

Central England Healthcare (Great Wyrley) Limited

Conifers Nursing Home

Inspection report

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Date of inspection visit:
13 September 2023
15 September 2023

Date of publication:
18 October 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Conifers Nursing Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to older people, some who may be living with a diagnosis of dementia. At the time of our inspection there were 32 people using the service.

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

People's risks were not always managed safely, and care plans did not always reflect people's needs. Medicines were not always managed safely. Lessons were not always learned when things went wrong. Some areas of the home required refurbishment and there were plans in place for this to be completed. However, there were areas of the home where infection prevention control practices needed to be more robust. Safeguarding processes needed strengthening to ensure people were protected from harm.

Governance systems needed improving. There was no registered manager in place and therefore the service had received limited managerial oversight. There were some mechanisms in place for staff to feedback and share thoughts and views about the service although these had not always been effective.

There were enough staff to support people. The management team had received recent contact with other professionals and organisations and were taking learning to improve. People were mostly supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Where people were being supported with needs relating to a learning disability, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 24 September 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the general management of people's nursing care needs. As a result, we

undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Conifers Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to regulation 12 (safe care and treatment), regulation 15 (equipment and premises) and regulation 17 (governance) at this inspection.

Please see the action we have told the provider to take at the end of this report. We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Conifers Nursing Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Conifers Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Conifers is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one week and was due to submit an application to register. We will assess this application once it is received.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and observed care people received. We spoke with 2 relatives about their experience of care provided.

We spoke with 9 members of staff including the manager, the nominated individual, the deputy manager, a nurse, a senior care team leader and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were not always managed in a safe way.
- Some care plans did not always contain the most up to date information about people's needs. For example, people who had health conditions such as diabetes did not always have clear and effective plans in place.
- Some information contained in people's care plans was not always followed by staff which posed a risk to people's health and safety.
- The systems in place to learn lessons when things went wrong were not always effective. The provider could not be assured all necessary actions had been taken to mitigate any future risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had begun to review people's care planning documentation and we saw evidence of new care plans being compiled.

Using medicines safely

- Medicines were not always managed in a safe way.
- Room temperature and refrigeration temperature monitoring and recording was inconsistent. This meant staff could not reliably assess whether medicines were suitable for continued use.
- There were some medicines stock discrepancies which did not correlate with people's Medication Administration Records (MAR). This meant staff could not be assured people had received their medicines as prescribed, or that people would have enough medicines in stock for future use.
- The systems used to record people's blood glucose readings were inconsistent. This meant staff could not accurately rely on the recordings.

We found no evidence that people had been harmed however, systems were not robust enough to evidence medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed feedback about medicine management. People told us they received their medicines as prescribed. However, some people and their relatives' said medicines were not always administered exactly on time in line with people's needs.
- The operations director and manager responded during and after the inspection. They sent us of evidence of on-going changes which had been made to improve the quality and safety of care for people.

Preventing and controlling infection

- We could not always be assured the provider was promoting safety through the layout and hygiene practices of the premises.
- Some areas of the premises and some equipment were unclean and posed an infection prevention control (IPC) risk.
- Some pieces of equipment were visibly worn and therefore would not be able to be effectively cleaned.
- A toilet was reported as being broken 5 days prior to our inspection. It had no signage to advise people the toilet was out of order and the provider could not be assured it had not been used.
- Some sinks used for people's individual use were seen to be cluttered with toiletries and therefore could not effectively cleaned.

We found no evidence that people had been harmed however, we could not be assured the premises were always clean and equipment was properly maintained. This placed people at risk of harm. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

Visiting in care homes

Conifers Nursing Home had a protected mealtime policy in place. However, visitors were still able to visit the home as required. The operations director said, "The policy is in place not to restrict visiting but to ensure people receive their meals as needed without distraction or interruption. We appreciate visitors can support their relatives to eat better so it is a flexible policy which does not restrict visiting."

Staffing and recruitment

- There were enough members of staff to support the number of people living at Conifers Nursing Home.
- Due to a recent turnover in staff, there was a high usage of agency staff. One person told us, "There are mostly agency staff and there are a few regulars. Some days the agency staff work in a morning and there is a different member of agency staff on in the afternoon so it can't always be very caring."
- The operations director was aware of the potential impact the high use of agency staff may have on the quality of care provided and there had been a recruitment drive to employ new permanent members of staff.
- We did not observe people waiting long periods to receive care and support.
- Staff were subject to pre-employment checks such as the Disclosure and Barring Service (DBS) check. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback from people and relatives about feeling safe living at the home. One person said, "It's nice here, the staff are excellent and listen to me about what I need. I'm not in any danger or anything." Another person told us, "I feel safe here, they are very good staff." However, a relative told us they

had experienced some issues which gave them cause for concern about their relative's safety. This was reported to the management on the day of the inspection.

- Staff had received safeguarding training and told us the actions they would take when recognising and responding to concerns of abuse.
- Prior to the change in management, safeguarding referrals had been made to the local authority as needed. The processes in place needed reinforcing to ensure concerns of abuse and harm did not go unreported.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The mechanisms in place to assess and manage the quality and safety of the service were not always effective in identifying risk.
- Audits had not been consistently completed. This meant any issues or shortfalls were not routinely identified, for example audits we viewed did not identify the issues we found during our inspection. Where audits had been completed and issues were identified, actions were not always put in place to address the shortfall and therefore not sufficient to mitigate the risk of re occurrence.
- Some windows in the home were broken and would not open. This had not been identified prior to the inspection. A bedroom door, which was also a fire door had a gap between the frame and the door. Fire maintenance checks had not identified this issue.
- Some electrical items had not been consistently, and regularly tested to ensure they were safe to use. This had not been identified by the management and maintenance team responsible for portable appliance testing (PAT).

We found no evidence that people had been harmed however, systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The operations director responded during and after the inspection. They confirmed all the actions from the fire risk assessment were being completed and suitable checks of the environment and equipment were being put in place.

- The manager had been in post for approximately one week at the time of our inspection. They shared their plans to make immediate changes across the service to make improvements and make changes to the mechanisms in place to ensure they could continually evaluate and improve practices. The manager said, "I will support staff to build up the team and move the home forward. I am confident things will evolve and change."
- The rating from the previous inspection was on display within the service and on the provider's website. We had received notifications about key events that happened at the service, as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- There had been little managerial oversight at the service due to there being no registered manager in place, therefore this had resulted in a lack of open and positive culture across the home. The manager told us they were committed to changing this. They said, "The operations director has been clear about the expectations of me; we have staff who are passionate and want things to be better, so we all want and need to improve."
- The operations director told us they were supportive of the new manager and had confidence in their abilities. They told us, "I am confident the manager will be positive but constructive. The lack of leadership in the home is why things have gone wrong, but we need to move forward now."
- Staff were aware of the new manager and told us they were looking forward to seeing positive changes.

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

- People, relatives, and staff had not always been involved in the day to day running of the service.
- There were some mechanisms in place for people and their relatives to engage with the service. However, we received mixed feedback about this. Some people did not feel their comments and feedback was always responded to. One person said, "I did talk to staff about something, but nothing was done about it." However, another person said, "We don't have specific meetings, but I can always talk to someone about any issues or concerns I have." The manager told us about their plans to improve this process to include everybody to actively engage with the service.
- Staff had meetings and individual supervisions to enable them to feedback about the home and discuss their ideas and of their own progression and development. However, some staff felt they had been unable to speak up openly about their worries and concerns due to the changes in management. The manager said, "Staff need to know I am approachable. I have an open-door policy and I will be doing open clinics during the day for staff to come and see me. I will share agendas for meetings with staff in advance of meetings and make sure everyone has a voice."

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 manager understood their responsibilities in relation to the duty of candour. The manager said, "It is us needing to be open and honest. Asking questions and making sure we say sorry for any fault and distress caused. There is always a lesson to be learned."

Working in partnership with others

- The management team were working alongside the local authority to make improvements and to ensure people living at Conifers Nursing Home received safe, quality care.
- The operation director spoke about plans to reengage the home with the local community to improve outcomes for people.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and some equipment did not always meet health and safety requirements.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always managed safely. Medicines were not always managed safely.

The enforcement action we took:

We served the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were either no systems in place, or systems were ineffective in assessing the quality and safety of the service. There was no RM in place and therefore little oversight of the management of the service.

The enforcement action we took:

We served the provider with a warning notice.