

The Conifers Healthcare Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 3 and 4 May 2017 and was unannounced. At our last inspection in May 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The Conifers Nursing Home is a home for older people who are in need of nursing care. It provides accommodation to a maximum of thirty people some of whom are living with dementia. At the time of our inspection there were 29 people residing at the home.

There was a registered manager in post. 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.

People told us they were well treated and felt safe with the staff that supported them.

Risks to people's safety had been identified and ways to mitigate these risks had been recorded in their care plans and were understood by staff.

Staff were aware that the people they supported were vulnerable and they understood their responsibilities to keep people safe from potential abuse.

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

Staff turnover was low and staff were positive about working at the home. Staff told us they appreciated the support and encouragement they received from the registered manager.

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

People told us they enjoyed the food provided and we saw that they were offered choices of what they wanted to eat.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences.

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

Both people using the service and their relatives told us they were happy to raise any concerns they had with

any of the staff and management of the home.

People were included in monitoring the quality of the service and records showed that their suggestions for improvements and preferences about how they wanted to live their lives were respected and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continued to be safe.	Good ●
Is the service effective? The service continued to be effective.	Good ●
Is the service caring? The service continued to be caring.	Good ●
Is the service responsive? The service continued to be responsive.	Good ●
Is the service well-led? The service continued to be well-led.	Good ●

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Detailed findings

Background to this inspection

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

This unannounced inspection was undertaken on 3 and 4 May 2017 and was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We met 20 people who used the service and spoke with nine people who gave us their views about what the home was like. A number of people were not able to communicate verbally with us as they had a cognitive impairment. We observed how staff interacted and treated people throughout the day of our inspection. We wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We spoke with four relatives of people using the service.

We spoke with six healthcare and social care professionals who had regular contact with the home, 12 staff, including care and nursing staff, the registered manager and the service manager of the home.

We looked at seven people's care plans and other documents relating to their care and treatment including

risk assessments and medicines records. We looked at other records held at the home including staff and residents meeting minutes as well as health and safety documents and quality audits.

Is the service safe?

Our findings

Staff understood that the people they supported were at risk of abuse because their disabilities made them more vulnerable. Staff knew how to recognise potential abuse and understood that they should always report any concerns they had to the registered manager. They also knew that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority.

People and their relatives told us they were well treated by staff and had no concerns about their safety. One person said, "Happy here; feels good; people looking after you are good." A relative told us, "My wife is safe here. I'm very happy with it. I could not ask for better." Another relative told us, "[My relative] bruises easily, any little knock and she bruises. They always tell me immediately and keep me informed daily."

Staff understood the potential risks to people in relation to their everyday care and treatment. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care. These risks included falls and inadequate nutrition and hydration.

Where risks had been identified the registered manager had recorded how these risks were to be reduced. For example, where someone was at risk of developing pressure ulcers, specialist equipment had been provided and regular monitoring and repositioning procedures had been put in place.

People were included in discussions about the risks they faced. If this was not possible, relatives were included. One relative told us, "At first they went into details about risks but now they have a bed rail and it's never down." Another relative commented, "They explained why the bed rails are up."

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff. Everyone had a personal emergency evacuation plan (PEEP) which gave staff advice about the most appropriate and safe way individuals should be evacuated in case of an emergency. There were records that regular fire drills took place and all rooms on the ground floor had an exit door to the garden so people could be taken to a place of safety quickly. The people on the first floor would need to use fire evacuation mats. The service manager told us that staff had recently received refresher training in their safe use.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. The registered manager audited medicine records regularly to ensure any potential errors were identified and acted upon.

Staff and people using the service told us they did not have any concerns about staffing levels. There had been an increase in staffing levels since our last inspection and the registered manager told us this was due to people being admitted to the nursing home who were frailer and who had more complex care needs. People's dependency levels were being monitored and care plans detailed how many staff were needed to carry out various care tasks with each person.

A relative commented, "Staff are extremely friendly and always around, talking to patients."

In the two years since our last inspection four care staff had left and four new staff had been recruited at the home. We checked these four staff files to see if the registered manager was continuing to follow appropriate recruitment procedures and to make sure that only suitable staff were being employed. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

Is the service effective?

Our findings

People's responses about the staff were positive and one person we spoke with told us, "I'm very happy; very nice home. The staff are very good." A relative commented, "The staff are excellent; very helpful. They are there if you have any questions."

Staff were positive about the support they received in relation to supervision and training. Staff told us and records showed that they were provided with training in the areas they needed in order to support people effectively. This included first aid, infection control, food hygiene and safeguarding. A staff member told us, "There's a lot of training going on." Another staff member said, "We get regular training here."

Refresher training was also provided on a regular basis. A staff member commented, "I'm always updating and improving my knowledge."

The registered manager also undertook self-directed learning in order to keep up to date with advances in clinical care. For example, we saw that the registered manager had information about new wound care techniques and procedures. Staff told us that the registered manager provided workshops for them to share this knowledge. One staff member told us, "She is brilliant, she teaches us, it's vital to improve."

Staff confirmed, and records showed that they received regular supervision and yearly appraisals. Staff told us that supervision was a positive experience for them and that they felt supported by the registered manager and the service manager. One staff member told us, "[The registered manager] always encourages us to learn more. I feel supported by her."

Staff were positive about their induction. They told us they undertook training which included working through the Care Certificate. We saw these certificates in staff files. The Care Certificate is a set of standards that social care and health workers must follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

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

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away from them. Although there were people at the home who were living with dementia, staff understood that they must still offer as much choice to people where they were able to make day to day decisions about their care.

We observed staff asking people for permission before carrying out any required tasks for them. We noted that staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do. One person we spoke with commented, "They ask before they do things."

People told us they liked the food provided at the home. One person told us, "The food is good. You get a choice of food." Another person said, "You get a choice of food but they know what I like."

A number of people required support with eating and drinking. A relative told us, "The staff are good at feeding her. In hospital they would only give her a couple of spoonful's then walked away. She lost a lot of weight in hospital. Here she has put it on. She eats well. They keep a record." Another relative commented, "The staff are well trained. I am here for lunch and staff feed her. The food is excellent. She eats everything given her. She eats three full meals."

Both cooks that we spoke with were aware of the people that needed a special diet because of particular health requirements such as diabetes or if someone needed a soft diet. At the last inspection by the environmental health department the kitchen had received the top score of five 'scores on the doors'.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

People using the service and their relatives said that the registered manager was very good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required. Information about the outcomes of these visits were shared with staff at handovers before every shift and recorded.

One person we spoke with said, "The doctor comes every Friday but if necessary they bring him sooner." A relative commented, "If there are concerns about her health, like when she had a cough in January, they called the doctor and kept me aware of how she was."

Is the service caring?

Our findings

People and their relatives told us they liked the staff and that they were treated kindly and with respect. One person we spoke with said, "They look after me. Staff are friendly and understanding." A relative commented, "The staff are kind and compassionate."

We saw that people were relaxed with the staff and the management and it was clear from the calm and friendly interactions between staff and people using the service that positive and respectful relationships had developed between everyone.

Staff and management had a good understanding of people's likes, dislikes and life history.

People were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. People and their relatives told us that staff communicated effectively with them. One person told us "I am happy here. Yes they listen to me. The staff are very nice." Another person said, "Staff are very good. Staff listen."

Staff understood and responded to each person's diverse needs in a caring and compassionate way. Staff understood people's spiritual needs and made sure people could follow their chosen faiths if they wanted to. A person we spoke with said, "I am a Catholic. The priest comes in. A lady comes every Friday morning and brings Communion."

We spoke with the registered manager and service manager about how they would ensure that people with 'protected characteristics' would be welcomed, protected and encouraged at the home. The registered manager and staff understood about issues relating to equality and diversity and told us that they made sure no one would be disadvantaged because of, for example, their age, sexuality, gender, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups of people that are protected under the Act and must not be discriminated against.

The registered manager and service manager gave us examples where people had used advocacy services when they needed someone to act on their behalf and speak up for their rights.

People and their relatives confirmed that the staff were respectful and thought about their privacy. A relative told us, "They treat my wife with dignity." Another relative said, "When they put mum to bed they close the door so no one passing by could see in."

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

The registered manager told us that more people were now being admitted to the home for end of life care. Care plans had information for staff in order that they understood people's wishes and requirements as they neared the end of their life. The service liaised with the North London Hospice who provided advice and

training for staff.

Staff told us about some recent training they had undertaken in end of life care and how this had affected their work practice. They said they had been moved by this training and one staff member commented, "Everybody dies but it's how you deal with this professionally. It was sad but I feel stronger after that training."

Is the service responsive?

Our findings

Staff we spoke with understood the current needs and preferences of people living at the home and this matched information detailed in their individual care plans.

Care plans were centred on the individual and gave staff clear and detailed information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. We saw that care plans had been reviewed and updated where required and with the involvement of the individual where possible.

A relative told us, "I'm involved in discussing mum's care. There is annual review of the care plan and if things change in between they let me know."

Where people's needs had changed, the registered manager had made the necessary changes to the person's care plan so all staff were aware of and had the most up to date information about people's needs. The registered manager and staff were also quick to react if people experienced any sudden health problems. A relative we were speaking with told us, "There is always someone there. [My relative] had a seizure and they shot in and sent me out and looked after her. [The service manager] sees everything."

The healthcare professionals that we spoke with were very positive about how the registered manager and nurses carried out clinical procedures. For example, we observed that a number of people had been admitted to the home with pressure ulcers and records showed that these had been managed successfully and the ulcers had all healed.

People were also very complimentary about the clinical care provided at the home. One person told us, "I have got dodgy legs. Nurses like [the registered manager] do them. They keep a good check on them."

We saw that people had commented and had input in planning their care and support where possible and if they wanted to. People told us that they were happy with their care and that they were involved in making decisions about how they were being supported. One person commented, "Staff are in and out all the time. They listen to me when I tell them something."

Where people were only able to have limited input into their care planning the staff used various other methods to make sure people were being supported properly and safely. This included speaking with relatives and looking at people's life histories as well as observations and monitoring people's well-being.

People who used the service and relatives we spoke with told us that the home encouraged visitors. We met with a number of visitors over the two days of the inspection. A relative told us, "They look after him and they look after me."

On the first day of the inspection a musical activity was taking place in the lounge. We saw that six people were involved and they were singing and playing musical instruments. The activity coordinator was also singing and dancing and constantly making sure people were actively participating.

Of the current 30 people using the service around two thirds had very complex needs and were not able to join in group activities. The registered manager and service manager acknowledged that this made making sure people were occupied and engaged a challenge. However, we saw staff visiting people in their rooms and spending time with them.

One person told us, "I used to join in activities but I don't now as I have problems with my legs. I like my newspapers and I have got a television. Staff come and talk to you." Another person commented, "A woman comes and takes me out. She comes from a charity. I'm quite content. I Watch TV, any rubbish." Another person said, "Staff all very good. I have choices. I prefer to stay in my room but if the weather is alright I can go into the conservatory or the garden."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. Everyone said they would speak to any of the staff or the registered manager and we saw information about how to make a complaint on a notice board in the home. One person commented, "I've no complaints yet. I would complain to the nurses." Another person told us, "I have never complained. If I had one I would tell the nurse." A relative we were speaking with told us, "The care is excellent. I've no complaints. I'm always boasting about this place."

There had been one recent complaint about the laundry and we saw that this had been investigated properly by the service manager and action taken as a result. Minutes of a recent staff meeting had recorded that staff were reminded to be more vigilant when handling people's clothes.

Is the service well-led?

Our findings

Staff were positive about working at The Conifers and told us they really appreciated the clear guidance and support they received from the registered manager. One staff member said, "[The registered manager] is always there to deal with problems and has good and clear expectations of us. There is good team work." Another staff member told us, "[The registered manager] is straightforward and always wants us to know new things. I feel like I'm doing something good."

There were regular team meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that they felt able to raise any concerns or suggestions. A staff member told us, "We can talk about everything and we have handovers every day."

People who used the service and their relatives were also very positive about the registered manager and service manager who worked closely together. A relative told us, "Yes it's well run. The manager is excellent and all are approachable."

People and their relatives told us the registered manager and service manager asked how they were and if there was anything they needed or if they had any suggestions for improvements. Two of the owners of the service worked full time at the home and we saw that they were well known to people who used the service and their relatives.

A relative told us, "They listen to me and my daughter. There is always someone at the desk so if I had a suggestion I would go to the desk, perhaps I would talk to [the service manager]. They know their job."

There was a suggestion box in the reception area and people had made comments about the service. These comments included, "I have never once seen [my relative] look uncomfortable or distressed in any way", "They really focus their attention on caring" and "I feel that my mother is treated with great respect and all her needs are met."

The service manager told us that people were encouraged to make suggestions for improvements however, they had not used a quality survey for a while. The service manager told us that they would undertake quality surveys shortly and formalise the quality assurance programme in order that a continuous improvement plan could be developed for the service.

Resident and relatives meetings had been organised and people we spoke with felt these were beneficial. A relative told us, "They have meetings and listen to what is said and do their best to act on what people say. They take on board what people say."

The registered manager and service manager also carried out regular audits including staff training, medicines and care records. We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building that we saw were satisfactory.

