

Family Care Private Company Limited

Conifers Care Home

Inspection report

Seal Square
Selsey
Chichester
West Sussex
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Tel: 01243602436

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Conifers Care Home is a residential service that provides accommodation and personal care support for up to 20 people. People have a range of care and support needs including diabetes and some people are living with dementia and the frailties of old age. At the time of our inspection 13 people were living at the service.

Conifers care home is a detached house located in a residential area of Selsey. The service has been adapted over three floors.

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

Significant improvements had been made since the last inspection. The changes are still recent and need time to embed fully.

People spoke confidently about the registered manager and were positive in their feedback. Staff had an enthusiastic and caring approach to their work, which was observed at inspection.

Care plans and risk assessments had been overhauled and were now written with respect to reflect each person's individual needs. Giving levels of detail on health needs and clear guidance for staff to follow.

People commented on the improvements to the environment and told us of choice they had been offered to decide on décor. The gardens were now place's people said they liked to use. Staff reflected that the service was now organised and support was able to be delivered effectively.

The administration of medicines had been changed to comply with guidelines and the staff room had been moved to a different part of the building. Staff had received training and only trained staff were administering medicines.

Systems had been put in place to assess risks around falls and people's health needs, staff understood their role in raising concerns and reporting issues. The registered manager demonstrated detailed knowledge of people's needs and how to look for trends and indicators that someone's needs were changing.

People's risks were identified, assessed and managed safely. If accidents or incidents occurred, these were reviewed and analysed; lessons were learned to prevent a reoccurrence. People received their medicines as prescribed. Infection prevention and control procedures were effective and applied rigorously. Staffing levels were sufficient to meet people's needs.

Auditing systems continued to be implemented well and were effective in monitoring and measuring the care delivered and the home overall. The registered manager adopted a pro-active approach and was involving staff in the management of the home.

The registered manager told us they are seeking more information from reputable sources to improve the service's dementia environment and support practice and are seeking more information from reputable sources to facilitate this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 4 September 2020) A warning notice was served and conditions placed on the providers registration that the provider must undertake audits of the care plans, risk assessments, medicines and staff training and that the provider must send a report to CQC every calendar month to include results and analysis of the audits. The report should also include a summary of actions taken in response to shortfalls, timescales for improvements and who is responsible for them. The audits have been undertaken and CQC has received the first monthly report. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to follow up on action we told the provider to take since the last inspection in respect of breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Requires improvement We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Requires improvement We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Conifers Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also checked on action we told the provider to take since the last inspection in respect of breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Conifers is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers, domestic staff and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including accident/ incident reports and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. We have not changed the rating of this key question, as we have only looked at the parts of the key question, we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management and Using medicines safely

At the last inspection in July 2020, the provider failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, risk management systems continued to be implemented and were effective in protecting people from potential harm. Improvement had been made, the provider had met the warning notice and was no longer in breach of Regulation 12.

The systems were new and time was needed to be assured that they were sustained and embedded in practice.

- People were protected from the risk of avoidable harm. Risks to people were identified, assessed and managed safely.
- We reviewed information provided to staff in people's care plans. Throughout the inspection, we observed that staff were aware of people's risks and followed the guidance provided. For example, one person had type 2 diabetes, their care plan and risk assessments were clear and detailed. Risk assessments provided guidance on what to do to support the person to manage their diabetes and physical health. Staff were aware of the person's needs and adjustments had been made to the menus to provide meals with reduced carbohydrates and sugars. The person told us they liked the food.
- We found that the new care plans and risk assessments had been written respectfully and used valuing terminology. They were easy to read and follow. The care plans identified people's needs for additional records to be kept including fluid charts with the recommended daily amount of fluid for each person, these were reviewed by the registered manager and tracked against the prevalence of urinary tract infections.
- Staff understood the need to record and report issues. For example, staff explained a new falls protocol has been implemented giving them clear guidance on what to do if a person had a fall or was found on the floor, this included checking for injury and monitoring actions staff need to follow. Records confirmed the protocol was being followed and appropriate actions taken. The registered manager told us he involves people and their families in decisions about risk.

- Medicines were received, stored, administered and disposed of safely. Since the last inspection, changes have been made to the layout of the medicines room and systems have been put in place to simplify and monitor processes. Policies and procedures were reviewed and updated.
- We observed a staff member administering medicines to people at lunchtime and this was completed with care and attention. The staff member was knowledgeable about the medicines they were administering to people and demonstrated an understanding of each person's needs and preferences. The staff explained the training they had and the competency assessment the registered manager had completed with them.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task.
- Medicines were audited safely and any issues identified were rectified. Records were clear and up to date, ensuring staff administering medicines had all the information they needed to carry out this procedure safely. Guidance was available for staff on when to offer 'as required' (PRN) medicines and what these medicines were for.
- PRN medicine which is given for the management of anxiety had a protocol, giving guidance to staff on when it could be offered. Records showed appropriate use of the medicine with a clear rationale for its use recorded by staff.
- The pharmacy had carried out an audit on the 2 December 2020, this showed a 97% compliance figure. The registered manager was able to demonstrate that the actions identified in the audit had been taken.

Preventing and controlling infection

- As part of CQC's response to the coronavirus pandemic, we have been conducting a thematic review of infection control and prevention measures in care homes. We were assured the home was following safe infection prevention and control procedures to keep people safe.
- The home was following Public Health England guidance in respect of COVID-19 to keep staff safe. Clear processes were in place for visitors to the home which reduced the risk of catching or spreading infection.
- The home was not admitting new people at the time of the inspection. There were plans in place for managing isolation for people returning from a hospital stay.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored on a monthly audit, with actions taken to reduce the risk of reoccurrence. One person had a fall and changes were made to their bed and the layout of their room to mitigate the further risk of a fall.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. We have not changed the rating of this key question, as we have only looked at the parts of the key question, we have specific concerns about.

The purpose of this inspection was to check on action we told the provider to take since the last inspection in respect of breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

We will assess all of the key question at the next comprehensive inspection of the service.

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

At the last inspection in July 2020, the provider failed to have effective systems in place to check the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had taken the action we told them to take and was no longer in breach of Regulation 17.

The quality systems were new and time was needed to be assured that they were sustained and embedded in practice.

Following the last inspection, we placed conditions on the provider's registration which required them to undertake audits of the care plans, risk assessments, medicines and staff training at Conifers Care Home. The registered person must provide a written report to CQC each month. The written report was to include a summary of actions taken in response to any shortfalls found in the audits, the timescales for improvements, who was responsible for them and what the quality assurance arrangements were going forward. The registered person was providing the written report.

- The provider has engaged an external management consultant to provide support to the registered manager in undertaking and setting up quality auditing systems. The registered manager told us they had found this helpful.
- The registered manager had worked hard to implement a system to measure and monitor the service provided, to identify areas for improvement, and ensure any issues were addressed.
- The provider had sent us the first of the monthly reports of the action they had taken to improve the service as part of the conditions imposed on their registration. We reviewed this information both during and after the inspection to ensure that actions identified had been completed in line with what the provider had told us. We found the actions taken matched those marked as completed in the provider's monthly report. Therefore, the conditions of their registration were currently being met. This will need to be

maintained over coming months to ensure that it is embedded in to practice.

- A range of audits had been completed which included checks on moving and handling equipment, a monthly health and safety audit, incident and accident reports and medicines.
- Care plans were all fully re written and contained detailed information and clear guidance for staff to follow. Staff told us they contribute to the care plans and regularly discuss people's changing needs with the registered manager. Staff told us the registered manager would talk through each person's care plan with staff so they had a better understanding of each person's needs and how best to support them.
- Systems to support staff training and competency have been put in place. Staff told us they had training that helped them to understand their role. One staff said "The competency assessment I had after my medication training really gave me confidence that I knew what I was doing" Another staff told us they felt that the dementia training was helpful as they had not worked with people living with dementia before, and they would like to know more so they could better understand how different conditions effect people .

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

- Staff were positive about working at the home; they felt their views were listened to and acted upon. One staff member said, "I have respect and confidence in the leadership now. [named registered manager] has made positive changes to everything, we are a good strong team now."
- People told us they were pleased with the changes to the home. Particularly the work carried out to make the service more homely. One person commented they likes the new wallpaper and the work that has been done to improve the garden. Another person said "[named registered manager] is very kind"
- Staff and people were observed to talk freely to each other. Staff knew people's backgrounds and what they liked. One person said "They know me" when referring to the staff.