

Enviro Medical Limited

Coniston House

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

About the service

Coniston House is a care home providing personal care up to 27 older people in one adapted building. At the time of our inspection there were 26 people living in the service, some of these people were living with dementia.

People's experience of using this service and what we found

The provider and registered manager's governance systems were not robust enough to give an overall view of the service and how it was assessed, monitored and how ongoing improvements were being implemented. The registered manager told us they were addressing this after our inspection.

People were receiving a service where the risks to their daily living were assessed and mitigated to reduce the risks of avoidable harm and abuse. There were systems in place to reduce the risks to people, this included with safe medicines management and infection control. There were enough staff working in the service to provide people with the care they needed.

Staff were safely recruited, trained and supported to meet people's needs. People's needs associated with their dietary and health needs were assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The environment was suitable for people using the service.

People were provided with a caring service. Staff knew people well and spoke with and about people in a compassionate way. People's rights to privacy, dignity and independence were promoted and respected.

People's individual care needs were assessed, planned for and met. People's decisions about how they wanted to be cared for, including their end of life decisions where people had chosen to discuss this, were documented. There was a complaints procedure in place and people's concerns and complaints were acted on and addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Coniston House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Coniston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people about their experience of the care provided. We spoke with eight members of staff including principle senior care, senior, care, catering, domestic, maintenance and activities staff. We observed the care and support provided and interactions between staff and people.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and staff training.

After the inspection

The registered manager was not present at our inspection. Following our inspection visit, they provided us with information about the service, such as complaints records, and spoke with us on the telephone about improvements they were making following our inspection visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been provided with training in safeguarding and understood their roles and responsibilities in keeping people safe.
- There were systems in place designed to keep people safe from abuse. This included working with other professionals and acting on guidance to reduce risks to people.

Assessing risk, safety monitoring and management

- People told us they felt safe and secure living in the service and with the staff. One person said, "We are all safe." Another person commented, "I do feel safe, they [staff] lock up at night."
- People's care records included risk assessments which demonstrated how risks to people were assessed, and how staff were guided to mitigate them. This included risks associated with moving and handling and pressure ulcers.
- Risks in the environment were assessed and mitigated. Regular checks on systems and equipment reduced the risks to people. This included checks on the fire safety equipment, window restrictors and mobility equipment.
- There was a fire risk assessment in place and recommendations were acted on. There was a legionella risk assessment and regular checks reduced the risks of legionella bacteria being in the water system.

Staffing and recruitment

- People told us they felt there were enough staff to provide assistance when needed. One person said, "If I need anything at all, they [staff] are always there." Staff allocation sheets ensured they were deployed appropriately to ensure all people received the care they needed.
- There were enough staff to meet people's needs, this was confirmed in staff rotas and discussions with staff. Staff were a visible presence in the service and any requests for assistance were attended to promptly.
- Staff were recruited safely, this included appropriate checks being undertaken to ensure prospective staff members were suitable to work in care.

Using medicines safely

- People told us they were satisfied with the arrangements for receiving their medicines. One person said, "They bring the tablets round never miss it."
- There were systems in place to manage medicines safely, this included administration, documentation, obtaining and disposal of medicines.
- Regular audits ensured potential risks and shortfalls were quickly identified and addressed.

Preventing and controlling infection

- The service was visibly clean. We did identify the passenger lift required cleaning, this was done immediately.
- Staff wore appropriate personal protective equipment (PPE) such as disposable gloves and aprons, where required. This included when serving people with food and when preparing to support people with their personal care needs.

Learning lessons when things go wrong

- Staff were kept updated with their responsibilities in keeping people safe, this included following guidance from other professionals.
- There was no formal system in place which documented how lessons were learned and used to drive ongoing overall improvement. The registered manager told us they would improve in this area.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service, people's needs were assessed by a member of the management team to ensure they could meet their needs. These assessments were undertaken with input from the person, their relatives and any professionals involved in their care.
- People's assessments were used to inform their care plans and risk assessments and further assessments were undertaken when the person started to use the service to check if their needs had changed.

Staff support: induction, training, skills and experience

- Staff received training to meet the needs of the people who used the service.
- New staff received an induction which including training and shadowing more experienced colleagues. However, the shadow shifts were not documented or assessed, such as showing feedback received from the inductee and their colleague. We fed this back to a staff member who told us they would work with the registered manager to address this and agreed this would identify potential additional support staff may need.
- Staff received one to one supervision meetings, this provided them with the opportunity to discuss their work, receive feedback and identify any training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received a choice of good quality food. One person said, "I enjoyed lunch [chef] is a good cook, if there is something I don't like [chef] will do me something else. I don't like sauces, [chef] knows what I don't like."
- People's needs regarding their nutritional and hydration needs were assessed and their records included guidance for staff how these needs were to be met.
- Staff had a clear understanding of people's needs relating to their diet and how these needs were met. This included the provision of softer diets where people were at risk of choking and those who required high calorie foods and drinks to maintain a healthy weight. We saw people having 'snack plates' and 'cream shots' in line with their needs, which confirmed what we had been told.
- Lunch time was a relaxed and social occasion. We saw staff provided support where required and at people's own pace. One person told us they liked to go to the dining room early so they could have a chat before their meal.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. This included being accessible for people who used equipment to mobilise, such as wheelchairs and the provision of a passenger lift.

- There was signage around the service, such as photographs and memorabilia on people's bedroom doors to assist people to navigate to them independently.
- There was a range of communal rooms people could choose, including a lounge and dining room, which was a hive of activity and a quiet lounge, where some people sat quietly and watch television. One person told us, "It's nice here, always warm I sit here [quiet lounge] I can see the TV, like my room as well." There was a well maintained and secured garden people could use in the warmer weather.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where there were concerns about people's wellbeing, the staff contacted health care professionals to ensure they were supported. This was confirmed by people who told us if they needed to see a health care professional such as a GP or dentist, this was arranged.
- People's health care needs were documented and how these were met. This also included their medical history and how any conditions affected their daily living.
- Records showed where people had been provided with the personal care to meet their needs including mouth care, there was no assessment or care plan to ensure people's specific oral health needs were being met. The registered manager told us, following our inspection visit, this had been addressed.
- Staff told us they shared positive relationships with other professionals involved in people's care.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People told us the staff always asked for their consent before providing any care. This was confirmed in our observations. Staff had received training in the MCA and understood the importance of asking people's consent before providing any care.
- People's capacity to make their decision was documented, including the support they required with decisions where they lacked capacity in some areas. People had signed records to show they consented to the care they received.
- DoLS referrals were made appropriately and where required to ensure any restrictions were lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and respectful. One person said, "I am happy here, I like all the staff they talk to me and we have a laugh."
- Staff were extremely caring in their interactions with people. In addition, staff knew people very well and spoke about them in a compassionate manner.
- There was lots of laughter in the service. We saw humour used by staff, which people responded to by smiling, laughing and engaging in light hearted banter. For example, staff had given one person a 'cream shot' which is a high calorie drink to assist people to maintain a healthy weight. A staff member told them the shots were being given to people because they could not afford a turkey for Christmas and were fattening them up. This made people laugh.
- One staff member told us how they ensured the use of humour was always appropriate and the staff team understood who responded well to it and who did not.

Supporting people to express their views and be involved in making decisions about their care

- People's preferences about how they wanted to be cared for were documented in their care records. This included their preferred form of address, their preferred times for getting up in the morning and going to bed and their religious observance.

Respecting and promoting people's privacy, dignity and independence

- Throughout people's care records, staff were guided to ensure people's rights to privacy and dignity were respected. The records documented how people's independence was promoted, including the areas of their care they could attend to themselves and where they needed assistance.
- Staff were very responsive when they saw people's privacy and dignity may be compromised. For example, a person came out of their bedroom with no top on, this was immediately seen by a staff member who interacted with the person in a very caring way, encouraging them back to their bedroom to get their top.
- Another person had eaten a chocolate bun and they had it around their mouth, again a staff member saw this and got a wet wipe and encouraged the person to independently wipe their face. Both of these interactions and others seen throughout the day were done to reduce the risks of the person being embarrassed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy in the service and they received personalised care which met their needs. Staff knew people, their needs and how they were met very well.
- Staff were very responsive, they moved around the service ensuring all people received meaningful interaction. The staff worked cohesively as a team, communicating throughout, which ensured people received the care they needed in a timely way.
- All of the staff, including care, catering, domestic, activities and maintenance interacted with people. For example, we saw the maintenance staff sitting with a person talking about the work they had been doing. The person was clearly engaged in this discussion.
- Care plans documented people's needs, including how their conditions affected them. For example, for people living with dementia, the records clearly showed how this affected their daily living. However, although the care records had review sheets where people's changing needs were documented, the care plans had not been updated to reflect these changes. This made it difficult to identify the person's current needs and put them at risk of receiving inappropriate care. The registered manager told us this was addressed immediately after our inspection visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about how people communicated and how staff were to communicate effectively with them.
- Where required, documents could be made in accessible formats, including larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of social activities people could choose to participate in. This included group in house activities, visiting entertainers and outings. In addition, people who remained in their bedrooms or did not want to participate in group activities were provided with one to one social support.
- Activities staff told us people chose what they wanted to do. During our inspection visit we saw people had manicures, played bingo and had a sing song, which was joined in by the staff.
- People told us there was things to do to keep them occupied. One person said, "I never get bored, been up the town and got a battery for my watch. In April we are going to the hut for fish and chips, we go out when it

is nice, not far to the town."

- People were supported to maintain relationships with their family and friends. Where there were restrictions, this was clearly documented. One person told us how their relative visited often and we saw staff asking about their relative's wellbeing.

Improving care quality in response to complaints or concerns

- There was a complaints procedure, and this was displayed in the service to ensure people using the service and visitors knew how to raise any concerns or complaints.
- Complaints and concerns were investigated and addressed.

End of life care and support

- Where people had chosen to discuss their end of life decisions this was documented in their care records. People's decisions about if they wished to be resuscitated were documented.
- A staff member told us about the support provided to a person who was receiving end of life care, this included arrangements for medicines to reduce the risks of pain. We saw staff discussing the person's care needs following a health care professional visit, a staff member shared with the team recommendations for the person's mouth care and they planned between them, staff going out to buy a type of toothbrush which had been recommended.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, there was a different registered manager in post. They were registered with us in November 2018.
- The governance systems in place, including the provider's and the registered manager's audits and assessments of the service were not robust enough. They did not demonstrate there was a clear overview of the day to day running of the service and provide a clear audit trail of what areas were reviewed and improvements identified as an ongoing process. However, the medicines audits were more detailed and clearly showed the system for monitoring medicines was robust.
- Audits were tick box forms lacking in specific detail how areas had been checked, for example, the care plan audits showed there had been no issues picked up. They did not demonstrate which care plans were reviewed each month or had picked up on the improvements we had identified during our inspection visit, including the lack of oral care assessments and the need to update care plans when people's needs had changed.
- There were records of incidents, accidents and falls, but these had not been analysed to give an overview of potential trends. There was no formal system in place to show how lessons had been learned overall and how these were being used to drive ongoing improvement. Staff did tell us there were not many falls in the service and if people had two falls, they were referred to other professionals, which reduced risks.
- Staff told us the provider visited the service and there were records called 'management meetings'. These were lists of items for the registered manager to address. However, there was no record of how these had been identified as needing improvement, or the discussion around this and how the provider had identified the areas for improvement, such as speaking with people and staff and checking records. There was no documentation to show when the actions were to be completed, how they were being monitored and any follow up, such as if they had been completed or any barriers to completion.
- The registered manager was not present during our inspection visit. Following our visit, they spoke with us on the telephone, they assured us they knew what was happening in the service and would be making improvements in the documented governance systems.
- Following our inspection the provider sent us their Quality Assurance Report 2018/2019 which identified improvements made in 2018 to 2019 including staff training, activities, maintenance and a strategy for reducing falls.
- Staff told us the registered manager was knowledgeable and encouraged continuous improvement. All of

the staff spoken with told us they were happy working in the service and it was a good place to work. This was reflected in the pleasant atmosphere they created in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was understood by the management team and we saw from records of complaints, apologies were provided. Information about the duty of candour was posted on a notice board in the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Following our inspection the provider sent us their Quality Assurance Report 2018/2019 which included the results of satisfaction surveys completed by people, their relatives and staff. This included improvements made as a result of comments received included recruitment of staff and the provision of training.
- We saw people had attended meetings, which included discussions and decisions about the menu and activities.
- Staff meeting minutes showed they were kept updated with any changes in the service.

Continuous learning and improving care

- There were notices in the office, which provided guidance for staff in how to provide people with the care they needed, including ensuring people had access to drinks and had their breakfast in a timely way when they got up in the morning.
- A staff member told us the registered manager was committed to staff receiving training available in the community, as well as the in-house training. They said they were planning to attend a course with health care professionals on the malnutrition universal screening tool (MUST). MUST is a tool used to assess and mitigate the risks relating to people's nutritional needs.

Working in partnership with others

- Staff told us they had good relationships with other professionals who were involved in people's care. This included an arrangement with the local GP surgery to attend the home routinely each week.