Care plans were personalised to the individual and information was readily available on how the individual preferred to be supported. Information was clearly available on the person's past, such as place of birth, family members, their employment history and what was important to them. Monthly reviews took place, assessing the effectiveness of the care plans and whether any changes to the person's needs had taken place. However, care plans did not consistently reflect people's diverse needs or consider equality and diverse. Care plans failed to consider people's sexuality and how to ensure care and support is delivered in line with people's sexuality and ensuring their sexuality is respected. We have therefore identified this as an area of practice that needs improvement.

People and their relatives were supported with information on how to raise any concerns they may have and were

Is the service responsive?

provided with details of the complaints procedure when they arrived at the home. A copy of the complaints policy was displayed in the entrance of the home which also provided information on how to make a complaint and the timescales on receiving a response. People and their relatives told us they would not hesitate in raising any concerns and felt confident they would be resolved. One person told us, "I've had no reason to complain, but I would feel happy raising any complaints." Since the last inspection in January 2014, the provider had received one complaint. Information was clearly available on the nature of the complaint, action taken and any changes implemented following the complaint.

With pride, the registered manager showed us their folders on thank you cards and compliments received from various

residents and family members. Over the years, the registered manager had received numerous appreciation and thank you cards which she had kept. The registered manager told us, "These are really important to me and I like to keep them over the years."

Support was provided to ensure people's religious and cultural needs were met. Staff members confirmed people were supported to attend local church services within the area. One person told us, "They are very good at making sure the Father comes here to give me communion." Staff members recognised the importance of not overlooking people's religious needs and encouraging people to keep up with church attendance or attendance with other services in the local area.

Is the service well-led?

Our findings

People and staff spoke highly of the registered manager. One person told us, “The manager is very very pleasant.” Another person told us, “She’s very nice.” A member of staff told us, “The manager is approachable and makes time to talk.” Although people spoke highly of Conifer Lodge and the registered manager, we found areas of practice which well-led, but also areas that need improvement.

Most people and staff felt staffing levels were sufficient. However, some people felt staff were rushed at times and they wish to be a nuisance. One person told us, “They always respond when I press my call bell, but I do feel like a nuisance at times, especially as they are very busy, but there ever so kind.” We spent talking with the registered manager on how staffing levels were calculated. Staffing levels consisted on one senior staff member and two care staff along with the registered manager and chef. The night shift consisted on two care staff and management providing on call support. We queried how the registered manager determined that those staffing levels were based on the individual needs of people and adequate to meet the needs of 21 people. The registered manager and staff informed that each person’s level of dependency was assessed on the home’s electronic care system Caresys (Care Home Management Software). A tool was in place which enabled staff to assess the dependency of each person, whether they had high, low or medium care needs. However, this tool was not used for the purpose of calculating staffing levels. The registered manager told us, “If we feel more staff are needed, we have to complete another dependency tool and pass this to the provider and await their feedback.” We raised concerns that a systematic approach to determining staffing levels was not in place. We have therefore identified this as area of practice that needs improvement.

The registered manager was committed to the running of Conifer Lodge. Staff members spoke highly of the registered manager’s compassion and dedication. Throughout the inspection, we identified areas of home that required addressing. This included the outside garden. Trees needed cutting back, the ground was uneven and one person commented that due to the ground being uneven, they were unable to go out in the garden. A recent fire assessment in February 2015 identified that the chairs in the smoking room required replacing as the furniture no

longer complied with the, The Furniture and Furnishings (Fire) (Safety) Regulations 1988. The registered manager advised they had put forward requests to the provider to replace the chairs and have work done on the garden but had not yet heard back from the provider. Therefore the registered manager was prohibited to making improvements by the provider. We have therefore identified this as an area of practice that needs improvement.

There were various systems in place to monitor or analyse the quality of the service provided, these included monthly health and safety inspections along with health and safety checks. However, despite having systems in place, the provider did not complete audits of their care plans. Therefore, there were no mechanisms in place to monitor, analyse and review the effectiveness of care plans. From looking at the care plans, we were unable to locate any falls risk assessments. Falls risk assessments are integral in identifying if the person is at risk of falls, any contributory factors and the measures required to minimise the risk of falling. We looked at the monthly falls overview form dating back to January 2015. Following each fall, action was taken and analysis took place to ascertain what happened and why. Documentation confirmed if the person was referred to the GP or falls prevention team. However, initial falls risk assessments were not in place to identify anyone who may be at high risk. Due to the absence of a formal audit of care plans, the above issues had not been addressed by the provider. We have therefore identified this as an area of practice that needs improvement.

People, their relatives, staff and healthcare professionals were actively involved in developing and improving the service. Regular satisfaction surveys were sent out which provided people with the opportunity to give feedback on the running of the home. Feedback from one person received in April 2015, noted ‘Food very yummy, cleanliness very good, staff very helpful.’ Feedback from a relative in January 2015 noted ‘Staff are excellent and friendly and the strength of the service the home provides.’ The registered manager was committed to obtaining on-going feedback from visiting healthcare professionals. Since January 2015, regular feedback had been obtained. Feedback included, ‘Staff manage the residents very well.’ ‘Residents always appear happy.’ The registered manager told us, “Gaining feedback is imperative and helps us develop and learn.”

There was an open culture at the home and this was promoted by the registered manager and team leaders

Is the service well-led?

who were visible and approachable. The registered manager provided cover five days a week alongside a team leader on each shift. At weekends, team leaders provided leadership and staff members commented they found the registered manager and team leaders approachable. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles. The registered manager was seen as approachable and supportive and took an active role in the day to day running of the home. People appeared very comfortable and relaxed with her and people were observed to approach her freely.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported and monitored by an area manager and was able to regularly meet with managers from other homes in the group. The registered manager kept up to date with current good

practice by attending training courses and linking with appropriate professionals in the area. The registered manager told us, "I'm keen to support my staff and help them develop and grow." Learning was cascaded down to staff and the registered manager was aware of their new responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment.

Throughout the inspection, the inspection team commented on the atmosphere of the home and how the home had a friendly feel. It was clear staff and the registered manager had compassion and empathy for everyone living at the home. They all had a firm understanding of people's individual needs, personality history and had spent time building a rapport with people. People spoke highly of the home. One person told us, "They are very kind to me and look after me well." The registered manager told us, "We want people to remain individual and our key strength here is that we know everyone really well and can help promote well-being and identity despite living in a care home."