

# Four Seasons Health Care (England) Limited East Riding Care Home

## Inspection report

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## Ratings

Is the service safe?

Requires improvement



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 October 2014. A breach of legal requirements was found in relations to medicines management. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010 - management of medicines.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for East Riding Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

We found that action had been taken to improve safety. Safe systems were now in place for the administration and recording of medicines.

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 and associated regulations about how the service is run.

People and relatives spoke positively about the care provided by staff. One relative said, "I don't think he would get better care anywhere else." Staff spoke positively about working at the home and the support they received from the manager. Comments included, "I love working here, I would work here 24/7 if I could," "It's mint [great] here. The manager is mint and the residents are mint" and "It's lovely here, staffing levels are appropriate."

We spent time looking around the home and saw that it was generally clean and well maintained. New carpets were being fitted and painting and decorating had

# Summary of findings

commenced. The manager told us however, that the decorators had been temporarily reassigned to another care home owned by the provider. This meant that there were still areas of damaged paintwork in places.

People, staff and relatives did not raise any concerns with staffing levels although they stated more staff would be beneficial. We observed that staff carried out their duties in a calm unhurried manner. We found that safe recruitment procedures were followed.

People, staff and relatives did not raise any concerns about staffing. They told us that more staff would always be appreciated; however, staff were able to meet people's needs with the number of staff employed and deployed. We found that safe recruitment procedures were followed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

We found that action had been taken to improve safety.

Medicines were administered safely and medicines administration records were completed accurately.

There were sufficient staff employed and deployed to meet people's needs and safe recruitment procedures were followed.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires improvement**



# East Riding Care Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of East Riding Care Home on 8 June 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14 October 2014 had been made. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting one legal requirement in relation to the management of medicines.

The inspection was undertaken by one adult social care inspector.

We spoke with the registered manager; two nurses; a senior care worker and four care workers. We contacted staff by phone on the evening of the inspection since we wanted to know how care was delivered at different times of the day. We spoke with one nurse and one care worker who both worked night shift.

We spoke with four people and four relatives including one relative whom we contacted by phone after our inspection. Most people who lived in the home were unable to communicate with us verbally because they were living with dementia.

We consulted the local Clinical Commissioning Group; a local authority contracts officer; a safeguarding officer; a community matron for nursing homes and an infection control practitioner.

Prior to carrying out the inspection, we reviewed all the information we held about the home.

We checked 10 people's medicines records; one person's care plan; one staff member's recruitment record and other documents relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection, we found that the service was in breach of the regulation which relates to medicines management. We found that people were not fully protected against the risks associated with medicines. At this inspection, we found that improvements had been made.

Relatives did not raise any concerns about medicines management. One relative said, “The nurse comes round with the medicines. They always give him his medicines.”

We checked 10 people’s medicines records and noted that these were completed accurately. Staff followed safe administration procedures. We read that one person required their medicines to be administered covertly. This procedure involved disguising medicines in food or drink to help ensure that people refusing medicines as a result of their illness had access to effective medical treatment. We noted that the GP and pharmacist had been contacted for advice to make sure that it was safe to administer medicines in this way. Staff had followed the principles of the Mental Capacity Act (2005) with regards to this decision.

We checked the management of controlled medicines at the home. Controlled medicines are medicines that can be misused. Stricter legal controls apply to these medicines to prevent them being obtained illegally or causing harm. There was a system in place to ensure controlled medicines were administered safely.

We spent time looking around the home. The home was in the process of being redecorated. New carpets were being fitted in the foyer of the home and gas safety work was being carried out. Work had started on painting and decorating however the manager told us that the decorators had been temporarily reassigned to another home within the group. New furniture had been purchased.

We saw that the home was generally clean. There were areas where paintwork was damaged which meant that these areas could not be easily cleaned. We observed that staff had access to personal protection equipment such as gloves and aprons and used these appropriately. There were now four sluice rooms for the disposal of bodily waste. Two new sluice machines had been purchased for the cleaning of continence equipment. We spoke with the infection control practitioner who said, “On 27 April [2015], I went out and did a full audit of the home. They scored

85.9% which is alright; there were just a few bits and pieces. I am working with the manager who is a good manager and is very receptive and proactive. I have no concerns [about infection control] and I’m going in August to do further training.”

People and relatives did not raise any concerns about safety. One relative said, “I feel happy and comfortable knowing that he is safe.” Other comments included, “I couldn’t be happier, they are so kind. They go above and beyond the call of duty” and “It’s as safe as it can be.”

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected. We spoke with a local authority safeguarding officer who told us that there was no organisational safeguarding concerns regarding the home.

We also conferred with a community matron for nursing homes. She said, “The staff are very receptive to my role and will contact me if they have any concerns about individuals. I have done a fair bit of training in the home and the sessions have generally been well attended. [Name of manager] seems very engaged and contacts me if she has any concerns or queries.” A local authority contracts officer told us that she had “no concerns” about the home.

We checked staffing levels at the home. Staff, people and relatives did not raise any concerns about staffing levels although they did state that more staff would always be appreciated. Staff told us and relatives confirmed, that there were enough staff to meet people’s needs. We spoke with a relative who had previously raised concerns about staffing levels at our last inspection. She told us, “Staffing levels have improved. I mean it would be great if they had one or two more, but they are marvellous with [name of person].” The registered manager informed us that two new nurses had been recruited and a bank care worker.

We observed the lunch time period and observed that staff carried out their duties in a calm unhurried manner.

Accidents and incidents were monitored and analysed for any trends or themes so that action could be taken if concerns were raised. For example, one person wore special headwear because of his high risk of falls. We noted that risk assessments were in place which covered a range of areas such as skin integrity, malnutrition and falls. These provided staff with information about how these risks should be avoided or reduced.

## Is the service safe?

Staff told us that the correct recruitment procedures were carried out before they started work. One staff member said, “My checks came through really quickly within a couple of weeks and I could start.” We checked one staff member’s recruitment records who had recently started. We saw that a Disclosure and Barring Service check had been obtained. This was previously known as a Criminal

Records Bureau check (CRB). In addition, two written references had been received. There was a system in place to check that nursing staff were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.