

Conewood Manor Care Limited

Conewood Manor Nursing Home

Inspection report

60 Dunmow Road
Bishops Stortford
Hertfordshire
CM23 5HL

Tel: 01279657933
Website: www.conewoodmanor.co.uk

Date of inspection visit:
03 October 2019
11 October 2019

Date of publication:
21 November 2019

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

Conewood Manor Nursing Home accommodates up to 44 older people, some of whom live with dementia. At the time of our inspection 44 people lived at the home.

The home was originally an Edwardian house. Various extensions have been made at different times over the years to create the care home as it is today, further plans were in progress to extend the home further by creating a ground floor lounge. The home offers accommodation on three levels.

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

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.

People felt safe and were happy living in Conewood Manor Nursing Home. They told us staff were knowledgeable about their needs and knew how to support them safely. There were enough staff employed to ensure people had their needs met in a timely way. Staff received safeguarding training and knew how to report their concerns internally and externally to local safeguarding authorities.

People and relatives praised staff for being kind, caring and respectful towards them. Relatives appreciated that staff made them feel welcome any time they visited people in the home. People were involved in their care and where appropriate their relatives as well.

Staff were supported through regular training, supervision and appraisals to develop further. Their skills and knowledge were regularly reviewed through competency assessments carried out by the nursing staff and the registered manager.

Activities to avoid social isolation were actively delivered and encouraged by staff. The variety of activities offered meant that every person found something of interest and could participate in group or individual engagement opportunities.

There were areas we identified during this inspection where improvements were needed. The provider told us they were always looking at ways to improve the home.

The registered manager carried out regular audits to monitor the service provided and action plans were in place to drive improvement.

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 15 April 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 ●

Conewood Manor 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 Care Act 2014.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. 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

Conewood Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives and visitors about their experience of the care provided. We spoke with ten members of staff including care workers, nurses, housekeeping, maintenance and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at a variety of records relating to the management of the service.

After the inspection

We arranged a teleconference with the registered manager who was absent at the time of the inspection. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- People told us they felt safe in the home. One person said, "I do feel safe here." Relatives told us they trusted staff and never had any concerns about people not being safe. One relative told us, "[Person] is safe! I am relaxed when I'm home because I know [person] is safe here. Staff got to know them, and they are able to pick up if anything is wrong."
- There were safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff told us they received training and were confident in telling us what and how they would report their concerns internally and externally.
- Safeguarding posters were displayed around the home to prompt visitors and staff to report anything they were concerned about.

Assessing risk, safety monitoring and management

- Relatives told us staff were good in implementing measures to lower the risks to people's health and wellbeing. One relative told us, how person's falls reduced because staff put measures in place. They said, "The home installed this movement beam to detect when [person] gets up at night. They used to have a mat, but that wasn't very successful, this is better."
- Safe procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar how to assist people in case of an evacuation.
- Risks to people's wellbeing were assessed and risk assessments were in place to mitigate these. Staff knew people well and they told us how they ensured that risks to people's well-being were minimised.

Staffing and recruitment

- People told us staff answered their call bells in a timely manner. Relatives had mixed views about staffing. One relative said, "I think the only problem is, sometimes, I feel they don't have enough staff. It's a big building, and lots of residents with lots of needs." Another relative said, "When [people] are upstairs for activities [the only problem] is staffing is not great, but I think this improved slightly recently."
- There was enough staff on duty on the day of the inspection. Rota's were effectively planned and staff absences were covered.
- All staff spoken with said they felt there were enough staff available to meet people's needs and to maintain people's safety. The registered manager responded to people's changing needs by reviewing their staffing ratios when needed.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. One medicine count we checked did not correspond with the records held and the physical count done by the nursing staff daily had not identified this. The nominated individual told us they would remind staff to accurately count the medicines after each administration.
- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Preventing and controlling infection

- The home was clean and fresh throughout on the day of the inspection.
- We found the sluice door lock was jammed open, however no hazardous materials were stored in there. The maintenance staff addressed this as soon as it was highlighted to them.
- We observed in the morning one staff member walking out of a person`s bedroom without an apron clutching used laundry to them and one staff member having long painted finger nails. However, infection audits confirmed that the registered manager monitored this and discussed this with individual staff members as needed.

Learning lessons when things go wrong

- Staff told us that lessons learned were cascaded to them via handovers and team meetings. A staff member said, "We have regular staff meetings, nurse meetings, management meetings and senior meetings. We talk through issues of concern or complaints to find a solution."

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 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

- People's needs were assessed prior of them moving to Conewood Manor Nursing Home and care plans were developed with relevant risk assessments.
- When needed, best practice was sought and communicated to staff in order to ensure people's care was provided effectively. Staff were supported by a health professional who visited regularly. This also helped to ensure care was delivered in line with good practise and recognised standards.

Staff support: induction, training, skills and experience

- Staff we spoke with said they received excellent support from the senior staff and management team and could approach them at any time for support or guidance. Staff told us they received basic core training and regular refresher training. One staff member told us how they had asked for additional training in end of life care and this had been provided. Another staff member said, "I speak English but not fluent, so the training can be hard. I want to do my [vocational training]. [Nominated Individual] has offered to support me for an hour each day to help me. They are a good boss."
- Staff told us that nursing staff constantly checked staff competency throughout the working day. A newly recruited staff member said, "The nurses are very helpful. I can always ask for support."
- Staff had regular supervision with their line manager. This was arranged in advance, so they had the time to consider topics they would like to discuss as part of this process. A nursing staff member told us that the supervisions they undertook with care staff were often practical in nature. For example, in areas such as moving and handling and infection control. They said, "Most of the supervision involves supporting staff so that they can provide good care for people."

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

- People told us they were happy with the quality of the food provided. One person said, "The food is nice, and we have choices." A relative said, "The food is ok here, and there's always a choice. The staff comes around the previous day and ask what [person] wants, but to be honest, I don't think they remember. There's always a good choice available, and [person] likes the soup and sandwich for tea."
- People cared for in bed received calm and effective support to help them eat. However, the dining experience in the communal areas was not as peaceful. Tables were not laid in advance to give purpose to the room and suggest to people that meal time was near. Staff were talking loudly and due to lack of space they were standing over people. The Nominated Individual told us this was an area they identified and were working on to ensure people had a pleasant meal time experience.
- Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration and referrals were made to dieticians and GP where weight loss was identified.

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

- Staff working at the home were able to identify when people`s needs changed and seek professional advice. We saw that people were referred to GP, dieticians, physiotherapists and other professionals when their needs changed.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people`s best interest.

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

- The provider had done a lot of work in converting an old house into a care home. There was a lack of storage and corridors were narrow with lots of corners. Accommodation was arranged over three floors. The standard of décor throughout was clean and homely however, other than one unit there was little to stimulate the senses of people living with dementia.
- People's bedrooms were personalised, however for people who were cared for in bed and often on their back looking at the ceiling there was nothing they could look at. We discussed this with the Nominated Individual who told us they will be looking to improve this.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought consent to care from people by various means. One staff member said, "We use body language, lip reading, we write things down for people to read. You have to find a way to communicate, you need to use your imagination."
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. DoLS applications were submitted to local authority by the registered manager to ensure that any restrictions applied to people`s freedom in order to keep them safe was done lawfully.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and where appropriate their relatives were involved in decisions about the care people received. A relative told us, "Because I am very attuned to my [relative] they listen to me."
- Not all the care plans evidenced that people's life histories were used to shape people's care. Care plans had little evidence to show that people were regularly involved in reviews. This was an area the registered manager was working on.

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

- People told us staff were kind and caring. One person said, "Staff are nice to me." A relative told us, "The staff are excellent, they are very caring and I can raise anything with them."
- We saw caring interactions between care staff and people in the home. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary.
- Staff, and the management team, demonstrated that they knew people's needs and preferences well.
- A staff member told us, "It is satisfying when residents trust in you and you can see their happiness." Another staff member told us, "When I am helping people it gives me peace in my heart, we are a big family here."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their dignity was promoted. One person said, "They are good like that. I have my own room and they knock." Relatives told us they had no concerns about this.
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

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 and their relatives told us that staff were responsive to their needs. They received care and support in a personalised way and often this improved people's health and well-being. One relative told us, "When [person] came here we were told by the doctors that they didn't have long left. They put on weight and are now more alert and eating by themselves. [Person] made so much progress. They started to react well with the staff, and I know they like them from their expression. Staff are lovely with them."
- Relatives told us they had peace of mind when they were not visiting because staff knew people well and responded promptly to their needs. One relative said, "We are so content with the home. The staff are great and always helpful. I used to come every day, but I'm so content with the home that I now come in less often."
- Care plans were personalised and reflective of people's likes, dislikes and preferences.

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 plans detailed what communication needs they had. We saw staff adapting their verbal communication to people's ability and gave them time to respond if it was needed.
- Throughout the home there were white boards where staff displayed posters with activities and other information for people to read so that they were up to date with upcoming events.

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

- People told us they liked and attended varied activities on offer. Relatives told us, they were pleased that people had always something to do to avoid boredom. One relative told us, "Occupation activities are very good. The home is busy and always something going on. This is the reason why [person] is here."
- Relatives told us staff made them feel welcome and involved in their relative's care. One relative told us, "I like to help my wife, and the staff are okay with that and make me feel welcome."
- The provision of meaningful occupation and activities was an important area the provider was constantly looking to improve. In addition to the trips and visits in the community people could enjoy the provider transformed part of a dining room into a pub where people could enjoy a drink and socialise with their families.
- To help people through the transition of moving into a care home and to overcome depression and

anxiety the provider employed a counsellor who visited the home once a week and offered mindfulness sessions for people and their families. This initiative has started recently and the provider told us they were monitoring how these sessions were impacting on people.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and if they had an issue they talked to staff or the managers. Relatives told us they had no complaints as issues they reported to the registered manager or Nominated Individual were quickly resolved. One relative said, "You can mention anything you like to the manager and are helpful."
- Relatives told us they had regular meetings where they could share any grumbles they had, and these were discussed and resolved. One relative said, "Meetings are regular and positive. It's a two-way discussion and if we want to say anything we can."

End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people and relatives were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- Staff were supported to meet people's end of life care needs by the GP.

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

- People and relatives were happy how the home was run, however they felt there were some areas where things could improve. These areas included, staff communication skills, staffing and better use of the garden.
- We discussed these areas with the Nominated Individual who told us, they were aware of these concerns and were working on improvements. For example, there were regular English classes offered to staff who needed these. They also told us that they encouraged people to use the garden weather permitting, however people often refused.
- Our observations throughout the day of the inspection confirmed that some staff members due to a language barrier were not always promoting people's dignity.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had systems and processes in place to ensure people received care and support in a safe way and in line with current best practice and legislation.
- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to manage all the aspects of the service. Staff told us they had known their responsibilities and how the provider was expecting them to deliver care and support to people.
- The registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff what went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home where managers as well as staff attended.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
- The provider and registered manager continuously looked for ways to improve the service. Staff were

supported to develop their language skills as well as their knowledge in their areas of interests. Feedback from relatives and people were listened and where needed actions were taken to improve the service.

Working in partnership with others

- The management worked in partnership with health and social care professionals to meet people`s needs effectively.