

Four Seasons (Evedale) Limited

The Cedars and Larches

Inspection report

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Date of inspection visit:
05 September 2019
09 September 2019

Date of publication:
16 October 2019

Ratings

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

Summary of findings

Overall summary

About the service

The Cedars and Larches is a residential care home providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The service can support up to 61 people in two adapted buildings. One building is known as The Cedars and the other building is known as The Larches. Both buildings support people over two floors and are located next to each other.

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

The completion of regular health and safety checks was inconsistently recorded. A maintenance worker usually completed these checks, but this post had been vacant for several months, and although cover had been arranged to ensure the checks were completed, there were significant gaps in recording. Audits completed by the registered manager and regional manager identified this, but no plan was put in place to address the issue. We made a recommendation about this.

People were supported by a well-trained staff team who were available when they needed assistance. However, during an observation of a lunch time on The Laurels, we noted one member of staff was supporting eight people, and some people had to wait a short while to be assisted with their food. Whilst there were enough staff, they had not been deployed effectively to support the lunch time sitting. We discussed this with the registered manager who agreed to review the deployment of staff at lunch.

People said they were safe and happy living at the home, and that staff provided kind and caring support. Relatives also provided positive feedback about staff. People were supported to maintain their independence and were treated with dignity and respect.

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.

Medicines were managed safely. Risks to people were assessed and addressed. The provider ensured the service had safe staffing levels and had robust recruitment processes.

People were able to see healthcare professionals to assist their health and wellbeing. Staff supported people to eat healthy nutritious food and to drink sufficient fluids and were familiar with people's dietary needs.

People received personalised support based on their assessed needs and preferences. Staff supported people to access activities they enjoyed.

People's views were regularly sought through computers placed around the home. Feedback from people, relatives, professionals and staff was used to improve the quality of the service. There was also an effective

complaints process which was clearly displayed for people to see.

Although the registered manager had only been in place for seven weeks prior to the inspection, we received positive feedback from people, relatives and staff about the leadership provided. Staff understood their role and had confidence in the registered manager. Staff told us they worked well together as a team, and there was good morale amongst them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was good (published 24 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Cedars and Larches

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

The Cedars and Larches is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, regional manager, a

senior home manager, a nurse, and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Assessing risk, safety monitoring and management

- Recording of regular health and safety checks was inconsistent. We were told a maintenance person had left post, and although cover had been arranged to complete these checks, these had not always been recorded. Since a new maintenance worker had started these checks were being completed and recorded regularly.
- Items of equipment used to assist people with their mobility including wheelchairs, stand aids and hoists had been regularly checked to ensure they were safe for use.
- Risk assessments had the information staff needed to reduce risks and support people to remain safe.
- Accidents and incidents were recorded. This information was used to look for themes or patterns in the kinds of incidents occurring. This helped to identify any action necessary to prevent reoccurrence

Staffing and recruitment

- Staffing levels were in line with those calculated to meet people's needs and keep them safe. We observed staffing levels to be adequate at most times through the day. However, during a lunch time observation on The Larches, we observed one member of staff trying to support eight people, and some people had to wait to be supported with their food. We spoke with the registered manager who agreed to review the approach to deployment of staff during this time.
- Feedback from people confirmed that staffing levels were adequate. One person said, "There is enough staff in the day, but they seem to be short staffed in the afternoon, but they do their best." Other people told us staffing levels were safe and staff responded in a timely way at all times. We observed people receiving support when they needed it.
- Safe recruitment processes were in place. This ensured staff employed to work in the home were suitable.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines safely.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained and assessed as competent before they administered medicines.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. One person said, "It's really like my home but with staff around to help me; that makes me feel safe."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and

investigated in a timely manner.

Preventing and controlling infection

- Systems were in place to prevent and control infection.
- Staff provided care using protective equipment that reduced the risk of spreading infections.

Learning lessons when things go wrong

- There were systems being used to ensure the service learned lessons when things went wrong. These were used to improve safety and reduce risks to people staff and visitors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and delivered as reflected in their care plan. Relatives gave positive feedback and felt their family members needs and choices were met.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment, and people's needs regarding these were respected.

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

- The décor in parts of the home was in need of refurbishing. We were told a plan of works had been scheduled to start the week after inspection.
- Bathrooms were adapted to ensure they could be accessed by all.
- Equipment was in use to support people to move around the home independently.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager.
- Staff had the skills and knowledge to support people living in the home. People and their relatives felt staff were experienced in caring for their relation. One person said, "I'm safe here. I need staff to help me and they know what they are doing."
- New staff members completed a structured introduction to their role. This included completion of appropriate training.

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

- The registered manager worked with other health and social care professionals to help ensure people's healthcare needs were met. We saw evidence that appropriate referrals had been made, and staff followed guidance given.
- A visiting healthcare professional told us staff communicated well and "staff always follow advice and guidance given."

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

- People's nutritional and hydration needs and how they were to be met were recorded in care plans. Where needed, this included information regarding specific diets associated with individual needs.
- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or Dietician for advice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were made for people when needed. We saw when people had a DoLS in place, this was clearly recorded in care plans.
- Mental capacity assessments had been completed for people to understand their capacity to consent to care and treatment. Where people lacked the capacity to make their own decisions, they were made in the person's best interest following the appropriate process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were well looked after. Comments included, "The staff are lovely they will do me a bit of shopping; they really do go the extra mile," "Sometimes we go with the staff for a coffee into town, they really are the best," and "The staff are really polite and seem genuinely fond of my relative."
- During our observations we saw people were always treated with respect, kindness and compassion by staff.
- Staff knew people's personal history and backgrounds and used this knowledge to engage people in meaningful conversations and activities.
- Staff were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

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

- People told us they had choice and could make decisions about their support.
- Family members were given opportunities to express their views through regular care reviews, meetings and regular discussions with managers and staff.
- Regular resident meetings and surveys were completed. Records showed that people were asked their opinions and whether anything could be improved. We saw action was taken based on this feedback.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, and staff knew how to support people to maintain their independence.
- We observed staff respecting people's privacy. Staff knocked on people's doors and waited to be invited in.
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly to ensure they reflected people's current choices.
- Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes.
- People told us staff were responsive to their needs. One person told us they did not like mixing with other people in the home, so staff took time to sit in their room and chat with them.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection. However, staff had received training in end of life care and told us they would feel comfortable supporting people.
- People had the opportunity to record their wishes for the end of their lives. This information was recorded in their care plans and reviewed by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about their communication needs and supported staff to communicate with people in a way that aided their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered provider employed an activities co-ordinator who organised and facilitated activities for people both individually or in groups as preferred.
- People were supported to maintain relationships with those who were important to them. We were told visitors were warmly welcomed and there were no restrictions on visiting times.

Improving care quality in response to complaints or concerns

- Information about how to complain was made available to people and others.
- A record of complaints received by the service was maintained. Complaints were acknowledged and dealt with in a timely way and used as an opportunity to improve the quality of the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were gaps in the recording of health and safety checks. A maintenance person had left post, and although we saw cover had been arranged to ensure checks were carried out, the oversight of these checks had been inconsistent. We saw audits completed by the regional manager and registered manager which identified gaps in recording, but no robust plan was put in place to address this.
- When concerns had been identified through health and safety checks, actions to show what had been done to remedy the concerns had not always been recorded.

We recommend the provider seek advice and guidance from a reputable source to strengthen and improve the effectiveness of governance systems.

- There was a registered manager in post, who had started in the home seven weeks before the inspection. The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and suggestions were considered and used to improve the service. Surveys had been completed by people and their relatives. Where actions were needed, these had been followed up.
- The registered provider had also implemented an innovative approach to ensuring people's feedback was continuously sought. Computers were available in areas of the home and people, relatives, professionals and staff were encouraged to complete feedback through this.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported, and this was evident during the inspection.

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

- During the inspection we saw examples of how the registered manager had responded to people and their relatives when something had gone wrong. We saw appropriate action had been taken in these instances.

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

- Staff and family members felt the registered manager and other managers were supportive and approachable. They told us there was an open-door policy whereby they could openly share their views and opinions.
- The service was caring and committed to ensuring people had a high quality of life. People provided positive feedback about the quality of care they received.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure people's needs were met.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.