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# Conifers Care Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The Conifers Care Home is a residential care home for older people. The home is registered to provide personal care and accommodation for up to 15 people. All accommodation and facilities at the home are provided at ground floor level. There are 13 single rooms and two double rooms. At the time of our inspection 13 people lived at the home.

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

At the last inspection in February 2016, the service was rated 'Good'. At this inspection we found the service remained Good and met the all relevant fundamental standards.

We found the registered provider continued to provide a good standard of care to people who lived at the home.

We have made a recommendation that the registered provider introduce processes to ensure key information about the service required by CQC is submitted within an agreed timescale.

The service had systems to record safeguarding concerns, accidents and incidents and took action as required. The service carefully monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the commission when required.

People told us staff were caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled people to lead meaningful lives. One relative wrote and told us, 'Without going into every detail, the correct balance of safe, professional and humanitarian attitude, is consistently met by the management and all staff at the Conifers.'

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not commence in post until the registered manager completed relevant checks. We checked staff records and noted employees received induction and ongoing training appropriate to their roles.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been refurbished, maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at Conifers Care Home.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

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

We only received positive comments about the quality of meals provided. One person commented, "The meals are good." A relative commented, "The meals always smell delicious." We observed lunch time and noted people had their meal in the dining room where they sat or in their bedroom. People told us it was their choice.

We observed only positive interactions between staff and people who lived at Conifers Care Home. There was a culture of promoting dignity and respect towards people. We saw staff had time to sit and chat with people. People who lived at the home told us staff treated them as individuals and delivered personalised care that was centred on them as an individual. Care plans seen confirmed this.

People told us activities happened regularly. One person told us, "We don't sit around doing nothing all day." People also said if they did not wish to take part in activities, their wishes were respected.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

# Conifers Care Home

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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.

Conifers Care Home accommodates 15 people in one adapted building. All accommodation and facilities at the home are provided at ground floor level. At the time of our inspection 13 people lived at the home. The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. 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 made the judgements in this report.

Before our inspection visit we contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

The comprehensive inspection visit took place on 05 and 06 of April 2018. The first day of our inspection was unannounced. The inspection team consisted of one adult social care inspector.

During the visit we spoke with a range of people about the service. They included four people who lived at the home and four relatives. We also spoke with the registered manager, deputy manager, three care staff, two visiting health professionals and a hairdresser who visited weekly. We observed care practices and how staff helped and spoke with people in their care. We reviewed staffing levels, observed how staff were deployed throughout the home and monitored response times when call bells were activated. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people, staff training and recruitment records of two staff. We also looked

at records related to the management of the home and the medicine records of five people. We shadowed the staff member on duty as they administered medicines and looked at the storage and administration of medicines. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.



## Our findings

We asked people who lived at the home if they felt safe in the care of staff. Comments received included, "I know when I get into bed I'm safe and they [staff] are there if I need them." And, "Of course I'm safe; she [registered manager] is for the people." A visiting relative said, "We were upset [family member] had to come into a home, but she is safe here." A second relative commented, "I go away and I don't worry about him because I know he is safe."

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. We saw a safeguarding flowchart on the wall which guided staff on when and how to make an alert. One staff member told us, "I have read up on safeguarding and we get tests to check our knowledge." This showed the registered manager kept staff knowledge updated to ensure people who may be vulnerable are protected from abuse.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. We noted these were kept by the front door should people be required to leave the home quickly. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The registered provider monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed.

During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at Conifers Care Home. We saw staff members were present in the communal areas to provide

supervision and support people with social activities. One person told us, "Staff work very hard, if they are needed they are there in a flash." One relative told us, "Staffing levels are good." We pressed the call bells twice during our inspection and noted staff responded quickly both times.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medicines during the lunch time round. We saw the medicine trolley was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

There were no controlled drugs being administered at the time of our visit. However we checked the controlled drugs records and saw correct procedures had been followed previously. The controlled drugs book had no missed signatures and the drug totals were correct. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

On the day we visited we noticed procedure had not been followed by all staff in relation to the recording of the administration of medicines. We observed the registered manager took suitable action to seek guidance, and minimise the risk of a reoccurrence of the incident. The registered manager told us there would be an investigation into the incident and the outcome shared with staff so lessons could be learnt.

We looked around the home and found it was clean, tidy and maintained. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves, hair nets and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff carrying out their duties. This meant staff were protecting people who lived in Conifers Care Home and themselves from potential infection when delivering personal care and undertaking cleaning duties.





## Our findings

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. One person stated, "They are good at their job, they have to be." One relative commented, "Staff trained? Absolutely, they are on the ball." A second relative commented, "Thank god I got [relative] in here. They [staff] are amazing, [relative] is looked after so well." We were able to establish through our observations people received care which was meeting their needs and protected their rights. This meant people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

All staff we spoke with told us they had received an induction before they started delivering care. They also stated the ongoing training was provided throughout their employment. We saw the registered provider had a structured framework for staff training.

We asked staff if they were supported and guided by the registered manager to keep their knowledge and professional practice updated, in line with best practice. For example, we saw evidence the registered provider was researching current legislation, standards and evidence based guidance to achieve effective outcomes. They researched good practice and shared this in training sessions with the staff. We observed people were given choice and control over the care they received.

Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the manager one staff member told us, "I am well supported [registered manager] has been there for me."

Staff responsible for preparing meals had information about people's dietary requirements and preferences. For example, they were aware of people who required food and fluids at certain consistencies in order that they could eat and drink safely. We observed snacks and drinks were offered to people in between meals, including hot drinks, cold drinks, cakes and biscuits.

Staff monitored people's food and fluid intake and people's weight was recorded consistently. We saw when concerns about someone losing weight was identified, staff had responded and appropriate action had been taken. One relative said, "I cannot believe how much [relative] eats. He gets what he wants whenever he wants it." They further commented, "[Relative] used to have three breakfasts he's down to two."

We asked people about the meals at Conifers Care Home. One person told us, "The food is good; they are always coming with tea and coffee." A second person commented, "We never go without." We observed lunch service at the home. The food served was well presented and people enjoyed it. We saw one group of ladies enjoyed having lunch in the conservatory whilst having their hair done by a visiting hairdresser. One lady told us as they laughed and chatted, "We are ladies who lunch."

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to 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).

From records viewed we saw consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. We noted one person made what could be seen as an unwise decision related to their lifestyle choice. Staff were non-judgmental and offered support to minimise the risks to themselves and others. Anti-discriminatory practice is fundamental to the ethical basis of care and critical to the protection of people's dignity. This showed the registered provider was providing care and treatment in line with legislation and guidance.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. One visiting health professional told us the registered manager and staff team had strong links with health professionals and sought medical support when it was required. A second visiting health professional commented, "They ask for help and are always helpful." This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

Conifers Care Home offered support to people who require minimal support. Accommodation was on one level. The corridors were clear to allow people to walk safely and we noted bathrooms had been adapted to allow people to bathe safely. There was a call bell alarm system installed to allow people to summon staff should they require support. People told us they liked the way it was decorated, "It's homely here." And "The home has a nice feel to it." One person we spoke with was very proud of their bedroom and told us about the personal pieces of furniture in their room. This showed the registered provider had reviewed the home environment to meet the needs and preferences of people who lived there.



## Our findings

We spoke with people and their family members to see if staff were kind, respectful and compassionate. One person told us, "[Member of staff] is my favourite he is wonderful, never gets cross. He is everyone's favourite." A second person said, "I have lovely staff, they are very caring. Absolutely wonderful." A third person said, "They are normal girls [staff], that goes long way, you feel at home." About the registered manager one relative told us, "We have a lady in the care home that cares and she does care."

A relative told us, "They are so welcoming; I can't believe how brilliant they are." A second relative commented, "I thanked God every day I found this place. It was a real wrench (for relative to move into a care home), they are so caring."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. For example, when people became confused or over familiar with staff we saw staff took time to explain the situation or used humour to maintain a positive relationship with people. Staff made good use of touch, eye contact when they spoke with people and we saw this helped them to relax.

Staff were respectful of people's cultural and spiritual needs. For example, on the day we visited we observed one person received a visit from a local minister to address their spiritual needs. The person told us later they enjoyed these visits. This showed the registered provider supported people's choices and fostered an environment where people's diversity was celebrated.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. One relative told us, "They have had so many reviews with me. They ask is there anything we could be doing better." The plans contained information about people's needs as well as their wishes and preferences. We saw care plans had a 'This is me' section which promoted people's individuality, such as guiding staff on people's preferred names favourite foods and routines. For example, one person liked to get up at 5am whilst we read another person liked a lie in. This ensured staff had up to date information about people's needs.

We discussed advocacy services with the registered provider. They confirmed should further advocacy

support be required they would support people to access this. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.



## Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. For example, one relative told us, "They try and give [relative] independence and dignity. If [relative] gets agitated, they understand him and turn it around."

Two relatives wrote to us after our inspection visit to share their views on the care their family members received. One relative commented, '[Family member] was happy, clean, pampered on occasion and healthy. Her requests were listened to, any health problems occurring while I was away, were efficiently dealt with and I was kept in the loop.' A second relative stated, 'I feel that the staff go above and beyond to ensure that Conifers is a home from home and we would not want my [relative] to be anywhere else.'

People we spoke with told us they received a personalised care service which was responsive to their care needs. They told us their care plans took account of their preferences, wishes and choices about how they wanted to be supported. They told us, or their visiting relative told us they had been involved in how their care was delivered and had been part of the care planning process. Care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff told us they were easy to follow and were able to tell us how best to support the person. They were knowledgeable about the support people in their care required.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. The registered manager told us they supported people to remain healthy and if someone started to become confused medical guidance was sought. We saw care plans guided staff to give people time when having conversations. We also noted care plans had 'what makes me anxious' sections to inform staff on how to maintain people's wellbeing. This guided staff to share information in a way that would be received and understood.

Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed their concerns would be acted upon. For example, one person stated, "I have not had to make a complaint but I would if needed." And a relative told us, "[Registered manager] encourages us to make complaints or raise concerns." They shared they had raised a concern once and this had been addressed immediately.

The registered provider had a complaints procedure which was on display in the hall area of the building.

The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to within a set timescale. Contact details for CQC and the owner had been provided should people wish to refer their concerns to someone outside of the home or an independent organisation. This showed the registered provider had a system to acknowledge and respond to any issues raised.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. On the day we visited the hairdresser visited which people enjoyed. We saw one person was having a foot spa and foot massage. They recommended the foot spa asking if we wanted a go. One person told us they liked going shopping; another person told us their favourite activity was smoking and a third person commented they liked a drink. We observed staff supported the person to a designated area when they wanted to smoke. In the afternoon we observed several people enjoying an alcoholic drink. One person told us they were looking forward to having a mini bar in their bedroom and what drinks they would have in it. People told us they liked the chair exercises with pom poms and visits from animals such as dogs and lizards. This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

People's end of life wishes had been recorded so staff were aware of how to support people in their last days. The registered provider told us this allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. One relative told us about the care their family member had received prior to their passing. They said, "[Registered manager] moved heaven and earth to get [relative] out of hospital and back here to die." They also shared they visited and found a staff member knelt down next to their relative trying to encourage their relative to eat with a finely chopped sandwich. They said, "They went that extra mile."

About end of life care, one staff member said, "We keep people comfortable, put music on and try and make it a lovely environment." This showed the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.



## Our findings

There was a registered manager employed at Conifers Care Home. 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.

The registered provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. 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. They failed to inform CQC prior to our inspection they had not met the timescale for submitting the information.

We recommend the registered provider implement robust systems to ensure mandatory regulatory processes are appropriately managed to meet agreed timescales.

People we spoke with and relatives all told us they felt the service was well-led. One person commented, "She [registered manager] is lovely." We observed a second person hold the registered manager's hand and say thank you for their help. A relative commented about the registered manager, "She puts everything into it, very personable. She knows everything about everything."

We found the registered manager and staff were keen to assist us during our inspection and provided us with all the information we asked for. We spoke with staff about the management of the service and the culture within the home. All staff were positive in their responses. About the registered manager, feedback included, "She's good at what she does." And, "Definitely knows her job, couldn't fault a thing. I look up to her in how I should do the job."

The registered provider did not meet the minimum requirement of completing the Provider Information Return (PIR) at least once annually. 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 spoke with the registered manager about not completing the PIR. They explained that operational concerns and outside influences had meant they had not met the timescale to meet this requirement. We discussed how the home was currently being managed. The registered manager was able to share a clear plan of action and credible strategy to make sure people still received person centred high quality care and support.

We found the service did have clear lines of responsibility and accountability. The registered manager was supported by a deputy manager who carried out management tasks. The registered manager and the staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. These included reviewing medication procedures, care plans, infection control, the environment and staffing levels. Records showed and discussions with the registered manager confirmed, where areas for improvement were identified, these were analysed and addressed accordingly.

We saw records of meetings where residents and relatives were encouraged to share their views and experiences of the service and make suggestions about how the service was delivered. This also gave a platform for the registered manager to share important information about goings on at the home and any planned changes. Care plans showed evidence of regular reviews. Team meeting minutes showed staff had the opportunity to express their views. Relatives told us they were regularly involved in the care plans of their family members. This showed the service continually sought feedback and was open to making changes and improvements to the service provided.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs and district nurses.

The service had on display in the reception area of their premises their last CQC rating, where people could see it.