

Four Seasons (Evedale) Limited

Heath House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this home on 08 and 09 March 2016. The visit was unannounced. The home was registered to provide personal care and accommodation for up to 50 older people who may also be living with dementia. At the time of our inspection 28 people were living at the home and one person was in hospital.

In April 2015 we inspected the service and found the care being provided was Inadequate. We placed the service into Special Measures and commenced use of our enforcement powers. We inspected the service again in September 2015 and found that while some improvements had been made these had not been adequate or consistent to ensure people would always receive safe care. The improvements had not been sufficient for us to remove the service from Special Measures.

Since that inspection we have maintained regular contact with the registered provider and other organisations also responsible for monitoring the safety and quality of care people receive. The registered provider took action to reduce the number of people it was supporting at Heath House. This had given the registered manager chance to review, change and maintain new and improved ways of working to ensure people are safe and receive the care they require.

This inspection identified that significant improvements had been made to all areas of the service, and it was pleasing to receive feedback that supported this from people living at the home, their relatives, staff and other professionals. These improvements meant the service has not been rated as inadequate for any of the five key questions so we have removed the service from special measures. The service will be expected to maintain the improvements and this will be considered in future inspections.

There was a registered manager in post who was present for this inspection. 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.

People we spoke with told us they felt safe living at Heath House. Staff were aware of the actions they needed to take to ensure people stayed safe, and we observed them working in accordance with the written plans and risk assessments.

Medicines management had improved and people could be certain they would receive their medicines safely and as the Doctor had prescribed.

The number of staff and the management of staff had improved. We saw that this had resulted in people having to wait less time to have their needs met, and that people could more often attract the attention of staff when they needed to. However this was not consistent and we concluded that there were not always enough staff on duty, or available in the correct area of the home to ensure people's needs were met

without an undue delay.

People were supported to attend a wide range of health appointments. Nursing and care staff undertook a range of activities every day to ensure people maintained the best possible health. This helped to maintain their physical and psychological well-being.

The quality and choice of food available to people had improved. People were offered a range of food, drinks and snacks that met their cultural, dietary and health needs. Some further work was required to ensure people always had the support they required at meal times, and that the dining experience was pleasant.

Staff had been provided with training about the Mental Capacity Act 2005 (MCA) and we observed staff seeking people's consent and working in ways that reduced the restrictions on people's liberty and independence.

Everyone we spoke with, and our own observations showed that staff worked with kindness and compassion. The staff provided people with the support and reassurance they required to help them stay calm and to feel settled.

People had been offered new and increased opportunities to undertake activities that were of interest to them, which provided stimulation, and which reduced the chance of people being socially isolated.

The registered provider and manager had introduced numerous ways to seek feedback from people, and had used this feedback to further improve and develop the service.

We received consistent information that the service was well led. People and their relatives told us about the confidence they had in the manager, deputy manager and people responsible for leading each shift.

The registered provider and manager had developed an action plan that had been effective at driving forward the quality and safety of the care provided to ensure people received a service that would meet their needs.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

There were not always enough staff to support people when they required help

Risks had been well managed to ensure people and those around them would be as safe as possible. People told us they felt safe, and staff, relatives and professionals confirmed this.

Action had been taken to ensure medicines were safely managed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People received support from staff that were aware of people's human rights.

People enjoyed the food provided, but people were not consistently supported to have a pleasant meal time experience.

The support people got to meet their healthcare needs had improved, but people could not be certain they would always get the healthcare they required.

Requires Improvement ●

Is the service caring?

The service was caring.

We observed people being supported with kindness and compassion. People and their relatives told us staff were friendly and kind.

Staff maintained people's privacy and dignity.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Requires Improvement ●

People benefitted from a service that was tailored to meet their individual needs and wishes.

Activities that people enjoyed, which provided stimulation and which helped reduce the risk of social isolation were offered.

People felt able to raise concerns and complaints. They were confident these would be heard and action taken.

Is the service well-led?

The service was well led.

We received consistent feedback that the manager and leadership team were approachable and effective.

Significant improvements had occurred at the home, that had improved the experience and quality of life for people living at Heath House.

Requires Improvement ●

Heath House

Detailed findings

Background to this inspection

We carried out this inspection 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.

This inspection took place on 08 and 09 March 2016 and was unannounced.

The inspection was undertaken over two days. On the first day the inspection was undertaken by two inspectors, a specialist advisor with expert knowledge about the needs of older people, and a pharmacy inspector. One of the inspectors visited the service in the evening to meet with night staff and to observe the evening and bedtime experiences of people living at House Heath. On the second day the inspection was undertaken by two inspectors.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection the provider had completed 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. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We also contacted the local authority who commission services from the provider for their views of the service.

During the inspection we met with all of the people currently living at Heath House. Some people were able to verbally share their experiences of the home with us, and seven people spoke with us at length. We observed the care and support people received both by using the Short Observational Framework for Inspection (SOFI) and by spending time in the communal areas of the home. We also met the people who were being cared for in bed. During the inspection we spoke with seven relatives, eight members of staff and one healthcare professional.

We looked at parts of the care records of six people to help us determine if people were receiving the care

they needed and had requested. We looked at the systems and records in place to monitor safety and quality, we did a review of medicines management for seven people and looked at the recruitment process for three members of staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Heath House. People described some of the actions staff undertook to ensure they felt safe and to ensure that they received reassurance and support about things they might become anxious about. People's comments included, "Yes, I feel safe. Nothing here has upset or worried me", and "Yes; all is well with me here." One person we spoke with had lived at the home for some time. At previous inspections they had told us about events in the home that had upset or frightened them. At this inspection they told us, "It is a much happier home now, much calmer. I feel much better about being here."

Relatives we spoke with also reported that they had no concerns about people's safety. Their comments included, "I have no concerns about [name of relative] at all" and "Most of my contact with [name of relative] is by phone. Often when I call I can hear her laughing. She always seems settled and content."

We looked at the number of staff on duty and how the registered provider ensured there were enough staff to meet people's support needs. Our observations showed that improvements had been made with both the number of staff on duty and the delegation of staff.(ensuring the staff are working effectively and in the correct area of the home.) The registered provider and manager had undertaken a review of the number and skill mix of staff on duty. They had developed new senior care worker positions and 'Care home assistant practitioners' (CHAPS) to ensure that each shift had clear leadership and that the health care needs of people would be met. The registered manager was able to show us a staffing tool and rota that had been developed based on people's assessed needs. This had been kept under review as people's needs changed and the number of people in the home increased. The document showed that the number of staff exceeded the minimum required.

Some people told us that these changes had improved their care. One relative told us, "It is much better now. She doesn't have to hang about long when she needs the toilet." Another person had not experienced such positive support and told us, "When you ask to go to the toilet it is like talking to a brick wall. No-one comes." Our observations showed that on some occasions people did receive prompt support. However there were also numerous times when people called out for support and staff walked past them without helping the person or providing re-assurance that they would come back. We also observed people requesting help to move, support with their meal and requesting to go to the toilet when staff were not available to help. We found that while this was a much improved situation from previous inspections, people still did not have access to staff support when they needed it. Failing to provide adequate numbers of staff to meet people's needs is a breach of the Health and Social Care Act 2014, Regulation 18.

We looked at the records showing how risks (such as falling and developing sore skin) had been assessed and managed. We found these documents were informative and practical. Staff we spoke with were aware of the documents and could describe how they supported people in ways that complied with the risk management guidance. During our inspection we observed staff adhering to the risk assessments and supporting people as the risk assessments described. Records we looked at showed that when events such as a fall or change in a person's condition occurred these events had triggered a review of the person's risk

assessment to determine if their care and support needs had changed. This meant people's care and the supporting documents reflected the current risks and needs people were experiencing.

Staff we spoke with were aware of the risks people living in a care home could face, and all the staff we spoke with told us they felt people were safe. Staff were able to describe the different types of abuse people might experience and confidently explain the action they would take if they witnessed or suspected abuse was taking place. The registered manager had ensured that notifications were sent to both us, and to the local authority when possible safeguarding events had occurred. This ensured the relevant organisations were kept informed, and were able to take the action required to support people and monitor events occurring within the home.

Many of the people we met required the support of staff and specialist equipment to help them move. We observed staff using safe practices, using the correct piece of equipment, and providing people with encouragement and reassurance during transfers which some people can find stressful. The systems and resources in place to ensure staff had the knowledge and confidence to safely move people had been significantly reviewed and improved. People could now be confident they would be moved safely.

We looked at the process used to ensure that robust checks were made of potential new members of staff. The records available in the home identified that all the required checks had taken place before the candidate was offered a position within the home. Staff we spoke with confirmed that they had been subject to interviews, references and a Disclosure and Barring check (DBS) before starting work.

We looked at the management of medicines within the home. We found that this had improved and the majority of people's care that we looked at in detail had received their medicines as prescribed. One person we spoke with said, "Yes, they always give me my tablets. Today [name of nurse] gave them to me, and it was fine." During the inspection we observed staff using safe practices, including the wearing of a tabard to alert other people they were giving medicines. This decreased the risk of drug errors as staff are less likely to be disturbed. The inspection identified that some minor improvements continued to be required with medicines management to ensure people would always have their topical creams applied effectively and to ensure that medicine record sheets were always accurately completed. A comprehensive monthly medication audit had taken place and weekly audits were being undertaken to ensure medicines had been administered. This provided assurance that problems would be identified and acted upon.

Is the service effective?

Our findings

A member of staff told us how they were supported to get to know people and their needs when they started work at the home. We were informed that staff who had recently been recruited had to complete the care certificate. This was a way to ensure new staff had a foundation of knowledge to start working with people safely, and that they were aware of good practice guidelines. Relatives told us that they were confident the staff had the skills and experiences needed to support people, and one relative told us, "They take very good care of [name of relative.] They ring me straight a way if there are any issues or changes."

Staff told us that they received detailed handovers before they started each shift in the home and said communication was good within the team. We observed one handover and saw how information was shared that ensured staff were kept up to date with how to meet people's specific care needs. During the handover staff exchanged information that would help all the staff get to know each person better.

Staff told us that they felt supported. The manager had records available that showed all staff had been supervised on a regular basis. This ensured they felt supported and had a planned and protected time to talk about their work, raise ideas and discuss any concerns with a senior member of staff. Staff were given 'on the spot' supervisions when senior staff witnessed practice that either required correcting or was particularly good. This ensured any issues were addressed promptly, and that good practice was recognised and promoted within the team.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with had received training about their responsibilities to promote people's rights in relation to the Act. While we observed that staff supported people in a way that reflected the principles of the act staff we spoke with were unsure of their specific responsibilities, or how the act impacted the care and support they were providing. We saw staff regularly sought consent from people before attending to their daily living needs.

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 are 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 were being met. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. While this was positive, we identified that relevant care plans had not been kept under review. Doing this might identify less restrictive measures that could be used, or changes in the person's needs that might make the application void.

People told us, and records were mainly available to show that people got support to see a wide range of health professionals. One person confirmed, "I see the dentist, optician, and chiropractor. They call the Doctor in if I'm bad.[Referring to bad health] During the inspection we met one healthcare professional whose support had been requested to ensure people's healthcare needs were kept under review. We did however identify that people with diabetes had not always had the care they required to ensure they maintained good eye and foot health.

People had a wide range of complex health needs. We found these had all been assessed and a written plan had been generated detailing the support each person required, and the way the person would best like this need met. We found that new systems had been introduced that would bring to the attention of staff changes in people's healthcare needs. This could include a reduced diet or intake of fluids, or changes in their personal care needs. We tracked this and saw that it had been effective at ensuring people got extra support or a review by a healthcare professional.

Is the service caring?

Our findings

People told us that the staff were kind, caring and helpful and this was confirmed by their relatives. Feedback from people included, "I have been made to feel very comfy" and "Staff are all nice, friendly, and chatty." Relatives supported this view and their comments included, "Staff here are very friendly", and "Staff have been friendly and kind."

A person living at the home told us that visitors were able to visit anytime and that visitors were always made welcome. Relatives we spoke with told us they were always welcomed to the home, and one relative expressed their pleasure at the work undertaken by the staff to help keep the family in touch with each other.

We saw many positive and respectful interactions between people and the staff. One member of staff brought a blanket to a person when they had settled them in a chair. They went on to tell us, "[name of person] likes the comfort of a blanket, she feels the cold." We saw another member of staff chatting with a person about the country of their birth. This brought the person comfort when they had been distressed and made them laugh. We did however also observe practices that caused people to be upset. This included seating people on their own, facing a way from the room at lunch time. Spare chairs were available in other parts of the dining room, and this action caused the person anxiety and distress. We also observed that some staff that were very focussed on completing a task, and on some occasions failed to observe requests for help or reassurance from the people around them.

People and their relatives told us they had been involved in the planning and reviewing of their care. One relative told us, "Before [name of relative] came in staff asked us about his preferences, food he liked and what he liked to be called and so on." The care files we looked at supported this and showed that each person had been assessed before being offered a place at the home. Staff confirmed that these assessments were shared with them to ensure they knew the needs and wishes of people moving in. We did however find this information had not been shared with kitchen staff. Doing this would ensure people's dietary needs and preferences would be catered for. Staff described how the 'resident of the day' initiative had increased their knowledge about each person, their life history and how it enabled staff to share information they had found out about each person to enhance their care and support them to build a stronger relationship with the person.

People we met had been supported to undertake their personal care much more effectively than we had previously observed. We observed that people had been offered an increased opportunity to shower or bathe. People were wearing clothes that appeared well laundered and people had been supported to pay much greater attention to their appearance. One relative we spoke with told us, "Mum takes great pride in her appearance, and is always supported to look nice."

Staff we spoke with explained how they promoted dignity and respect. We observed staff knocking before entering a person's bedroom, we observed staff speak with each other or people discreetly when they needed to ask a personal or sensitive question, and we observed staff moving people, paying attention to

maintain their dignity.

We observed people making use of the communal areas and their bedrooms to ensure they had time with others or on their own. Some people needed regular reassurance about issues that could cause them anxiety. We saw occasions that staff actively engaged with people and communicated with them about these issues in an effective and sensitive manner. This ensured the person felt reassured and supported and that a calm and pleasant atmosphere was maintained in the home.

Is the service responsive?

Our findings

People received care and support from staff who knew them and had information to provide appropriate care. Care plans included people's personal history, individual preferences and interests. The written plans reflected people's care and support needs and contained a lot of specific information and guidance for staff to enable them to provide individualised care and support. The plans had been regularly reviewed and any changes had been updated. Staff we spoke with were able to describe people's life histories and things that were of importance to individual people. While we observed a routine within the home, people told us there was much greater flexibility for people throughout the day. One relative we spoke with said, "There's not strict rules like some places. He can get up and go to bed when he likes which makes him happier and more relaxed."

We looked at the arrangements for supporting people to participate in activities or maintain their interests and hobbies. We observed a range of group and individual activities on both days of our inspection. The people taking part in activities were observed to be smiling, chatting and enjoying them. We spoke with one person who had enjoyed rolling and cutting out biscuit mixture. They told us about the pleasure and satisfaction they had gained from the activity. We observed that people being cared for in bed, had benefitted from an increased number of activities that helped to protect them from social isolation. A relative we spoke with described the positive impact the increased range of activities had. They told us, "My dad was very unsettled and agitated. He has calmed down a lot, in part because they try and find constructive things for him to do. Recently I have seen him cooking, cleaning, and having chance to do some simple DIY."

People knew how to complain and were confident their concerns would be addressed. A relative we spoke with told us, "Yes, I feel confident to complain. The manager listens, apologises, he isn't defensive and he gets it sorted."

There was a formal procedure for receiving and handling concerns. The provider had also installed technology within the home, where people could provide feedback about any aspect of the service. This feedback went directly to senior staff within the organisation to ensure concerns raised would be dealt with promptly. This meant people benefitted from a service that was listening and developing in response to feedback.

Is the service well-led?

Our findings

People told us that the management and leadership of the home had significantly changed and improved since our last inspection. Comments we received included, "I'm really happy. Things have changed here so much, beyond recognition", and "The manager is wonderful. He makes an effort to come out and talk with me about both my relative here and my wider family. This relationship enables me to trust him and to have confidence in his leadership." Staff told us, "Things have improved so much. The manager is good. Steady. He talks about changes, makes the change and then sticks to it. We know where we are" and, "He has built up our confidence. We were in a low place. I feel invested in."

This inspection identified that significant improvements had been made to all areas of the service, and it was pleasing to receive feedback that supported this from people living at the home, their relatives, staff and other professionals. These improvements meant the service has not been rated as inadequate for any of the five key questions so we have removed the service from special measures. The registered provider has agreed to slowly increase the number of people living in the home, and we will check at future inspections that the registered provider is continuing to offer a service that is safe and person centred.

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns was clearly displayed around the home. The provider stated in the provider information return (PIR) that there were regular meetings to gather feedback from people staff and relatives. These were also used as an opportunity to share information and plan together to improve the service. We were informed that people and their relatives were supported and encouraged to give feedback about the service. Staff and relatives told us that the service held regular meetings providing opportunities for people to express their views and experiences of life at the home. Staff had a shared understanding of the key challenges within the service. The provider had also installed technology in the home that any one living, working or visiting the home could use to provide feedback. The manager shared a sample of these comments with us, which showed people were satisfied and pleased with the care their loved one was receiving. The manager was able to explain and demonstrate how matters of concern shared through this route would be picked up quickly to ensure that prompt action was taken to remedy the situation.

There were a number of new systems in place to monitor the quality of the home; these had been used to ensure the home was meeting the needs of people and driving forward the quality of care provided to ensure compliance with the requirements of regulation. The audit systems had been effective at identifying where improvements were needed and action had been taken to meet these. There were systems in place to review trends and themes in order to measure the quality of care. Records of accidents and incidents demonstrated that the registered provider analysed the data to identify any trends or issues. This meant people benefitted from a service that was continually under review and working towards improvement.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	People did not have access to adequate numbers of staff to ensure their needs were met in a timely way.
Treatment of disease, disorder or injury	