

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

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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 39 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 place 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 appeared safe and contented living in Conewood Manor Nursing Home. There were enough staff, safely recruited, to ensure people had their needs met in a timely way. People and relatives praised staff for being kind and caring. Pleasant and appropriate interactions were observed between staff and people.

Staff clearly described how they could report any concerns internally to the management team and externally to local safeguarding authorities. Staff were supported through regular training, supervision and appraisals to provide safe care. Their skills and knowledge were regularly reviewed through competency assessments carried out by the nursing staff and the registered manager.

The registered manager carried out regular audits to evaluate the service provided and continuous monitoring helped to improve the quality of care delivered and people's experiences. The registered manager was responsive to advice and guidance from external professionals and was keen to embrace new learning. Lessons learned were shared with staff at regular meetings.

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 22 November 2019).

Why we inspected

We had received concerns in relation to staff communication skills and staff approach to people living with dementia. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Conewood Manor Nursing Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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.

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 undertaken by two inspectors.

Service and service type

Conewood Manor Nursing Home 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 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. 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.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, nurses, care workers and domestic staff.

We reviewed a range of records. This included two people's care records, two staff files in relation to recruitment and a range records relating to the management of the service, including policies and procedures.

We spoke with external professionals involved with the service, these included local authority commissioning teams' representatives from Clinical Commissioning Groups (CCG) and local authority safeguarding officers.

After 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.

Staffing and recruitment

- CQC had received concerns that staff were not able to communicate effectively with the people in their care and external professionals. At this inspection we had no difficulty communicating with staff. We did observe some people struggle to understand or hear when staff were wearing masks. This applied to all staff regardless of their cultural or ethnic background, however, a contributing factor was that some of the staff members' first language was not English. One person said, "I find it difficult to understand the staff with the masks on, but they are good." People's relatives told us they felt able to communicate with staff and management.
- Safe and effective recruitment practices were followed to help make sure staff were of good character and suitable for their roles. Recruitment records for two staff confirmed required checks had taken place including two written references and criminal record checks. The management team advised they assessed the communication skills of applicants at interview; however, records did not confirm this. The registered manager added a section to the recruitment interview to ensure there is a record of this assessment going forward.
- Staff and people's relatives 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 the staffing ratios when needed.

Assessing risk, safety monitoring and management

- People had personal emergency evacuation plans (PEEP) in place to support staff to assist people in case of an emergency such as a fire. The provider had developed a clear policy to guide staff in the event of such an emergency. Not all staff we spoke with demonstrated an understanding of actions to be taken, the registered manager acted immediately to refresh staff awareness of the progressive horizontal evacuation plan, and to assess their understanding by undertaking additional fire drills.
- Risks to people's health and wellbeing had been assessed and management plans were in place to mitigate these. Staff knew people well and told us how they ensured that risks to people's well-being were minimised. Where people had a history of falls, actions were taken to help reduce the risk of a reoccurrence. A relative described contact from staff at the home to keep them updated about a person's care. Staff had eased the relative's concerns by describing what equipment had been introduced to help maintain the person's safety.
- Accident and incident analysis was completed by the registered manager each month to help identify themes and trends. Actions were put in place to respond to themes identified, these included increasing monitoring frequency, accessing additional equipment or accessing external professional support.
- Pressure care was managed safely. Records showed that people were supported to reposition when needed and pressure relieving equipment was in place and checked. However, fluid intake charts did not

include a target fluid intake for each person so that care staff would know if additional support and encouragement was needed. The registered manager implemented this action immediately.

Using medicines safely

- Records were accurately maintained for medicines and they were stored securely.
- Detailed medicine audits were completed, staff training was provided, and competency assessments were undertaken.
- A random sample of medicines checked showed that the quantities matched the records held.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. People using the activity room were not supported to socially distance. Following this inspection visit the registered manager reviewed the guidelines and made another room available for activities to better support effective social distancing.
- 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. A staff member told us, "We have good support for raising safeguarding and feel comfortable to report these. When the management is not here, I would go straight to safeguarding, I have responsibility to make sure people are safe."
- Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors.

Learning lessons when things go wrong

- Staff told us about how they looked back on lessons learnt. This was through team meetings and 1:1 meetings. One staff member said, "Lessons are shared. For example, fluid charts we were not doing it correctly. We have recently shared a bit of learning about how staff should support people correctly with their personal care." Another staff member told us, "We meet and discuss how we can learn by mistakes and how best to change to provide better support."

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 requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- CQC had received concerns that staff members' approach to people living with dementia was inappropriate. This concern was shared the local authority safeguarding team for further investigation and found to be unsubstantiated. At this inspection we found people were treated kindly and with dignity and respect. Staff spoke gently with people and pleasant interactions were noted.
- At the previous inspection of this service in November 2019 people and relatives felt there were some areas where things could improve. These included staff communication skills. The management team had been aware of these concerns and had already been working on improvements. For example, English classes were offered to staff.
- Our observations at this inspection did not identify concerns with communication. We heard staff and people communicating easily and pleasantly, despite staff wearing face masks in line with government guidelines. People's relatives did not raise any concerns about communicating with individual staff. However, the provider's phone system had proved to be inadequate to maintain good contact with relatives during the pandemic. A new system had been sourced but, due to pandemic restrictions, the new equipment could not be installed until now. Relatives said they had found this hard, but that staff had worked hard to support communication using mobile phones.
- Staff feedback about the registered manager was positive, staff felt they were supportive and demonstrated leadership where needed. One staff member said, "I get very good support from my manager; I have had personal circumstances where they have been really understanding." Another staff member said, "I feel supported. We get regular supervision, but you can speak to anyone at any time."
- Staff were positive about the teamwork and the morale in the home, whilst acknowledging that recent times have been hard. One staff member said, "I think everyone gets on, and we help each other out. We definitely show teamwork, we make sure we work together."

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

- At the previous inspection in November 2019 some of the provider's systems and processes to help ensure people received care and support needed further development. Mental capacity assessments had been generic covering several decisions, this was not in line with the Mental Capacity Act principles. At this inspection we found individual mental capacity assessments had been developed, dependent on people's needs for day to day decisions. These included areas such as accommodation, medication, covert

medication administration, DNACPR, nutrition, use of mechanical hoist, personal hygiene well as COVID-19.

- There were clearly defined roles for staff and management. Staff had clear lines of responsibilities to manage all the aspects of the service and understood how the provider expected them to deliver care and support.
- 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. Due to the COVID-19 pandemic restrictions relatives had not been able to attend regular meetings at the home as they had enjoyed previously. Relatives told us they were comfortable to talk with the registered manager about any worries they had. One person said, "The [registered] manager is really nice, kind and helpful."
- 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.