

Central England Healthcare (Great Wyrley)  
Limited

# Conifers Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

We inspected this service on 25 May 2016 and it was an unannounced inspection. Our last inspection took place in March 2015 and we found that some improvements were needed.

We found people were experiencing delays and not receiving support when they needed it. People were at risk of harm as they didn't not receive care as planned. We also found people's care was not provided in a manner that promoted people's welfare and safety. The provider sent us an action plan in June 2015 stating what action they were taking to address the concerns identified. At this inspection we found some improvements had been made, however further improvements were needed.

The service was registered to provide accommodation, personal care and nursing care for up to 40 people. At the time of the inspection 37 people were using the service.

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 continued to experience delays and had to wait for the care and support they required because there were not enough staff available. We received an action plan the following day identifying how this was being addressed. When people had behaviours that may challenge they were not supported consistently. People were not always receiving care and support as planned or in a way they preferred. Risks to people were not always managed in a safe way.

People were supported in a safe way and when people needed specialist equipment it was provided for them. Staff had an induction and training that helped them to support people and checks were completed by the provider to confirm their suitability to work within the home.

The principles of the Mental Capacity Act 2005 were followed and when needed capacity assessment and best interest decisions were in place. The provider had considered when people were being restricted unlawfully and DoLS applications to the local authority had been made.

People enjoyed the food and were offered choices, people were supported to remain hydrated and systems were in place to support people with this. People and relatives told us they were happy with the staff and they were caring. We found people's privacy was upheld and people were able to make decisions about how to spend their day. Activities were offered and people had the opportunity to participate in pastimes they enjoyed.

Quality monitoring was completed to bring about changes and the provider sought the opinions of relatives and people who used the service. There was a new registered manager in post and staff felt listened to and

supported, they told us they had the opportunity to raise concerns. People and relatives knew how to complain and there were systems in place to manage complaints.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not always safe. People were still experiencing delays and were not receiving care and support when they required it. People were not always supported consistently and risks to people were not always managed in a safe way. Staff knew how to recognise and report potential abuse medicines were stored and administered in a safe way and the provider checked the suitability of staff before they started working in the home.

**Requires Improvement** ●

### Is the service effective?

The service was effective. The requirements of the Mental Capacity Act 2005 and applications for DoLS were made when needed. Staff received an induction and training that helped them support people and people felt staff knew them well. People enjoyed the food and were offered choices. People had access to health professionals when needed.

**Good** ●

### Is the service caring?

The service was caring. People were happy with the staff and the care they received. People's privacy was upheld and people made decisions about how to spend their day.

**Good** ●

### Is the service responsive?

The service was not always effective. People did not always receive the care and support they required. People had the opportunity to participate in activities they enjoyed. People and relatives told us they were involved with reviewing their care. The provider had a complaints policy in place and people knew how to complain.

**Requires Improvement** ●

### Is the service well-led?

The service was well led. There was new registered manger in post who was driving improvements within the home. There was a whistle blowing procedure in place and staff felt listened to they were confident

**Good** ●

any concerns raised would be dealt with. Quality checks were completed to bring about improvements to the service. The provider sought the opinion of people and relatives to make changes to the service.

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# Conifers Nursing 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 visit took place on the 25 May 2016 and was unannounced. The inspection was carried out by one inspector and a specialist advisor who had experience of working in nursing and residential care homes. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

The provider completed 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 spoke with five people who used the service, four relatives, four members of the care staff and two registered nurses. We spoke with the registered manager and the operations manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for six people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

## Is the service safe?

### Our findings

At our last comprehensive inspection in March 2015 we found there was a breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At that time the provider was not providing safe care and treatment and people were at risk of harm. People were also at risk of not receiving the care and support they required as there were insufficient care staff to meet people's individual needs.

At this inspection we found the provider had made some improvements but further action was required to comply with the regulations. People told us they had to wait for support. One person said, "I have been waiting a long time today". Another person told us, "I seem to wait a long time when I press my buzzer they don't come very quickly". We saw at noon people were still getting up. One person told us, "I like to get up before now usually but I have to wait until they come for me". We checked the care plan for this person and it stated they preferred to get up between 830am and 9am. This demonstrated care and support was not delivered as preferred. Relatives told us there were not always enough staff. One relative said, "There's not always enough staff, there isn't a lot of interaction". We saw there was a protocol in place for the communal lounge which stated that staff should complete 20 minutes checks when people were present. We observed for two periods during the day that these checks were not completed, but the records we looked at stated these had been completed. This meant we could not be sure the records were completed accurately and people were observed during these times as required. We heard a person request personal support from staff. We observed there was a 17 minute delay before the person was offered support because the care staff were supporting other people. At lunchtime we saw and people told us they had to wait. One person who had been sitting in the dining room for 20 minutes said, "We are late, I'm hungry". We observed it was a further 25 minutes until the person had their lunch. A relative confirmed their relative had been waiting a long time for their dinner. They said, "[Person] is still waiting for their dinner". This meant that people were still experiencing delays and were not receiving care and support when they required it.

This is a continuing breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We spoke with the registered manager and the operations manager who told us that since the last inspection they had changed the way they assessed people's dependency needs. They explained that this was now based on the individual requirements of people who used the service. They also told us they had changed shift patterns for staff so this was more flexible in meeting people's needs. They said that feedback from staff had been positive and they had not received any concerns or complaints from people about having to wait. The provider completed an action plan to address the concerns that we identified in relation to people having to wait and sent this to us the next day.

At this inspection we found when people had behaviours that may challenge we did not see any management plans for this and staff had an inconsistent approach. For example, during the inspection a person became upset by our presence and was verbally aggressive. We had not been advised by staff that this may be upsetting for the person. The staff member approached the person to calm them down. One

member of staff told us, "[Person] does that most days, its typical of their behaviours" Another staff member said, "It's because you are a new face it's always the same". We looked at records for this person. There was no information recorded that highlighted the triggers for behaviour that staff had told us about. We spoke with staff about how they would manage behaviours for this person. One staff member said, "We just leave [person] till they calm down". Another told us, "We will offer reassurance and see if they are okay". This demonstrated that staff were not supporting this person by using a consistent approach.

Risks to people were not always managed in a safe way. We observed that in the laundry there was an electronic iron. The door to the laundry was left open and this piece of equipment was not supervised when switched on. We went into the laundry and a person who was walking past said, "Watch that dear, it's very hot and it's always on". We touched this equipment and it was very hot. We discussed this with a member of staff who told us, "The door is always left open, I think it's because there are no windows". We did not see a risk assessment for this and the manager confirmed there was not one in place. The operations manager confirmed the equipment should not be left on when no staff were present.

This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

At our last inspection we found people were not always supported in a safe way, we observed that people were not supported to transfer in line with their care plans. At this inspection we found improvements had been made. We saw when people needed specialist equipment it was provided for them. We saw staff using this equipment safely and in line with the person's care plan. This equipment had been maintained and tested to ensure it was safe to use. The registered manager told us they had introduced two in-house trainers following our inspection and staff had been retrained on how to support people to move safely. This demonstrated that action had been taken to improve the safety of people when they were being moved.

People told us they received their medicines in a safe way. One person said, "The staff look after all that for me. That way I know it's okay". Another person told us, "They bring me a drink to help me swallow my tablets". One person told us they had requested pain killers the previous night and had not received these. We looked at the person's medicine administration record (MAR) which confirmed they had not being administered. A staff member told us and records confirmed it was because they had run out of this medicine and it was not available. This meant we could not be sure people received as required medicines when they were needed. We observed staff administering medicines to people. Staff spent time with people to ensure they had taken them. We saw staff explaining to people what the medicines was for and gaining consent from people before administering. There were effective systems in place to store medicines to ensure people were protected from the risks associated with them.

Staff knew what constituted abuse and what to do if someone was being abused. A member of staff said, "We look out for changes such as bruises for example". Another staff member told us, "I would report my concerns to the manager or social services if I needed to". We saw there were procedures in place to raise and report any concerns to the local authority. When needed we saw these procedures were followed to ensure potential abuse was investigated appropriately.

Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was individual and specific to people's needs.

We spoke with staff about the recruitment process. One member of staff told us, "I had to wait for all my checks before I started". We looked at two staff recruitment files and we saw pre-employment checks were completed before staff were able to start working within the home. This demonstrated there were procedures in place to ensure staffs suitability to work within the home.

## Is the service effective?

### Our findings

At our last inspection we found effective systems were not in place to ensure people had adequate drinks to remain hydrated. At this inspection we found improvements had been made. We saw when needed people had charts in place to record their fluid intake which was totalled every day. Where people were not receiving adequate fluids there were systems in place for this to be managed. For example, one person had a recommended daily fluid intake. There was a protocol in place advising to contact the GP if the person's fluid intake dropped below this amount for a 48 hours period. Records confirmed this protocol had been followed and action taken. This demonstrated people received support to remain hydrated. People told us they enjoyed the food. One person said, "Almost as good as I could make myself". Another person told us, "You can't fault it really, it does the job". We saw that people were offered a choice of food and drinks at lunchtime and throughout the day. People told us they were offered choices one person said, "I have a bacon sandwich every morning even though it's not on the menu". Another person said, "I fancy beans on toast for my dinner today so that's what I'm having". We saw that when people needed specialist diets such as soft or pureed this was provided for them in line with their assessed needs.

People told us staff knew how to support them. One person said, "Yes they know me well, they know I'm the boss around here so they take my lead". A relative told us, "Staff are very knowledgeable, they know the needs of my relative very well". Staff told us they received an induction and training that helped them to support people. During the induction staff told us they had the opportunity to shadow more experienced staff members. One staff member said, "When new people start they are extra to us, we show them the ropes which is good for the people who live here". Another member of staff told us about the training they received. They said, "It's good, we learn so much. We do the mandatory training but we have the option of doing extra too such as dementia and behaviours". The registered manager told us they had achieved 100% completion for mandatory training for staff and were implementing the care certificate as part of the staff induction. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. We saw that there was training taking place on the day of the inspection. This showed us staff received an induction and training that helped them to support people.

People told us they had access to health professionals. One person said, "The doctor comes when I need him". A relative told us they were happy with how quickly the service responded if their relative was unwell and needed additional support. Records confirmed people had input from health professionals when required. This demonstrated that people had access to health professionals to support their wellbeing.

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 or 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.

We checked to see if the provider was working within the principles of the MCA. Some of the people living in the home lacked capacity to make important decisions for themselves. We saw when needed people had mental capacity assessments in place. When people were unable to make decisions we saw decisions had been made in people's best interests. Staff we spoke with understood the importance of gaining consent from people before offering support. Staff explained how they would gain consent from people. One member of staff explained, "We look at their face or see what they do, for example how they react, if they push something away or not". We saw staff gaining consent from people. For example, one member of staff asked a person if they would like to use the bathroom. The person declined so the staff member left the person seated and offered again at a later time. This demonstrated that staff understood the importance of gaining consent from people.

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).

The provider had considered when people were being restricted unlawfully and 27 applications for assessment had been made to the local authority and these were being considered. Staff we spoke with demonstrated an understanding of DoLS. One member of staff said, "It's about working within the law". They went on to explain how they supported people. This demonstrated that the principles of the MCA were recognised and followed.

## Is the service caring?

### Our findings

People and relatives told us they were happy with the staff. One person said, "The girls are great they come to my room and we have a right laugh". Another person told us, "They are a good bunch". A relative said, "The staff are superb." We saw people were relaxed with staff. Relatives told us staff were welcoming and they could visit anytime. One relative said, "We are on first name terms, they ask how you are, it just adds to the friendliness" Another relative told us, "I can come anytime I like which is good". This demonstrated that visitors were welcomed by staff.

We saw that people were treated in a kind and caring way. For example, one person was seated by the window which was open. The person asked for the window to be shut as they were cold. Staff closed the window and offered to get the person a blanket which they agreed to. At lunchtime we observed one person say they didn't want their lunch as they were tired, the staff offered to support the person with their meal which they agreed to and the person ate their meal.

People told us their privacy was promoted. One person said, "They check on me but they don't smother me, they know I'm a private person". Staff gave us examples of how they promoted people's privacy. One staff member said, "We shut the curtains and use towels so people are covered".

People told us they were able to make decisions about their day. One person said, "I prefer to stay in my room, they don't mind they bring my meals up here which suits me". Another person told us, "I like to stay in bed, I like the quiet". We saw that staff respected people's wishes and supported them to spend time where they preferred.

## Is the service responsive?

### Our findings

At our last comprehensive inspection in March 2015 we found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At that time the provider was not providing care in a manner that promoted people's welfare and safety. At this inspection we found that some improvement had been made.

At our last inspection we found people did not go out and there was not always enough staff to facilitate activities. People were cared for in bed and skin care was not always managed in a safe way.

At this inspection people had the opportunity to participate in activities that reflected their personal preferences. One person said, "There are things going on but I like the quiet of my room". Another person told us, "We can do the flowers which I like". There was an activity coordinator in post. We saw the activity coordinator interacted with people on a one to one basis. There was a monthly activity time table displayed in the communal area stating it was one to one in the morning. We observed people doing different activities for example; one person went for a walk with the activity coordinator around the home's gardens. Relatives told us there was a lot going on. One relative said, "My relative is in bed but the activity coordinator always comes in and spends some time with them. They will read the newspaper to them which is just wonderful as they love the news". A relative gave an example how their relative was a royalist. They told us the activity coordinator had purchased a book with information on the royal family for the Queen's 90th birthday and they had read and shown the person this. The relative said, "It was lovely and they knew that my [relative] would enjoy it". This demonstrated people had the opportunity to participate in activities and pastimes they enjoyed.

When people were prescribed creams the area at which this should be applied was not always documented. We spoke with staff who were able to demonstrate an understanding of where people's creams should be administered. We did not see any concerns that creams had not been administered as they should be and a member of staff we spoke with told us they would ensure the information was documented.

At this inspection we found people were not always provided with the care they required. For example we saw one person had a percutaneous endoscopic gastrostomy (PEG). A PEG refers to a flexible feeding tube which is placed through the abdominal wall and into the stomach. The care plan for this person stated the PEG should be cleaned and rotated on a weekly basis. We looked at records for this person. We saw that this had been completed three times in six days during April 2016 and then had not been completed for the month of May 2016. We spoke with a staff member about this who could not confirm if this had been completed or not. Another person was receiving end of life care. The records stated that a care plan for this should be completed within 48 hours. This had not been completed. We spoke with the registered manager about this who confirmed this should have been completed. This demonstrated that we could not be sure people were receiving the correct support required.

At lunchtime we observed people were not transferred from their wheelchairs to the dining room chairs. One person said, "It might be nice to sit on one of those chairs but I have never been asked" We observed one

person could not get close to the table as they were seated in their wheelchair. We observed that they dropped some of their meal because of this. We spoke with staff about this. One staff member told us it was not possible because as people were at risk if they were seated in the chairs. We did not see any risk assessments highlighting this risks and we observed that people were transferred from wheelchairs to other chairs in the communal lounge area. We spoke with the registered and operation's managers about this. They told us they would take action to ensure people would be able to be seated in dining room chairs if they preferred.

People and relatives told us they were involved with reviewing their care. One person said, "Yes we get my folder out every so often and check to make sure everything is still okay, it usually is". A relative told us, "They keep us up to date, there is good communication with us and the staff which is great. We have noticed they have done a lot of work on the care plans since the new manager has been here". We saw there was a review record in people's care files stating who had been involved with the review of the persons care. The care files we looked at confirmed where possible people were involved with reviewing their care.

People and relatives told us they were happy to complain. One person told us, "I would talk to the staff if I wasn't happy". A relative said, "I would know how to complain if needed, but generally we are happy". The provider had a complaint policy in place and systems in place to manage these complaints. We saw when complaints had been made the provider had investigated and responded to these in line with their policy.

## Is the service well-led?

### Our findings

There was a new registered manager in post. People and relatives told us that the registered manager had brought about positive changes to the service. One person said, "Oh she is great, they ask us much more now." Another person said, "She says hello and she is always around". A relative told us, "There have certainly been no problems since [registered manager] has been here, everything is absolutely fine". Staff felt positive about the new manager and felt listened to. One staff member said, "We have meetings and supervision, if we are unhappy or worried [registered manager] reassures us, she is great, and we can go to her with anything". Another staff member said, "I think I can speak for all the staff, we are so much happier than at the last inspection". We saw and the registered manager told us they had introduced an employee of the month award to support staff to feel valued. A relative told us, "I can nominate someone, it a wonderful thing". The registered manager understood the responsibility of their registration with us and had reported significant information about events in accordance with requirements.

In the PIR the provider told us the registered manager would be completing a daily walk around of the home and working one shift per week as a member of the nursing staff. Staff told us this was taking place and that it helped them. One staff member said, "The registered manger does a shift on a Friday, she gets to know the home and the people and she knows what's happening on the floor".

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, "I have done it before and I would do it again, we have to keep people safe". Another member of staff told us, "I would be happy to do this, we would be supported by the manager". This demonstrated that when concerns were raised staff were confident they would be dealt with.

Quality checks were completed by the manager and the provider. These included checks of medicines, monitoring of falls and safeguarding incidents. Where concerns with quality had been identified we saw an action plan had been put in place and action taken. For example, it was identified through a medicine audit that some medicines needed to be returned to the pharmacy. We saw evidence that an action plan had been completed for this with timescales for completion. This had now been completed and the medicines returned. The registered manager told us they used the information from the audits of the service to look for trends and patterns, to bring about changes. This showed us when concerns were identified action was taken to bring about improvements.

Resident and relatives meeting were held. We saw information from these were used to bring about improvements. For example, a meal time experience survey had been completed and information from this used to bring about changes to the menu. This demonstrated that the provider sought opinions of people and relatives to improve their experience of living in the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risks to people were not managed in a safe way. When people had behaviours that may challenge they were not supported in a consistent way.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	People were experiencing delays and were not receiving care and support when they required it.
Treatment of disease, disorder or injury	