The Conifers Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 12 and 13 May 2015 and was unannounced. At our last inspection in June 2014 the service met all the standards we looked at.

The Conifers Healthcare Limited is a home for older people who are in need of nursing care. It provides accommodation to a maximum of thirty people some of whom have dementia. The service is a family run business and two of the family members work full time at the home.

The majority of people using the service have very complex care needs and are highly dependent on the staff to provide them with appropriate care.

The registered manager had recently left the home after many years working there and we met with the acting manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 told us they felt safe at the home and safe with the staff who supported them. They told us that staff were patient, kind and respectful.

People and their relatives said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance when they used the call bell.

The management and staff at the home had identified and highlighted potential risks to people's safety and had thought out and recorded how these risks could be minimised.

Most staff understood the principles of the Mental Capacity Act 2005 (MCA) however not all staff had undertaken training in this important aspect of people's care. Staff told us they would presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians. We spoke with a healthcare professional who visited the home on a regular basis. They were positive about the service manager, acting manager and staff at the home.

Food looked and smelt appetising and the cook was aware of and provided any special diets people required either as a result of a clinical need or a cultural preference.

People told us they liked the staff who supported them and staff listened to them and respected their choices and decisions.

People using the service and their relatives were positive about the service manager and acting manager. They confirmed that they were asked about the quality of the service and had made comments about this. People felt the service took their views into account in order to improve service delivery.

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?

Good

The service was safe. People told us they felt safe at the home and with the staff who supported them.

There were enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Most staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food which looked and smelt appetising. The cook was aware of any special diets people required either as a result of a clinical need or a cultural preference.

People and their relatives said they had good access to other healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. People told us staff treated them with compassion and kindness.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the home.

Care plans included an up to date and detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Is the service well-led?

Good

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Summary of findings

Staff had a clear understanding about the visions and values of the service.	

The Conifers Healthcare Limited

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 inspection took place on 12 and 13 May 2015 and was undertaken by two inspectors and a specialist advisor with particular knowledge, qualifications and experience of pressure ulcer management.

Before our inspection we reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

We met with all of the people who used the service, however, due to people's cognitive impairments, some of the conversations with people were limited and we were only able to say hello and ask how they were feeling. Because of this we spent time observing interactions between people and the staff who were supporting them.

We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people was having a positive effect on their well-being.

We spoke in more detail with fourteen people who were more able to give us their views about the home verbally. We spoke with nine relatives of people using the service so they could also give us their views about the home.

We spoke with six staff as well as the service manager and acting manager.

We looked at eleven people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits and surveys.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and that they were well treated by the staff. One person told us, "It's a very nice home here. I am well looked after." Relatives were positive about the staff and how they treated people at the home. A relative commented, "I'm so happy that we got him here, I can sleep at night."

Staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood that racism or ageism were forms of abuse and gave us examples of how they valued and supported people's differences. For example, staff ensured that people could still follow their chosen faiths and we saw that people's cultural preferences in relation to diet and activities were respected and being maintained.

Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police or the local authority.

The care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST), used to assess people with a history of weight loss or poor appetite. There were also risk assessments in relation to falls, pressure care and continence management.

Where a risk had been identified, the acting manager and staff had looked at ways to reduce the risk. The acting manager had also obtained advice for other professionals on how to reduce people's identified risks. We noted that information about how staff were to reduce risks to people's safety were not always recorded in their care plan but this information was available in people's rooms.

For example, where someone had been assessed as at risk of developing pressure ulcers, there was guidance for staff in that person's room to monitor the person's pressure areas and ensure that they changed their position on a regular basis. This repositioning was being recorded. People also had special pressure relieving mattresses to further reduce the risk.

Care plans indicated that staff checked people's skin condition during personal care and would report any skin rash or sore that they found. A body map was used to show where any sore or rash was located. Staff had a good understanding about pressure ulcers, how they occurred and how to prevent them. If there were any concerns about people's pressure care management we saw that a tissue viability nurse has been called in to give advice and guidance.

We saw that risk assessments were being reviewed on a regular basis and information was updated as needed. The acting manager told us all staff were informed of any changes in a person's care needs or risks during the shift handover.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. These included the fire risk assessment, monitoring water temperatures to reduce the risk of scalding and checks to reduce the spread of water borne infections such as Legionella.

People and their relatives said they were satisfied with the numbers of staff and that they did not have to wait too long for assistance. One person commented, "I press the call bell, it's over there. I can call day and night and they always come." A relative told us, "There are so many staff, always enough and they always keep popping in and interact well."

We noted that some people who were very frail or confused could not use their call bell. Staff told us they made sure they regularly checked on people throughout the day and night. Although these checks by staff were not being recorded, a relative told us, "Care workers are always popping in to see if he's okay."

Staff did not raise any concerns with us about staffing levels at the service. We observed staff during the inspection and saw that, although staff were busy, they were not rushed and were able to spend some time with people.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the home. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. Staff confirmed that they were not allowed to start work at the home until satisfactory references and criminal record checks had been received.

Good

Is the service safe?

People told us they were satisfied with the way their medicines were managed at the home. One person told us, "I get my medication on time, get my supplements." We checked the Medicine Administration Record (MAR) charts and found the staff had completed and signed them correctly.

Prescribed medicines were dispensed by the local pharmacist using dosett boxes with one week's supply of medicines. We noted that people's monthly amounts of medicines were being recorded by the receiving nurse rather than weekly amounts. We informed the acting manager of this and she took immediate action to ensure the receipt of medicines coming into the home was being accurately recorded.

We checked records in relation to the receipt, administration and disposal of controlled drugs at the home which were all accurate and up to date. Only qualified nursing staff dealt with the management of medicines.

The acting manager confirmed that she undertook regular checks to make sure records were accurate and that staff were following the medicines policy and procedure.

Good

Is the service effective?

Our findings

People who used the service, their relatives and friends were positive about the staff and told us they had confidence in their abilities. One person told us, "They all know the procedures and what they need to do." A relative told us, "The staff are good and seem to understand dementia." Another relative commented, "I've noticed a positive difference since [my relative] has been here."

Staff were positive about the support they received in relation to supervision and training. Staff told us that they were provided a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, fire safety, basic life support and moving and handling. Staff said they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the acting manager and told us they could discuss what was going as well as look at any improvements they could make. They said the acting manager and service manager were open and approachable and they felt able to be open with them.

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation's philosophy of care. One staff member who recently completed her induction said the process had made her feel much more confident.

Most staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if a person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. The service manager told us about a recent "best interests" meeting that had taken place at the home because a person using the service needed to make an important decision about their care.

We found that training in the Mental Capacity Act (MCA 2005) was not routinely offered to staff and some staff demonstrated a limited understanding of this important legislation.

We spoke with the service manager about Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place where it might be necessary to restrict a person's access to areas within the home or stop them from leaving the home because they would not be safe on their own. The service manager told us that there was no one at the home under a DoLS and no restrictions were in place for anyone however applications for DoLS had been made in the past when needed.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do.

We noted that CCTV cameras had been fitted inside and outside the home. The service manager told us that the CCTV cameras outside the home were an essential security measure and required to keep people safe. However, there were also cameras inside the home in communal areas such as the lounge. Although there were signs on display that indicated that CCTV cameras were being used, we did not see evidence that people's consent to be filmed had been obtained and how this consent was obtained from people who lacked capacity. Neither did we see any evidence that the management were reviewing this issue. The service manager told us that they would take legal advice regarding the CCTV cameras and people's consent to be filmed.

People told us they liked the food provided at the home. One person told us, "The food is very nice. They know what I like and I can ask for it." A relative commented, "The food is tasty and fresh. [My relative] likes fish on Friday and he gets that. [The staff member] in the kitchen is very accommodating and makes me feel very comfortable and welcome."

We saw the care plans and risk assessments for people who had a loss of appetite or those prone to choking or with swallowing difficulties. We noted their care needs had been reviewed regularly, which included nutritional screening and an assessment of the risks associated with poor nutrition and poor hydration. Where there were concerns identified through nutritional risk assessments, the management had referred the person to a dietician or a

Good

Is the service effective?

Speech and Language Therapist (SALT). We saw that advice from these healthcare professionals was on display in people's rooms so that staff knew how to safely meet their nutritional needs.

The cook was aware of people's different dietary requirements and information about this was on display in the kitchen. The management purchased a very diverse range of food for people so they had a good level of choice and people confirmed that they could choose what they wanted and we observed this in practice on the days of the inspection.

We also saw that people who required a different menu due to their cultural or religious beliefs were being catered for. Relatives told us that the management's respect for people's cultural needs was very important to them.

Care plans showed people's weight had been recorded at the time of their admission and after that a monthly record had been kept. If anyone had a poor appetite then we saw that a daily food and fluid intake monitoring chart was put in place. We saw the current charts in use had been appropriately completed to reflect the person's daily food and fluid intake.

We observed people being assisted with their meals, in the lounge at lunchtime. Lunch was unhurried and staff offered discreet assistance where required. Staff helped people and also chatted and joked with them and there was a friendly and social atmosphere.

People and their relatives said they had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians. One person told us, "I always get to see a doctor." A relative commented, "He had pain in his shoulder once, the doctor came within an hour."

People told us and records showed that the management worked closely with funding authorities and other healthcare providers, including the local hospitals and general practitioners. One person commented, "I've been to the hospital, when it hurts they take me" "Yes, they are looking after me."

We spoke with a healthcare professional who visited the home on a regular basis. They told us the home worked well with them and made sure people had good access to other healthcare services.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us, "I get twenty four seven excellent care. I am looked after very well night and day."

A relative commented, "They are lovely people." Other people we spoke with told us the staff were "kind", "caring" and "wonderful". People told us that staff listened to them and respected their choices and decisions. A person we were talking to about the staff said, "I'm looked after here and I can do what I want. They leave me to it and I like that".

People told us that they really appreciated the "homely" feel of The Conifers. Relatives explained that the family who owned and run the home were very good and that it was the "family feel" of the home that had made them feel welcome and why they wanted their relative to be cared for there.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives.

Relatives told us they were kept up to date about any changes and one relative said, "Every little thing they phone us." Another relative commented, "They have my mobile number and keep me informed of any changes."

Staff demonstrated a good understanding of people's' likes and dislikes and their life history. Staff used verbal communication which was clear and positive. Staff made good use of short closed sentences and used vocabulary adapted to the needs of the person with dementia.

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected people's diverse needs. For example, by making sure people's cultural and religious preferences were still maintained when they moved into the home even though the person may not remember this due to their cognitive impairment.

We observed staff respecting people's privacy by knocking on bedroom doors before entering and by asking about any care needs in quiet manner and without being overheard by anyone else. We noticed that a number of people had their bedroom door open. They could see everything that was going on but this did not provide them with much privacy when staff and visitors were walking down the corridor. When we asked the service manager about this, she told us that people had requested their door to be open but staff always checked with people when leaving their rooms.

Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

One relative told us, "When providing personal care they keep him covered where they can and maintain his dignity. [My relative] is always clean, well dressed, they make him look nice and always shave him."

Good

Is the service responsive?

Our findings

People and their relatives told us that the management and staff were quick to respond to any changes in people's needs. One relative commented in a recent quality survey, "Staff know the patients very well and are always polite and informative if I phone the home." Another relative commented, "They are always most courteous and I only have to ask about something and help is given right away." A relative told us, "Mum's getting better."

Relatives told us that the doctor was called out if there were any problems or concerns. The service manager told us that the doctor came to the home every week or at any time if there was a problem. We saw from people's care records that if the staff found any changes to people's health including weight loss or concerns about pressure areas, the relevant healthcare professionals were called out straight away.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. A relative made the following comment in the most recent quality survey, "The standards of care are always excellent. Care plans are up to date and informative."

We checked the care plan folders for eleven people. They contained a pre-admission document which showed people had been assessed before they decided to move into the home. Relatives told us that a nurse from the home had visited them to carry out an assessment of their relative's needs. These assessments had ensured that the service only admitted people whose care needs could be met.

However, one of the care plans we looked at was not detailed and did not contain information for care staff about all the care needs of the individual. We spoke with the acting manager about this plan. She told us that she had identified that some plans were not of sufficient detail or quality and, as a result, was in the process of reviewing all care plans and changing their format to bring them in line with current best practice.

The newly developed care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

The service manager told us that the provision of meaningful and regular activities and outings for people was one of their biggest challenges. We were told that the activities coordinator had left and there was currently a vacancy for this post. Although staff had some time to sit and chat with people, we didn't see any other type of activity during the inspection. Despite this, people told us they enjoyed reading, watching television and talking with other people. One person told us, "I like to stay in my room and read my newspapers."

Relatives told us they were able to visit when they wanted to. One relative told us, "We are made welcome and we can come anytime." We saw a number of relatives and friends visit during the inspection and the staff and management were friendly and welcoming.

The complaints procedure was on display in the entrance hall and people told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with they told us they could speak to any of the staff or management. One person told us, "I've never had to complain." A relative commented, "I had a small problem. I mentioned it and it's never happened again."

The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation. People told us that the service manager always met with them and asked them if everything was alright.

Good

Is the service well-led?

Our findings

People using the service, their relatives and friends were positive about the acting manager, service manager and the providers of the service. One relative told us, "[The service manager] is really good, say something and she will act on it. They are all very approachable." Another person commented, "I can get hold of [the service manager] and tell her if I'm not happy about something. She will deal with it."

Everyone we spoke with knew who the acting manager was and said she was approachable and available. The acting manager had a detailed knowledge about all the people in the home.

Staff were also very positive about the service manager and acting manager and the support and advice they received from them. Staff told us that the acting manager was "always happy to roll her sleeves up" and assist the staff if required.

Staff told us that there was an open culture at the service and they did not worry about raising any concerns. One staff member told us, "I can speak with the [service] manager about everything." Another staff member commented that the acting manager "listens" and "we all work as a team".

There were regular staff meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and that the service manager often praised and thanked the staff for their hard work.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect.

The management and providers had developed an on going business and development plan which gave details of how the service would improve over the coming year. This included building works which were on going at the time of the inspection.

We were told that bathrooms and toilets were the next priority for redecoration as a number of bathrooms we saw were in a poor state of repair.

The service had a number of quality monitoring systems including regular feedback forms for people using the service, their relatives and other stakeholders. We saw records of monthly quality and safety audits which were undertaken by the service manager. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.