

Suzanne Marie Clague

# Conifers Care Home

## Inspection report

66 Victoria Road East  
Thornton Cleveleys  
Blackpool  
Lancashire  
FY5 5HQ

Tel: 01253822122

Date of inspection visit:  
11 February 2016

Date of publication:  
12 April 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

This inspection was carried out on the 11 February 2016 and was unannounced. We last inspected Conifers Care Home in May 2014 and identified no breaches in the regulations we looked at.

The Conifers Care Home is registered to provide personal care and accommodation for up to 15 older people. Care is provided on a 24 hour basis, including waking watch support throughout the night. All accommodation and facilities at the home are provided at ground floor level. There are 13 single rooms and two rooms which are available for people to share.

The communal rooms within the home consist of a large lounge and dining area and a conservatory. There is a garden area, with a lawn at the front of the home.

The home is managed by a registered provider. A registered provider has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy living at Conifers Care Home and the care met their individual needs. People described staff as 'kind' and told us they were supported in a prompt way.

There were systems in place to protect people at risk of harm and abuse. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found individual risk assessments were carried out and care plans were developed to document the measures required to reduce risk. Staff were knowledgeable of the measures in place and we observed these were followed these to ensure peoples' safety was maintained.

We found medicines were managed safely. We saw people were supported to take their medicines in a dignified manner and there were systems in place to ensure medicines were stored securely.

We saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at the home and there were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. We found staff received appropriate training to enable them to meet peoples' needs.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

We saw people were offered a variety of foods and people told us they liked the meals at Conifers Care Home.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate. We spoke with one visiting health professional who voiced no concerns with the care provided at the home.

We saw staff treated people with respect and kindness and people told us they were involved in their care planning.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's expressed wishes. During the inspection we saw people were supported to carry out activities which were meaningful to them.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home.

We saw systems were in place to identify if improvements were required. The registered provider monitored the quality of service by carrying out quality assurance checks.

People who lived at the home were offered the opportunity to participate in an annual survey. People also told us they found the registered provider and care manager approachable if they wished to discuss any matters with them.

## 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 received their medicines safely.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner. Staff were appropriately skilled to promote people's safety and well-being.

Staff were aware of the policies and processes in place to raise safeguarding concerns if the need arose.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy in place to enable peoples' complaints to be addressed. Staff were aware of the complaints procedures in place.

### Is the service well-led?

Good ●

The service was well-led.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

There were quality assurance systems in place to identify if improvements were required.

# Conifers 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 was carried out on the 11 February 2016 and was unannounced. The inspection was carried out by two adult social care inspectors. At the time of the inspection there were eleven people living at Conifers Care Home.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This information helped us plan the inspection effectively.

During the inspection we spoke with eight people who lived at Conifers Care Home and one relative. We spoke with the registered provider and the care manager. We also spoke with four, care staff, one visitor and one external health professional.

We looked at all areas of the home, for example we viewed the lounge and dining area, conservatory, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included three care records and a sample of medication and administration records. We also looked at records relating to the management of the home. These included health and safety certification, recruitment and training records, minutes of meetings and quality assurance surveys.



## Our findings

People who lived at the home told us they felt safe. We were told, "I'm safe here." And, "Staff keep me safe." A relative told us, "I know [my family member] is safe. It's a lovely home."

We viewed three care records to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to peoples' needs. We saw care documentation contained instruction for staff to ensure risks were minimised. For example we noted one person required specific support to mobilise. Care documentation contained information to guide staff on the how to support the person safely. We observed the person being supported to mobilise and saw this was done in accordance with their risk assessment. This helped ensure the safety of the person was maintained.

During the inspection we saw staff responded to naturally occurring risk. We observed one staff member noted a person had placed their walking frame too far from their body when starting to walk. We saw the staff responded by reminding the person to place the frame closer to them. The person did so and was supported to mobilise by the staff member. This helped minimise the risk of accident or injury.

We asked the registered provider how they monitored accidents and incidents within the home. We were told all incidents and accidents were reported using the registered providers reporting system. This information was then reviewed by the registered provider. We viewed the documentation provided and saw evidence this took place. The registered provider said they took a proactive approach to risk management. They told us they had introduced a multifactorial falls risk assessment for each person who lived at the home. This is a detailed assessment which aims to identify a person's risk factors for falling. We saw evidence this had been completed.

Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse. They were able to describe the types of abuse which may occur. Staff were also able to explain the signs and symptoms of abuse and how they would report these. Staff told us they would immediately report any concerns they had to the care manager or the registered provider. Staff also told us they would report concerns to the local safeguarding authorities if this was required. One staff member told us, "I'd report to [care manager], [registered provider] or safeguarding authorities." A further member of staff said, "I'd report to safeguarding authorities as a last resort, but the [care manager] and [registered provider] would act quickly so I wouldn't have to."

We asked the registered provider how they ensured sufficient numbers of staff were available to meet

peoples' needs. They told us they reviewed the needs of people who lived at the home. We were informed if people's needs changed, extra staff were made available to ensure people received care and support that met their needs. The care manager and the staff we spoke with also confirmed additional staff were made available if the need arose.

We observed people being supported in a prompt way. We timed two call bells during busy times at the home and saw these were answered in less than one minute. People who lived at the home also told us they were happy with the staffing provision. All the people we spoke with told us staff supported them promptly. Comments we received included, "Staff always come when I ring." And, "Staff are always about." Also, "There are always staff here." Relatives we spoke with expressed no concerns with the staffing levels at the home.

We reviewed documentation which showed safe recruitment checks were carried out before a prospective staff member person started work at the home. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helped ensure suitable people were employed. We reviewed the files of three staff who had recently been employed and saw the required checks were completed. We noted appropriate references were obtained. This demonstrated safe recruitment checks were carried out.

During this inspection we checked to see if medicines were managed safely. We saw care staff administered medicines to people individually. This minimised the risk of incorrect medicines being given. We looked at a sample of medicine and administration records and saw these were completed correctly. We checked the stock of two medicines and saw the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes in place for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw appropriate storage was in place to ensure medicines were stored safely.

We saw checks were in place to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also saw the temperature of the water was monitored to ensure the risk of scalds had been minimised. We saw a legionella risk assessment was in place to minimise the risk of legionella developing within the home.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Staff told us they had received training in this area and were confident they could respond appropriately if the need arose.



## Our findings

The feedback we received from people who lived at Conifers Care Home and their family members was positive. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received from people who lived at the home included, "It's the best place I've ever been. The care is so good." And, "We are well looked after."

We saw documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example we saw people were referred to doctors and district nurses if there was a need to do so. People told us they were supported to seek further medical advice if this was required. One person said, "They arranged for me to see a doctor." We spoke with one visiting health professional who voiced no concerns with the care provided at the home.

Care files evidenced people's nutritional needs were monitored. We saw nutritional assessments were carried out and people were weighed in accordance with their assessed needs. Staff told us if they were concerned with people's nutritional intake, they would refer people to other health professionals for further advice and guidance.

We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People who lived at the home told us the menu was flexible and they liked the food provided. Comments we received included, "The food is palatable and plentiful." And, "The food is tasty." Also, "The food is excellent."

We observed the lunch time meal being served. We saw people were asked if they wanted to sit at the dining table. On the day of the inspection there was a buffet style lunch provided and we saw people chose to remain in the lounge area. In addition we saw people were offered alternatives. We observed a staff member offer one person a buffet lunch or a jacket potato and soup. We saw the person chose to eat the buffet lunch. During the meal we saw hot and cold drinks were available and were provided for people. We saw these were replenished throughout the meal and people were offered second portions of food.

We asked the registered provider how they ensured people were supported to eat foods appropriate to their needs. We were told people were asked if they had any food allergies and if so, this was accommodated. The registered provider told us they were aware of their responsibilities in respect of this.

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).

We spoke with the registered provider to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were there were no DoLS applications in place at the time of our inspection. The registered manager told us they were aware of the processes in place and would ensure these were followed if the need arose. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices which may be considered restrictive and said any concerns would be reported to the registered provider. Staff told us they had received training in this area and would seek further guidance from the registered provider if they had any concerns.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. We saw a forward plan of training was in place. This showed staff were able to access appropriate training to maintain their skills. Staff told us their training needs were discussed with them at supervision. Supervision is a meeting between a staff member and their line manager where training and staff performance is discussed. We viewed two supervision records. These evidenced supervisions took place to ensure staff performance was monitored. All the staff we spoke with told us they felt well supported by the management team.



## Our findings

People who lived at the home were complimentary of staff. We were told, "Staff are very nice and kind." Also, "The staff are so good. They're like my family." And, "They recognise my individuality." One person described staff as, "Friendly, polite and kind." A relative we spoke with told us, "They treat my [family member] with respect." They went on to say when their family member moved to the home they were told by the registered provider, "From now on this is your [family members] home and we work for [family member.]" They told us they considered this to be supportive and caring.

We saw staff were caring. We observed staff taking an interest in what people were doing and what they had to say. For example we saw a staff member talking with a person about a news topic. We saw other people joined in this conversation and debated the topic. The staff member listened to people's opinions and sought their views. Our observations showed this was welcomed by people who lived at Conifers Care Home.

We saw staff sat with people and spoke with them in a calm and unhurried manner. Staff spoke respectfully and gently to people and offered compliments. On the day of the inspection a visiting hairdresser was present. We observed staff complimenting people on their hair and people welcomed this. One person said, "Thank you. I always wonder if it suits me."

Staff spoke affectionately about people who lived at the home. One staff member told us, "Our [residents] are all unique people and I miss them when I'm not here." A further staff member said, "We genuinely care about people here." Staff also showed an awareness of what was important to people who lived at the home. One staff member explained the importance of a person's social background.

We asked people who lived at Conifers Care Home if they felt staff understood them and their individual needs. People told us they did. One person described how staff understood their need for independence and privacy. A further person told us they never had to ask staff for their hearing aid. They said, "They know me inside out." In addition one person told us staff understood their social background. They were complimentary of staff knowledge.

We discussed the provision of advocacy services with the registered provider. We were informed there were no people accessing advocacy services at the time of the inspection; however this would be arranged at people's request.

During the inspection we saw staff took care to respect peoples' privacy and uphold their dignity. For example we saw bedroom and bathroom doors were closed when personal care was delivered. We observed staff knocking on peoples' doors prior to entering their rooms and staff ensured peoples' confidential records were not left unsecured. This helped ensure peoples' personal details remained private and peoples' dignity was protected.

We looked at care records of three people. We found the care records contained information about people's current needs as well as their wishes and preferences. People we spoke with told us they were encouraged to express their views about how their care and support was delivered. One person told us, "They involve me all the time." A further person said, "Staff always involve me in my care." We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.



## Our findings

People who lived at the home told us they felt care provided met their individual needs. One person said, "Moving here is the best thing I've ever done." And, "I'm looked after well." One person told us they felt, "Well looked after and cared for." The relative we spoke with told us, "They have looked after [my family member] really well."

Within the care documentation we viewed we saw evidence people who lived at the home and those who were important to them were consulted as appropriate. Documentation we viewed also evidenced people and those who were important to them were involved in their care whenever possible. We saw peoples' social histories and hobbies and interests were documented. People told us, "Staff talk to me about what I need and want." Staff told us they spoke to people and their families to gain this information. A relative we spoke with told us they had been invited to participate in a review of their family members care. They told us, "They have always kept me informed." This helped ensure important information was recorded to ensure care and support was in response to people's wishes and preferences.

During the inspection we saw staff responded promptly to people's needs. We observed staff responding quickly and tactfully if people required assistance or support. Staff were seen to be respectful. We saw staff speaking respectfully and kindly and this was welcomed by the people who lived at Conifers Care Home.

We saw a four week activities programme was displayed in the reception of Conifers Care Home. Staff told us they offered people the opportunity to choose what activities they would like to take place. During the inspection we noted staff asked people what activity they would like to do and responded to their choice. This demonstrated people were given choice and staff responded to expressed wishes. We saw the activity take place and noted this was enjoyed by people who lived at the home.

People who lived at the home also told us they enjoyed the activities provided. We were told, "I like the sherry afternoons. They're such a treat." And, "Sometimes I play bingo and cards. I love the films." People also told us they were informed of the activities in place and if they declined to participate, this was respected. One person said, "Staff tell me about activities but I'm not interested. I like my own company." This demonstrated people were encouraged to engage in social events to minimise the risk of social isolation.

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. This was displayed on the notice board in the reception of the home. Staff told us if

people were unhappy with any aspect of the home they would pass this on to the registered provider. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We viewed the complaints log at Conifers Care Home. At the time of the inspection we were informed no formal complaints had been made. The registered provider told us they encouraged people and relatives to raise any comments with them before they became areas of concern. They told us this helped ensure comments were addressed quickly and resolved.

People told us if they had any complaints they could complain to staff at the home. One person told us, "I would speak to [care manager] if I was unhappy, but I've no complaints." A further person commented, "I could speak to anyone."

The registered provider informed us they encouraged staff to raise complaints. They told us they considered this to be beneficial as feedback could help improve the service provided. They said they had provided two locked 'whistle blowing' boxes where staff could raise concerns anonymously. We saw two 'whistle blowing' boxes were in place. These were locked and were only accessible to the management team. All the staff we spoke with were aware of their right to raise complaints with the registered provider. They told us they were confident the registered provider would respond quickly.



## Our findings

Staff told us they considered the morale at Conifers Care Home to be good. They told us they were respected and supported by the management team. Comments we received included, "I look forward to coming to work." And, "This is the best home I've ever worked in." Also, "We all get a lot of support from management."

The registered provider spoke positively regarding the staff who worked at Conifers Care Home. They told us they valued the commitment of staff and commended their dedication to the people who lived at the home.

We asked the registered provider how they maintained an overview of the performance of Conifers Care Home. We were told audits were completed to identify if improvements were required. We saw evidence of audits in accidents and medicines management. We viewed documentation which showed us the environment was checked daily. The registered provider told us this was to ensure it was conducive to the needs of people who lived in the home. The checks included ensuring adequate lighting was in place, the home was free from trip hazards and linen was clean. Staff confirmed if they had any concerns regarding the environment, they would contact the registered provider to seek further guidance and support. We also saw the registered provider had carried out a quality assurance visit to the home. We saw this included obtaining people's views, speaking with staff and carrying out observations.

Staff told us the registered provider was approachable and interested in feedback from people and staff who worked at the home. One staff member commented, "The [registered provider] is very helpful." A further staff member commented, "The [registered provider] is a very caring manager. The [registered provider] will ask how residents are and how we are." All the staff we spoke with told us they received support and feedback from the registered provider. They told us there was an open door policy at the home and they had regular contact with the registered provider. They also told us if improvements were required, they were informed of the actions required through staff meetings or on an individual basis.

We asked the registered provider what systems were in place to enable people who lived at the home to give feedback regarding the quality of service provided. The registered provider told us they offered annual surveys to relatives and people who lived at the home. We viewed five of the most recently completed surveys and saw the feedback was positive. We saw blank copies of the quality assurance questionnaire was available in the reception of the home. This enabled people to provide written feedback as they wished.

We asked the registered provider if there were meetings in place to enable people to give verbal feedback on the care and support they received. The registered provider told us they had approached a person who lived at the home. They told us they had asked them to support the introduction of regular meetings. We spoke with the person who confirmed this was the case. People we spoke with told us they could speak to any staff member at Conifers Care Home and they did not feel the need to attend meetings.

During the inspection we saw the registered provider knew people who lived at the home. We observed them addressing people by their chosen name. We saw people responded positively to this. One person said, "[Registered provider] you're here again." A further person said, "It's lovely to see you." We saw people were smiling and laughing as they spoke with the registered provider. This demonstrated the registered provider played an active role in the running of Conifers Care Home.