

Four Seasons (Evedale) Limited

The Cedars and Larches

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 7 March 2017. At our last inspection visit on June 2015 we asked the provider to make improvements to the staffing in the communal areas of the home. At this inspection, we found improvements had been made. The service was registered to provide accommodation for up to 61 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 58 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.

The home had enough staff to support people's needs and they were deployed to ensure people received support when they needed it. The staff - employed had received a range of checks to ensure they were suitable to work in the home. People were supported to make choices, and - assessments reflected the person's level of understanding in different situations. The manager and provider had established a range of audits to monitor improvements within the home. We saw feedback was sought from people, relatives and professionals and any areas raised had been considered and responded to.

We found staff had established positive relationships with people. Staff showed respect for people's choices- and supported them to maintain their privacy and dignity at all times. People were able to choose the meals they wished to eat and alternatives were provided. We saw that medicines were managed safely and administered in line with people's prescriptions and preferences. Referrals had been made to health care professionals and any guidance provided had been followed.

Staff obtained information from the person and their relatives to support the completion of the care plan. People were encouraged and supported with activities or hobbies they wished to engage in.- c-Complaints had been addressed and resolved in a timely manner.

Staff felt supported by the manager and there was a clear process in place to cascade information to staff about the service and the needs of people. Staff had received training and the provider had invested time to expand the staff knowledge in end of life care which was provided in a dignified and respectful way.

We saw that the previous rating was displayed in the reception of the home - and on the provider's website as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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
People's risks were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed to ensure people received what they were prescribed. There was sufficient staff to support people's needs.

Is the service effective?

Good ●

The service was effective
People had been supported to make decisions. The provider had considered when people were being unlawfully restricted and had made applications to the local authority. People enjoyed the food and were offered a choice and given support to maintain their specific diets. Staff received an induction and training that helped them offer support to people. People had access to health professionals when needed.

Is the service caring?

Good ●

The service was caring
People received care which was friendly and kind. Relatives were welcome to visit anytime. People's dignity was respected along with their values. Care was provided in a responsive and respectful way when people were nearing the end of their life.

Is the service responsive?

Good ●

The service was responsive
People received person centred care which reflected their needs and preferences. Opportunities to engage in activities were available and people had been encouraged to continue their interests and hobbies. People felt able to raise any concerns and these were addressed in a timely manner.

Is the service well-led?

Good ●

The service was well led
People felt positive about the atmosphere of the home. Staff told

us they were supported by the manager and provider. The provider had effective systems in place to monitor and improve the quality of the care people received. The manager understood the responsibilities of their registration with us.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that 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.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

We spoke with six people who used the service and seven relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with five members of care staff, two nurses, the maintenance person, administrator a visiting professional, the registered managers and the provider's quality lead. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for six people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At the previous inspection we asked the provider to make improvements to ensure people were supported by sufficient staff to meet their needs. We reported on these in our last report. During this inspection we found that improvements had been made and staffing numbers reflected the support required. The manager told us following the last inspection they had increased the staffing numbers, initially this was with an additional three hours, then this was increased to a staff member supporting throughout the day.

People told us there were staff available when they needed support. One person said, "You can always find someone." Another person said, "When I press my alarm they always come quickly." Relatives also felt there was enough staff, one relative said, "There always seems plenty around and they come when [name] rings the buzzer." We saw throughout the day when people required assistance it was available. A staff member told us, "Always someone around to support people with their personal care." We saw that there was always a staff member present in the lounge area. A staff member told us, "If you need any assistance you just press the call bell." Staff confirmed they worked well as a team. One staff member said, "The nurses are brilliant, the staff get everything done and we do extra if needed." Another staff member said, "We have a good mix of staff, we all do the different shifts so it's varied."

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. One member of staff told us, "They did all the checks, DBS and references before I could start." The DBS is a national agency that keeps records of criminal convictions. We saw records which confirmed all the relevant checks had been completed. This demonstrated that the provider had safe recruitment practices in place.

People told us they felt safe when they received care. One person said, "I feel safe here. I know I couldn't cope on my own at home." Another person said, "I feel safe as I am not on my own." A relative said, "I have not come across any poor handling or raised voices at people, I'm full of praise they look after [name] very well." We saw that all the staff including office and maintenance staff had received training in safeguarding. Staff we spoke with had an understanding of potential abuse and how to raise any concerns. A staff member told us, "We have had the training and I am clear about what to report and the process." Posters were displayed to raise awareness of safeguarding people. These provided information to people, visitors and staff on how to report concerns. When concerns had been reported the registered manager had notified the local authority and worked closely with them to put systems in place to ensure that people were fully protected in the future.

People and relatives felt they were supported to manage risks to their health and wellbeing to keep them safe. A person told us they had fallen whilst in the home, they said, "Staff were at hand to assist me and check I was uninjured. I've nothing to worry about here." A relative told us that bed guards to prevent the person who used the service rolling or falling out of bed had been provided. They said, "It's reassuring and the staff checked on them during the night." We saw that records reflected the use of bedrails, and that checks had been completed. Another relative told us how staff had been really proactive in introducing

equipment as their relatives needs increased

We saw that risk assessments covered all aspects of the person's care and environment. Where the person required equipment, it was clearly documented and guidance provided. We saw how some people's needs fluctuated. A staff member said, "For some people we have to assess how they are each day. The plans provided guidance in case we need to use different equipment." We observed staff using - equipment; they asked peoples consent before they commenced any care and provided guidance so the person understood what was happening.

Some people had behaviours that put themselves and others at risk of harm. We saw that there was a clear plan and strategy of how to support them. significant events and how they had been responded to were recorded. This was to ensure that health care professional could provide ongoing advice and guidance

Environmental risks were also assessed to ensure that people were protected. We saw that fire procedures were clearly displayed. Plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and levels of support people would need to be evacuated in an emergency situation. Staff we spoke with were aware of the plans and the level of support people would need. The service had a maintenance person. They ensured that repairs were completed swiftly to avoid any disruption or delay in care for people. We saw there was a clear process for the reporting of jobs requiring action and that any required equipment was available to make the repairs.

We saw that as an organisation the provider ensured they had an overview of risks and safety across their homes. They had produced a quarterly journal which provided updated guidance and information relating to improvements they were making. For example, each month the home reviewed a policy and the manager had been provided with material to support them.

We saw that people received their prescribed medicines safely and at the correct time. One person said, "Always on time. I have to have a tablet at 6.00am once a week, they never forget." Staff managed the medicines safety. Staff told us they received training in the administration of medicines and their competency to do so safely was assessed regularly. One member of staff told us, "We check all the nurses' competencies. If staff are unsure we provide extra support and shadow shifts until they are comfortable and competent." We saw that people's medicine was given prescribed. For example, some medicine was required early morning, others before a meal. Some people requested to have their medicines in yoghurt as they disliked the taste. The person told us this was their preference and records reflected this. We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this.

We saw some people were prescribed medicines to be given as required, such as for pain relief. This is known as, 'as required medicines'. When people received as required medicines we saw there was guidance in place for staff, stating when they could receive this medicine- and how much they could have. We saw staff explain what the medicine- was and gaining consent from the person before administering them. Medicines were stored safety and regular stock checks were completed. This demonstrated that people received their medicine safely.

Is the service effective?

Our findings

Staff received regular training to gain the skills and knowledge they required to care for people effectively. A staff member told us, "We are always being offered training." We saw the manager ensured staffs training was kept up to date through an auditing tool. Staff also told us they had been supported to continue their learning and had been enabled to access training to develop their skills. For example in dementia and end of life care.

Staff received training and an induction that helped them to support people. One staff member told us about their induction and training. They said, "The training answered all my questions, then I did some shadowing with a senior. That was great; they gave me all the information I needed." The manager ensured that all new staff completed the care certificate. 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.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of the MCA. We saw when people lacked capacity to make certain decisions for themselves mental capacity assessments were in place. We also saw that - best interest decisions had been completed for example, decisions around do not resuscitate, use of equipment, support with medicines and other aspects of the person's care within the home. Staff we spoke with demonstrated an understanding of the Act. They told us they had received training. One staff member said, "I know we have to always assume capacity". Another staff member told us about the importance of gaining consent from people. They said, "We asked people if they are in agreement when we are carrying out care with the person." We saw staff gain consent from people. For example, people were asked if they wanted help with their meal or in getting comfortable in their seat. This demonstrated that staff understood the importance of gaining consent from people.

The provider had considered when people were being restricted unlawfully and applications when needed had been made to the local authority. We saw that capacity assessments and best interest decisions had been completed ahead of the application. Staff we spoke with demonstrated some understanding of DoLS and how they would support - people with this. A staff member said, "I know what DoLS is. It is when we are restricting someone to keep them safe, as they can't make that decision for themselves". The registered manager had a system in place to record DoLS applications and any implications before or after authorisation. This meant the provider ensured they followed the guidelines within the Act.

People told us they enjoyed the meals. One person told us, "The food is very good, plenty of choice. I have put five kilos on since coming here." We saw how people were being supported with weight gain or reduction. There was a menu available on the table and in large print and pictorial format. One person said, "You can choose from the menu or they will get you anything within reason." All dietary options had been catered for. People had been encouraged to participate in the menu planning; one person told us that they had requested more beef. It was noted on the new spring menu this had been included.

People told us they were supported to eat and drink. Some people had limited appetites. For example, one person ate more food at breakfast. This person was supported with their breakfast and had several courses. Their relative told us, "They always provide a good breakfast. [Name] is a high risk of choking and staff always ensure they are provided with a meal of the right consistency." We saw the person's record identified breakfast as a 'special' time and staff had observed this making it a social occasion.

People were supported to be as independent as possible. Equipment was provided and when necessary guidance offered. One staff member said, "We aim to support people to maintain their independence as long as possible, a plate guard or different spoon can make all the difference." Throughout the day people were offered refreshments and snacks. For example, one person asked for ice cream before their lunch as this was provided. One person said, "We have lots to drink and they have that lovely ice cold water." This meant people were supported to maintain their nutritional needs.

People were supported with their health care when needed. One person said, "When I felt unwell they got me the GP." A relative told us, "Staff are good and had identified signs when [name] was poorly." We saw how the home had been responsive to anticipate people's needs. For example, one person was prone to chest infections. It had been agreed with the person and health professionals that the home should hold an emergency reserve of medicine to be deployed as soon as the person displayed any symptoms. The relative said, "It means there is no delay in starting treatment." Other people told us how they had access to dental treatment in the home for new dentures and other people see an optician for new glasses. This meant people were supported with their health care needs.

Is the service caring?

Our findings

People told us staff knew them well and had established relationships with them. One person said, "The staff have a sense of humour here and can see the funny side." Another person said, "They enter into what we do and show a real interest, not just pretend." We saw that staff knew people and were able to respond to them in connection with family or their lives. For example, if a family member usually called on that day, the staff had knowledge of this and reminded the person.

We saw how staff considered people needs. For example, -, the staff asked one person if they wished the curtain to be pulled across to avoid them getting too hot as the sun was very bright. Other people in a different part of the home where it was cooler were offered blankets. One person said, "I am very well cared for, the staff are nice people." A relative said, "The home has been very good to [Name], the staff are tip top."

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "We are free to call anytime, family come most days." We saw that visitors called throughout the day and were always made welcome. One relative said, "If I phone ahead to say that I am taking my relative out the staff made sure they are ready at the agreed time."

People's own values had been considered. A person told us, "You can talk to the staff and that means a lot." A relative described how [Name] was very traditional and didn't like over familiarity or coarse language, they said, "The staff respect this and understand and treat them with respect." People felt their dignity was considered. We saw blankets were used to covered people to support their dignity when staff supported them to move - using equipment.

Staff were skilled in giving people information. For example, one person had their health care appointment - changed. We saw the staff member speak to the person at eye level and explained the change in the appointment, the reason and any ongoing actions to support the person health. This demonstrated the staff respected people and kept them informed and involved in decisions about their health care.

People received compassionate and responsive care when they were nearing end of life (EOL). We saw that people that mattered to them and professionals had contributed to their care plan so that staff knew their wishes. One relative told us, "When people are approaching end of life the home arrange for a member of the clergy to visit, if this is part of their wishes." In a eulogy a relative reflected how the person had made friends in the home and they had been able to have quality time with the person who received the service.

We saw that the home had a link with the health care professionals who provided a fast track approach to medicines to reduce the persons discomfort and any related documentation regarding the person's wishes. A health care professional told us, "The staff here are very responsive to people on end of life care. We work well as a team."

The manager had a link with the local EOL team and they provided staff with meetings to explore how they

could improve their practice. The manager told us, "We involve everyone, the cleaning staff, maintenance. They don't realise how important they are to the people and the team." We saw the provider was working towards the health care gold standard award for EOL. The home was looking to make environmental improvements in this area. The manager told us they planned to redecorate a room for people to receive their care when they were end of life. They said, "Somewhere nice for family to spend their last moments together in a dignified way." This demonstrated that the home made facilities and support available to people.

Is the service responsive?

Our findings

People told us their needs were responded to quickly. One person said, "When I press my buzzer they come and I don't have to wait." We saw throughout the visit that when call bells were activated the staff responded in a timely manner to meet people's needs.

People and those important to them had been involved in identifying their needs. One person said, "They talk to me about my care and what I need." Relatives had been involved in the care process. One relative said, "I have been involved in [Name's] care especially now as they are unable to verbalise what they want." We saw the care plans provided a comprehensive approach to the person care needs. This included the person's personal history, their likes and dislikes and any preferences on how they preferred to receive their care. Staff understood the importance of the information in the care plans. One staff member said, "I am in the plans three or four times a shift, checking on information." The information contained in the care plans we saw reflected the care people received.

Information was included in care plans for use when a person required support from external health care professionals, such as, the ambulance service or hospital. This information included the person preferences and needs to support the care they may require. For example, the person's preferred name and people that were important to them.

The staff completed a daily worksheet which covered any changes in people's care and well-being and any actions required by the next staff member on duty. One staff member said, "We all go in the office and go through each person's needs. Any concerns or actions needed for that day." The staff we spoke with were able to identify a person's changed needs and we saw how this was reflected in the support that person received during our visit. This ensured that people received continuous care as their needs changed.

People were encouraged to be independent along with making choices to participate in activities if they wished. One person said, "They do all sorts here, we have entertainers it's never dull." We saw people had their own hobbies and interests available to them. For example, some people had the daily paper; other people had knitting, crosswords and books for reading. The home had two activity coordinators. At this visit, they spent time supporting people with a picture quiz. They told us, "We try to provide a structured activity every day. We also provide 1:1 with those residents unable to join in group activities." The coordinators had a budget which they used to engage singers and entertainers each month. They told us about their current project. "We are working with a local chemist to set up a small 'Tuck Shop' in the home where residents could buy their own little treats etc." People celebrated life events. One person said, "Any excuse for a cake and they trim us up with decorations." This meant people were encouraged and supported with their hobbies and interests.

People felt able to raise any concerns. One person said, "I would say if necessary, but I have nothing to complain about." A relative said, "I have raised complaints in the past and they have always been dealt with. There is an open door policy here." We saw when complaints had been raised they were responded to

formally in a timely manner. This meant people were able to raise concerns and felt confident they would be responded to.

The service had received letters and email compliments thanking the staff for the care they provide. Extracts from these reflected the care being provided, 'I could not be happier with the care, staff are excellent.' And 'It reduced me to tears to turn up and see them laughing.'

Is the service well-led?

Our findings

People told us - there was a relaxed atmosphere at the home. One person said, "Everyone is friendly, the staff are like friends." Relatives also felt the home was welcoming, "One relative said, "I feel able to come and go as if it was [Name] own home."

Staff told us they had received support in their role. One person said, "I am supported by the manager and if I had any worries or concerns they are approachable." They added, "I have also been supported in pursuing further qualifications to support my role." Staff told us they received supervision and this was a positive experience. One person said, "It is helpful, you can talk about your work and any needs you might have." This meant staff were supported in their role.

The manager felt supported by the provider They said, "There is a lot of support daily and in the background." We saw they had regular meetings with regional colleagues and the provider had introduced a journal to provide guidance and up to date research and initiatives.

We found that systems were in place to monitor the quality of the service. Audits had been used across different service areas to consider any trends or areas of improvement. They used a method called, 'find and fix' which was implemented across all the audits and any checks. The manager told us, "We don't wait we respond straight away and aim to fix it - rather than wait." We saw medicines had been audited by the nursing staff weekly and the manager monthly, then an overarching audit by the regional manager. -The manager said, "It's like big brother, but in a good way." Staff we spoke with understood the importance of the audits and the need for the manager to complete a range of checks. The manager completed a daily walk around of the home. This was to monitor any aspects of the home which were not in order and to ensure they familiarised themselves with the people using the service.

We saw audit had been used to reflect on accidents and incidents. When necessary measures had been put in place to minimise any identified risks and referrals made to other health care professionals for advice and guidance. All the audits were linked into the wider running of the home and in the provider's corporate approach to learning across their other services.

The manager had an improvement plan and we saw how this was regularly updated to reflect areas which had been completed and any new aspects of care which required attention. For example, redecoration of the home or re-carpeting.

The manager had completed 'flash meeting' to support staff with their knowledge. We saw how each month there was a themed approach to policies and areas of understanding. This month had identified safeguarding as the topic and we saw material and information was available from the provider to support the delivery.

The provider had asked for feedback from the people who use the service and relatives. One person told us,

"We have been involved in updating the menu, which is nice they listen." One relative told us, "We have the opportunity to comment on the home and provide feedback." We saw that people who used the service and their relatives had been given the opportunity to comment on the service. Records of the meetings showed that suggestions had been considered.

The registered manager understood the requirements of their registration with us. They had provided statutory notifications in relation to incidents and events so that we could be aware of events at the home and understand the support being offered to people when necessary.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and - on their website