

Mrs M Mather-Franks

The Conifers Residential Care Home

Inspection report

The Conifers
1a Lodge Road
Rushden
Northamptonshire
NN10 9HA

Tel: 01933779077

Website: www.mfcaregroup.com

Date of inspection visit:
07 July 2016

Date of publication:
27 July 2016

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 ●

Summary of findings

Overall summary

The Conifers provides accommodation and support for up to twelve people with learning disabilities and complex needs. It is situated in a residential part of Rushden, close to local amenities. On the day of our visit, there were eight people living in the service.

Our inspection took place on 7 July 2016, and was unannounced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of the importance of safeguarding people. They had been trained to recognise signs of potential abuse and keep people safe and were aware of the systems in place to report any concerns. Processes were in place to manage identifiable risks both for people and within the service. Risk assessments had been carried out to guide staff to manage and reduce the level of harm to which people may be exposed.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Safe and effective recruitment practices were followed.

Systems were in place to ensure people's medicines were well managed. There were suitable arrangements for the safe management of medicines.

Staff received support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

Consent for care was sought by staff on a daily basis and had been recorded in people's care plans. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

People were provided with a balanced diet and adequate amounts of food and drinks of their choice. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity. We saw that people and where appropriate, their family, were given regular opportunities to express their views on the service they received.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be

supported. There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes.

We found that the service had good leadership and as a result, staff were positive in their desire to provide good quality care for people. Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

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 were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There was sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained.

Is the service effective?

Good ●

The service was effective.

Staff had been provided with appropriate training which equipped them with the skills and knowledge to meet people's needs.

People's consent was sought and the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed when people needed help to make decisions.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Staff supported people to develop positive and caring relationships.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Staff supported people to engage in activities that they enjoyed.

The service had a complaints process and people and staff were encouraged to raise concerns, no matter how small

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with support and had created a positive culture at the service.

The registered manager demonstrated visible leadership and had put systems in place to drive improvement and improve the quality of service.

The quality assurance and governance systems used were effective and there was a clear set of values which staff understood.

The Conifers Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 7 July 2016 and was unannounced. The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

We spoke with five people who used the service to ensure they were happy with the care they received. During our inspection, we also observed how staff interacted with the people who used the service and how people were supported during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, and two care staff, to ensure that the service had robust quality systems in place and to gauge what they felt about the delivery of care. We also reviewed the care records of three people who used the service to see if their records were up to date and reflected people's needs. We also looked at other records relating to the management of the service, including quality audit records.

Is the service safe?

Our findings

People told us they felt safe in the service and with the staff who supported them. One person said, "I have no worries, they make me feel safe." Another person nodded and smiled when we asked if they felt safe. Some people were not able to verbally communicate with us because of their complex needs but our observations showed that they were relaxed in the company of staff.

Staff considered that safeguarding the people they cared for was a vitally important part of their role. One staff member said, "I would always tell the manager if I had any concerns at all. I would make sure the person was safe and then go and tell someone. You can't be too careful." Another member of staff told us, "We have good processes in place and aren't afraid to use them." Staff told us they had received training in how to safeguard people from abuse and training records confirmed this. They knew how to recognise signs of abuse and how to report their concerns to the local authority safeguarding team, police or the Care Quality Commission (CQC). Information was accessible within the service for staff to refer to and used to make referrals, if and when this was required. People were protected from the risk of abuse because staff had appropriate knowledge and understanding of the action to take to keep them safe.

The registered manager told us that the staff team worked hard to ensure there were effective systems in place to keep people safe, both within the home and when out in the community. Records showed that safeguarding concerns had been documented and referred to the local authority for investigation when required. There were robust systems for ensuring concerns about people's safety were reported and managed appropriately.

Staff and the registered manager discussed how they monitored accidents and incidents within the home. Staff were aware of the importance of reporting an accident, so that correct action could be taken. We found that all accidents and incidents were logged and then overviewed for any specific patterns or triggers. The registered manager confirmed that they had oversight of the accident and incident forms, to monitor whether they should be raised as a potential safeguarding matter. Records confirmed that correct action had been taken by staff.

Staff confirmed that there were contingency plans in place should these be required in the event of an emergency situation. The registered manager told us, and records confirmed that the service had emergency plans in place for flooding, major fire, loss of electricity or a gas leak. On an individual basis, people had Personal Emergency Evacuation Plans (PEEPs) to guide staff as to how to support people to leave the service in the event of an emergency. There were contact details of emergency telephone numbers displayed in the service, which were accessible to staff should they be required.

The registered manager confirmed the provider was responsive in the event of emergency or general maintenance requests, to ensure the wellbeing and safety of everyone living and working at the service. Plans were in place to maintain the service and make improvements throughout, to make sure that people remained safe. Routine checks took place to ensure the building and equipment was safe and fit for purpose.

Staff had a good understanding of the risks that people faced both within the service and in the wider community. They told us that assessments had been undertaken to identify risks to people who used the service. Where a risk had been identified, for example in respect of nutrition, skin integrity or manual handling, action plans had been put in place to reduce any risk. One person had a risk assessment in place regarding the preparation of hot drinks, it explained to staff what the person may do to put themselves at risk, and also how to support the person. This guidance enabled people to be as independent as possible whilst keeping them safe.

People felt there were enough staff to look after them safely. One person told us, "I see the same staff every day. There are {Staff Name} and [Staff Name] here today and they look after us." Staff also told us that staff numbers were appropriate to meet people's needs and to help keep them safe. One staff member said, "Staffing is not an issue. We work split shifts to accommodate people's needs and if we are short, then we all cover and help out" Another staff member said, "We have a good group of staff now, it is more consistent and we don't use agency staff." The registered manager told us that there were two staff on duty during the day and two staff at night, to support the eight people living at the service. We saw that this was the case on the day of our inspection. When people's needs changed the numbers of staff were flexible enough that they could be increased to maintain people's safety. The number of staff on duty enabled safe care to be given, for example, when people required double handed personal care or support with transferring, then the numbers of staff allowed this to be done whilst ensuring that other people had a visible staff presence in communal areas. It was evident from our observations that there were sufficient numbers of staff who understood people's needs well and how best to meet them.

The registered manager told us that staff underwent a robust recruitment process before they started to work at the service. New staff were not allowed to commence work until all relevant checks had been completed. The registered manager also told us that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People were supported by staff to take their medicines safely. One person said, "Yes I always get my tablets, every morning." Staff confirmed they had received training to administer medications in a safe way and records we looked at supported this. We saw that medication was being stored appropriately, and medication records had been completed properly, indicating that people had received the right medication at the right time. We found no anomalies within the stock control systems. A recent medication audit had been completed by a local pharmacy which showed that the systems in place were suitable to manage people's medication in a safe way.

Is the service effective?

Our findings

People thought that staff had the right skills and knowledge to meet their needs. One person said, "They always know what to do." We observed that staff applied the knowledge they had gained in training to their daily work, by providing care which met people's needs. For example, during supporting people's dietary intake.

The registered manager told us that all new staff were required to complete induction training and work alongside an experienced member of staff until their practice was assessed as competent. Within this service there had been no new staff recently employed, however records confirmed that the induction training took into account the competencies arising from the Care Certificate which ensured that staff received training in respect of the essential standards of care. Records confirmed that staff had received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with other relevant training to ensure that they could meet people's assessed needs.

Staff received relevant training, frequent supervision and on-going support to enable them to undertake their roles to the best of their ability. One staff member told us, "Yes we have a lot of training but it is all very good." Another staff member said, "We do the normal safeguarding training, infection control, health and safety and so on but we can also do additional training. We get support to do Level 5 training which is all really good." Records showed that staff had training in a variety of subjects that included manual handling, infection control and safeguarding adults and also more specific training in relation to epilepsy and learning disabilities. The training was useful in ensuring that staff were equipped with the knowledge necessary to provide care for the people they supported.

Staff told us they were also supported to undertake nationally recognised qualifications, for example Qualification Credit Framework (QCF) Level 3 and 5. The registered manager and provider monitored staff training and reminded staff when refresher training was due. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff felt well supported by the registered manager and provider. One said, "Supervisions are good because they allow me time to talk about training needs but we have so much conversation in between time that we always have support and can ask questions." Staff received regular supervisions and an appraisal each year and used this time to identify and address developmental needs. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

People's consent was sought before any care or support was given. One person told us, "They always ask me first." Staff understood the importance of gaining consent from people. One staff member told us, "It is really important to do that. I wouldn't want anyone doing anything to me without first making sure it was ok." Staff felt it was important that people's decisions were respected in respect of their care requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had a basic understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity had been assessed and found that appropriate documentation was in place. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made under DoLS for some people, as staff in conjunction with other healthcare professionals, considered that their liberty may have been restricted. These actions showed that staff understood their responsibilities under DoLS arrangements.

People were supported to eat and drink sufficient amounts to meet their needs. One person told us they really liked the food they had at the service, they told us, "I had toast and peanut butter this morning." They also said that they had a choice of food which they liked because it meant they could always have something they enjoyed. Staff told us they supported people to maintain a balance between choice and healthy living. They talked to us about people's individual dietary requirements, and we saw that menus were planned around these without restricting choices for other people living in the service. During the morning we heard staff discussing with people what they would like for their lunch. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. Menus were planned in advance and staff told us that a different meal was available for people every day. People were supported to select their choice of meal with staff and if they did not want what was on offer, we observed that a range of alternatives were available.

Staff also told us, and records confirmed, that people's individual dietary requirements had been assessed, to identify people's preferences and requirements such as soft food options, if someone was at risk of choking or had difficulties with swallowing for example. Our observations found that people received the assistance that was described within their individual care records. Staff were aware of people's specific dietary requirements and were able to meet these in a consistent and planned way.

People's care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. The registered manager told us that everyone was supported to have an annual health check with their GP and attend regular dental and optician appointments. Staff supported people to attend required appointments when needed and were swift to act when people's care needs changed. Records highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide required support. This included specialist health care teams, and speech and language therapists. Records showed each person had their own Health Action Plan, which contained clear information about the outcome of appointments with relevant healthcare professionals. Arrangements were in place to meet people's healthcare needs.

Is the service caring?

Our findings

People told us that staff cared for them and were friendly and caring. One person told us, "I love the staff here. I really like living here as well, I have lots of friends." Another person said, "Yes, I do like being here." Another person smiled and nodded when we asked if they liked living at the service. During our inspection we observed a happy environment, with people laughing and smiling at staff. It was apparent that there were some positive relationships between staff and people. Staff were observed providing care and support in a caring way and people were treated with kindness and compassion.

Staff told us it was important for people to feel secure and content, with both them and the environment. They aimed to provide a settled atmosphere where people could be calm and relaxed. One staff member said, "I really do love working here, it is great and we are all like one big family." Throughout the inspection the staff team demonstrated a good understanding of people's individual needs, and how best to meet these. Staff interactions were meaningful and not task led. For example, we saw one person who was upset about something. The registered manager took time to speak with the person, to offer them reassurance and comfort. They ensured the person was happy and content and spent time trying to obtain a smile, responding positively when the person sought further reassurance from a hug.

During the inspection, we heard staff speaking to people in a respectful way. Staff greeted people when they got up and exchanged pleasantries, passing the time of day. Each time they entered the communal area, they interacted with people to ensure they were alright. Staff had patience with people and took time to observe their body language and non-verbal cues to ensure they were happy. Although not all the people living in the service communicated verbally, we saw that staff continually included them in conversations and encouraged them to express their views using non-verbal methods of communication. Our observations throughout the day demonstrated that staff provided people with kind and compassionate care.

People had been involved in the planning of their care. One person told us, "I get asked what I want to do." Staff told us that care records were personalised and included information about people's individual preferences in respect of daily routines and social activities. Records supported the fact that people's preferences were taken into consideration, and we observed that staff were aware of these preferences and provided support accordingly. These arrangements showed that the staff team had developed positive caring relationships with people.

The registered manager told us, and records confirmed that people could access advocacy services if this was required and we found information was available on advocacy so that staff could use this when appropriate.

People told us they were treated with dignity and respect, for example, one person confirmed that staff spoke to them in a calm and quiet way, being respectful of the decisions that they made. Staff told us it was important to ensure people's privacy and dignity was maintained; for example, by ensuring the lower body was covered when washing the upper half or knocking on doors before entering people's bedrooms. One staff member explained that they had been given the role of Dignity Champion, which they were really keen

to develop and improve upon. They told us, "It is so important, why shouldn't they have the same as us, why shouldn't they be treated like us. We are all the same." We observed staff gaining consent before every activity, for example; they knocked on people's doors and waited before entering. Everyone had their own bedroom enabling personal care to be offered in private, and personal care that was provided during the inspection was done so discreetly. This showed that people's privacy and dignity was respected and promoted.

Is the service responsive?

Our findings

People were treated as individuals and the care provided was planned in a way that took into account their personal history, preferences and interests. The registered manager told us the staff team had developed close working relationships with people's families, and they valued the support and input that relatives provided to the service. Family members were given opportunities to contribute to their relative's care if they wanted to, and their views were taken into account.

The registered manager told us that people's needs were assessed prior to them coming to live in the service. Records confirmed that information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People had been asked about their individual preferences and interests and whether any improvements could be made to the care they received. One person smiled in acknowledgement when asked if they felt involved in their care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood people's needs well; they were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records. One staff member said, "We review people's needs on a really regular basis to make sure the care we give them is right for them." They were supported to be aware of any changes in how people needed to be supported. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. Care plans contained detailed information about people's health and social care needs. The plans were individualised and appropriate to each person and were clearly set out and contained relevant information. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented. Plans were regularly reviewed and updated to reflect any changes in the care and support given.

It was evident that staff knew people really well and understood their needs including their individual

methods of communication. We saw from the way that people moved around the service or how they approached staff, that there were established routines which helped them to understand when it was time to eat or time for personal care. It was also clear however that these were not rigid and that staff responded flexibly to suit the individual needs of people.

People had access to a full range of activities which suited their individual interests. People attended day centres during the week and had access to additional activities when they were in the service and at weekends. Three people told us they were going fishing which they really enjoyed and we saw that others enjoyed activities such as having meals out, walks and engaging in activities of interest, listening to music and doing jigsaw puzzles.

Staff supported people to raise concerns if they had any. We found information in people's care records and displayed on notice boards, that explained how they could complain and who they could talk to. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection there had been no recent complaints. The complaints log showed that past complaints were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

The registered manager told us that every year people and their relatives received a questionnaire designed to capture their views about the care they received. This was completed with the help of staff or relatives if appropriate. The results of the most recent one were due to be analysed. This demonstrated that people who used the service were encouraged to give their opinion on the service and these were acted on.

Is the service well-led?

Our findings

The service was led by a registered manager who was supported by an established team of staff. Further support was given by management staff within the wider organisation. Staff told us the registered manager was very approachable and had the right skills to fulfil the role. We observed staff asking questions of the registered manager during the day, and being given constructive support.

We saw that there was a positive and open culture within the service. Staff confirmed that the staff team were close and worked well together, all having a common goal, to provide good quality care for people. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

It was clear the registered manager had a good working knowledge of the needs of the people living at the service. Staff confirmed that they had regular opportunities to speak with her informally as she regularly worked alongside them. We observed throughout the inspection that staff treated each other, and everyone living in the service, with respect at all times and interactions were positive and inclusive. There was clear leadership with a positive culture that was person centred, inclusive and empowering.

Staff told us they would not hesitate to raise concerns as they felt they would be supported. Staff told us that other senior staff from the organisation visited the service where they had an opportunity to speak with them, and that contact numbers were in the office if they needed to contact anyone at any time. Staff also told us their opinions were listened to and suggestions taken into account when planning people's care and support. They felt able to challenge ideas when they did not agree with these.

The registered manager talked to us about how they ensured the service delivered high quality care. They told us they used satisfaction surveys, meetings and internal audits to monitor the quality of service provision, and to give people the opportunity to express their views. We heard that the provider's quality monitoring team visited the home on regular basis to undertake compliance visits, and that a record of visits was maintained, briefly detailing the areas looked at or discussed with the manager.

Information the Care Quality Commission (CQC) held showed we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service monitored the quality of people's care and health and safety aspects of the home. We saw audits had been completed in areas such as infection prevention and control and medicines administration. Where action was required to be taken, records confirmed it was, to improve the service for people. Maintenance records detailed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The registered manager worked hard to identify areas they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service.