Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Conifers Nursing Home

16-18 Johns Lane, Walsall, WS6 6BY

Tel: 01922415473

Date of Inspection: 23 April 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Sovereign Health Care Associates Limited
Registered Manager	Mrs. Fabienne Harris
Overview of the service	The service provides accommodation, nursing and personal care for up to 40 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people using this service. The visit was unannounced which meant the provider and the staff did not know we were coming.

Thirty four people were in residence when we visited. There was a new general manager in post who had not yet submitted their registered manager application to CQC. We spoke with five people who used the service, two relatives, the general manager, the delivery and development manager and two staff.

Some of the people who used the service were unable to give us their views and we observed the interactions between them and staff. We looked at how people who used the service spent their time and whether they enjoyed living at the home.

We found people were supported to make their own decisions about their daily lives, however some improvements were needed to promote choices and independence for all people who used the service.

We found people who used services were protected against the risks of receiving unsafe or unsuitable care.

Staff told us they felt supported by their manager and received the training they needed. This meant staff were competent to meet the needs of the people who used the service.

There was on going development to the quality assurance process for the general manager and provider to monitor the quality of the service at the home.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 12 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The essential standards for quality and safety state that a service must uphold and maintain the privacy, dignity and independence of people who use the service.

We observed the activity within the home and how staff interacted with people who lived at the home. We spoke with five people who used the service and two relatives and asked them if staff treated them kindly and with respect. One person told us, "Oh yes, staff are very friendly, they offer me tea". Another person said, "The staff are very reasonable. They do treat me kindly, very polite". A relative we spoke with said, "The staff are good, I like them".

We asked the people who used the service if they were able to make their own choices about their day to day lives. One person said, "I help myself to get dressed, I choose what I wear. I can have a paper if I want it". Another person said, "I pay for the hairdresser, I get it done when I want, they do my nails - its part of the service". A relative told us, "Mom decides what to wear". Another relative told us, "I overheard a resident saying she didn't fancy the meal today, they gave her a ham salad instead".

During this inspection, we looked at a sample of three care plans. A care plan is a document which details the care needs, choices and preferences for each person. We checked to see if people's personal preferences were recorded and upheld by staff. We saw some evidence of this such as, 'Likes warm milk on cornflakes' and, 'Likes to get up at 6' for one person. We saw a 'Getting to Know Me' form had been completed by relatives for another person who used the service. This was seen to be extremely detailed and helped staff to have a good understanding of the person and their likes and dislikes.

In the sample of records we looked at, we noted that a family member had been included in discussion about the care provided for their relative who lived at the home. Comments made by them were recorded and signed by the family member. One relative told us, "They did an assessment on her (mom) when she first came here; we updated the care plan recently. I think I did sign it".

During the inspection we were shown around the home by the general manager. We saw that staff knocked on bedroom doors before entering in order to protect people's privacy. We found a bedroom, which was a double room, did not have a screen or curtain in place to protect the dignity of each of the two people who shared the room. We raised this with the manager and we were told that the curtain had been taken down to be washed. By the end of the inspection, the curtain had been replaced.

We saw that some people chose to sit in the large lounge whilst others remained in their rooms. One person who used the service told us, "I can please myself when I get up or go to bed". We asked them if they were involved in decisions about their care. Overall the responses from people who used the service were positive. One person told us, "Sometimes my treatment is ok; I can decide what happens to me". However one person told us, "The carers don't give me a choice about my care, they decide".

Staff told us how they supported people who were nursed in bed to access the lounge for a few hours each day. We discussed this with the general manager who explained that people could choose to come down to the lounge. We were told there were not enough appropriate chairs to enable people to get up when they wanted to but every effort was made to support this choice where possible. The day following the inspection the general manager contacted us and informed that an assessment would be arranged immediately for people living in the home who required a specialist chair. This would enable them to get up when they chose to and would remain safe. This meant that the general manager acted quickly on addressing the issue.

We sat and observed the interaction between staff and people who used the service during lunchtime. We noted that before and after the meal there was some interaction between staff and people who used the service. However during the meal there was very little interaction seen. We did not hear any person being offered a choice of meal at the table. Staff we spoke with told us that they enjoyed looking after the people who used the service but were very busy and didn't have time to spend talking with them as much as they would like. The provider may wish to note that people who used the service were not always given the support and encouragement to be involved in the way their care was delivered.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The essential standards of quality and safety state the registered person should take proper steps to ensure that each service user is protected against the risk of receiving care or treatment which is inappropriate.

Through a process called 'pathway tracking' we looked at three care plans and spoke with staff about how they provided support. Pathway tracking helped us understand the outcomes and experiences of selected people and the information we gathered helped us to make a judgement about whether the service was meeting the essential standards of quality and safety.

The care plans we checked included all aspects of daily living activities. These included: communication and cognition, personal hygiene and dressing, nutrition, elimination, etc. and enabled staff to have a clear understanding of the person's needs. However details about a person's past history, interests, likes and dislikes were not always included. The delivery and development manager told us that work had already begun to make the care plans more personalised.

We saw that risk assessments had been carried out to identify specific risks to each individual and care had been planned to manage these risks. Each person had risk assessments in place to support their safety in the home such as risk assessments for falls or changes in behaviour. These were seen to be reviewed regularly. This meant everyone was clear on how to keep people safe and well.

People who used the service were seen to have access to the local community health care services such nutrition and dietetic, continence, speech and language, GP and many more. This meant that their needs were managed by the necessary health and social care professionals.

A service must ensure suitable and meaningful activities are arranged and available for people within the home focusing on their interests. We spoke to the activities co-ordinator who confirmed that they provided 25 hours of activities per week. They outlined the range of activities available for people who used the service which included sensory therapy, audio books, bingo and exercises.

They told us of the one to one support given to people who were bed bound. People who used the service told us, "The activity lady does memory boxes and bingo. There is also a board to throw balls at". A relative said, "This lady's (activity co-ordinator) exercise work with my mom using a sponge ball has helped her to regain some use of her arms which is wonderful".

The activities recorded to take place on the day of the inspection included flower arranging in the afternoon. We were told that the activities co-ordinator finished work each day at 2 pm and we did not see any flower arranging taking place in the afternoon. We were also told that people who used the service did not access the community unless they went with family members. The activity co-ordinator told us it was difficult to arrange trips out recently due to the bad weather.

The service was seen to be extremely busy in the morning when people's care needs were being met. Staff told us that they were too busy to have time to do activities with people when the activities co-ordinator was not on duty. A relative told us, "Staff always seem to be rushing around, always busy. Staff do talk to residents but only rarely". One person who used the service agreed with this and told us, "There is no real conversation; they (the staff) are always in a hurry". Another relative said, "Staff need to be able to have more time with residents". The provider may wish to consider how more person centred activities can be provided in the afternoon to meet the needs of the people living in the home.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

A provider must ensure people have their health and welfare needs met by competent staff. Staff must be appropriately supported, trained and supervised in delivering care and treatment to people who use the service.

We were told that the staff group at the Conifers had gone through a significant change during 2012 and some long term staff had left. We checked the training records for a new member of staff and found that they had completed training in manual handling, tissue viability and fire safety. Other staff training records showed that staff received a variety of training for example, health and safety, manual handling, safeguarding and infection control. We also saw evidence that training specific to staff's roles was also provided such as food hygiene, control of substances hazardous to health (COSHH) and the Mental Capacity Act/Deprivation of Liberties guidance. This meant that staff received appropriate training to enable them to deliver care to the people who used the service.

One staff member we spoke with told us that when they started work at the home, they shadowed experienced members of staff. This meant that new staff were shown how the service provided care and support to people before they actually delivered the care. Records we checked did not include a comprehensive induction to support staff, however, the delivery and development manager showed us a draft induction policy which had recently been developed. We found this to be a detailed document which took into account relevant, recognised standards within the sector. The delivery and development manager informed us that the draft induction policy was in the process of being approved and would be put into practice shortly. This meant that all new staff would be properly supported to deliver care and treatment to people who used the service.

We saw a copy of a supervision policy dated January 2011 which outlined supervisions should take place every two months and appraisals once a year. We checked supervision records and found that all three of the healthcare workers sampled had received supervision in January 2013 and at the beginning of April 2013.

One night nurse was seen to have had supervision on 10 April 2013 however records showed that the clinical nurse manager had not received supervision since November 2012. We spoke to the clinical nurse manager and they confirmed this. However they did

confirm that they had an appraisal of their work performance in 2012 and that they spoke with the manager of the home regularly and felt able to raise any issues with them. We were told by the general manager that the supervision sessions for all staff had been inconsistent previously but were now planned for all staff. The supervision planner we checked supported this. This meant that staff would be appropriately supervised and appraised in delivering care to people who used the service.

We asked if staff had opportunities to meet and we were shown records of staff meetings; the most recent seen was a meeting for the nurses held on 28 March 2013. One staff member told us, "We have lots of meetings. We can raise any issues there and give ideas for improvement if we want to". Staff meetings are important to ensure that staff are informed of developments and changes in the home.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people received. However this was not being used in an effective and consistent way.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The essential standards of quality and safety state that people who use services should be protected by means of regular assessment of the quality of the service.

During the inspection we looked at the systems used by the provider to regularly assess and monitor the quality of the service provided. We met with the new delivery and development manager who had been appointed a few months previously by the provider. We saw that they had carried out a number of audits and developed a monthly checklist for the senior management team to complete.

We found that these audits included medication, care plan records, infection control and support plans amongst others. We saw a number of areas for improvement had been identified. In the monthly checklist we found some of the actions required had not been dealt with for the previous month. The delivery and development manager confirmed these were currently being addressed. It was not clear from the information whether improvements would be shared with people who used the service. During our inspection, we did not find clear evidence as to how the actions outlined for improvement had been successfully met.

Within the care plan audits we saw an action plan where improvements were needed and a date by which the action should be completed. The delivery and development manager confirmed that these had been given to the nurse in charge to action and would be monitored for completion.

We asked people if they knew how to make a complaint should they need to. One person who used the service said, "When I came in a girl told me how to complain, I would complain to the office". A relative told us, "I definitely know how to complain, I know there are forms to be filled out". We saw that the statement of purpose for the service and the service user guide both contained information on how a person who used the service could make a complaint.

A compliments and complaints file was checked. We saw that compliments and complaints were recorded. However some complaints did not have a recorded response and no outcomes were seen as a result of these complaints to ensure the same issues did not happen again.

We saw that resident and relative's meetings took place every six months. The last one was held on 4 December 2012. Minutes from the meeting were seen to include topics such as menus, surveys, staff training and activities.

We spoke with five people who used the service about resident's meetings. One person said, "I have not been asked to go to a group meeting". Another person told us, "Never heard of resident's meetings, I have never been asked to attend one". A relative said, "They do have relation's meetings twice a year. I have not been. As far as I know, they don't have resident's meetings". This meant that not all people living in the home and their relatives were aware of the resident's meetings held twice each year and therefore were not able to participate.

Surveys were seen to be carried out for people who used the service. The most recent was seen as held in March 2013. The general manager showed us copies of the 14 surveys completed by people who used the service. We were told by the general manager that these were in the process of being summarised. Comments seen were mostly positive and included, "Friendly, clean, feel safe", and, "Yes, the staff are very good like that; they ask if my visitors want a cup of tea usually".

Other comments included, "Staff in too much of a rush", and, "Staff never offer choice of foods for the day". After the inspection we received a copy of an action plan which showed that feedback from people who used the service was listened to. For example, people who used the service were being asked for their views to prepare the summer four weekly menus. We were told that choices indicated by them would be included in the new menus.

Three out of the five people we spoke with told us that they had not seen a questionnaire. One person was not able to tell us whether they had been asked to complete a questionnaire. One person said, "Yes they do have a questionnaire, I filled one in a while ago". This meant that not everyone who used the service was aware of the opportunity to feedback their experiences of living in the home.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The quality assurance systems in place were not being used effectively to monitor the regulated activities within the home.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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