

Four Seasons (Bamford) Limited Elizabeth Fleming Care Home

Inspection report

Off Market Street
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Tel: 01915262728

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Elizabeth Fleming Care Home is nursing home for 36 people. The home is divided into two separate units on one floor. When we inspected there were 36 people living at the home. Some of whom were living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We received exceptionally good feedback from people and relatives about the excellent care provided at the home and the caring approach of the staff team. People and relatives enthusiastically told us about the exceptional care provided at the home. They used phrases such as "a terrific place", "absolutely fabulous" and "first class attention". We heard about numerous occasions when staff went 'above and beyond' for people and took time to make them feel special.

People, relatives and staff felt the service was a safe place. Staff knew about safeguarding and the provider's whistle blowing procedure. They also knew how to report concerns.

There were sufficient staff on duty to meet people's needs. We only received positive feedback about the number of staff and there was a visible staff presence throughout our visits to the home.

Medicines were managed safely with accurate records maintained to confirm the medicines staff had given to people. Regular health and safety checks were carried out and the provider had procedures to help ensure people were safe in an emergency.

Staff were well supported and received the training they needed. They told us they could speak with the registered manager anytime.

People were supported to meet their nutritional and health care needs. Due to the complexity of people's support needs, mealtimes took a long time to complete. The provider was consulting an external auditor about this and was committed to improving people's dining experience.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs had been assessed both before and after their admission to identify their care needs. Care plans were detailed and reflected people's needs and preferences. Care plans were evaluated regularly and included meaningful information about people's needs. People were actively engaged in a range of activities. The provider had a complaint procedure should anyone wish to complain. There had been no

complaints received since we last inspected.

The provider had a structured approach to quality assurance. People, relatives and staff gave good feedback about the registered manager and the management of the home. They also described the home as having a warm and friendly atmosphere. People and staff had regular opportunities to share their views about the home. The provider had received a high number of compliments about the care provided.

Further information is in the detailed findings below.

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 has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Elizabeth Fleming Care Home

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 10 and 18 July 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection, the provider 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. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback during the planning of this inspection.

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.

During our inspection we spoke with six people who used the service and three relatives. We spoke with a range of staff including the registered manager, the regional manager, one nurse, one senior care worker and three care workers. We reviewed a range of records including four care records, medicine records, training records and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

When we last inspected Elizabeth Fleming Care Home we concluded the home was not always safe and rated it Requires Improvement. This was because personal evacuation plans (PEEPs) were not up to date. We also found medicines administration for one person did not follow their care plan. Following this inspection, we found these areas had been addressed and the home was safe. People had up to date personal emergency evacuation plans (PEEPs) which described the support they needed to remain safe in an emergency. The rating has improved to Good.

People and staff told us the home was a safe place. People commented, "I feel very safe living here", and, "Oh yes, absolutely safe." Staff comments included, "It is very safe, everything is done properly" and "I think it is very safe. The staff are vigilant and get on top of things." Staff had a good understanding of how to raise safeguarding and whistle blowing concerns. They told us they would have no problem raising concerns if required. Previous safeguarding concerns had been referred to the local authority safeguarding team and fully investigated.

Risks to people's safety had been highlighted and assessed. As well as standard assessments covering the risks of poor nutrition and skin damage, specific risk assessments were in place where people had specific needs. These described the measures needed to help keep people safe.

Staffing levels continued to be sufficient to meet people's needs. People and relatives told us staff responded as quickly as possible. Comments included, "They come as soon as you need them. I use my buzzer and they come quickly", "There are always staff around" and "There are plenty of staff around, they are all great." Staff also said the home had appropriate staffing levels. One staff member told us, "I think they are alright. We manage, 99% it is okay, unless there are emergencies." We observed there was a visible staff presence throughout our inspection. The registered manager monitored staffing levels based on the dependency levels of people living at the home. This helped ensure staffing levels remained appropriate.

The provider carried out pre-employment checks to check new staff were suitable to work at the home. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

We found the home was clean and well maintained. We observed staff followed good infection control procedures, such as hand washing and the use of personal protective equipment (PPE).

The provider continued to manage medicines safely. Staff completed medicines management training and medicines were stored securely. Medicines related record accurately recorded the medicines people had been given. Accurate records were also kept for the receipt and disposal of medicines. Medicines care plans described the support people needed to take their medicines safely, including what each medicine was and any potential side effects staff should be aware of.

Regular checks and risk assessments were carried out to ensure the environment and equipment were safe. The registered manager maintained accurate records of incidents and accidents. These were analysed effectively to check appropriate action been taken and to identify any lessons learnt.

Is the service effective?

Our findings

When we last inspected Elizabeth Fleming Care Home we concluded the home was effective and rated it Good. Following this inspection, we found the home was still effective and the rating remains Good.

People's needs had been assessed both before and after admission to the home. This information was used to identify the care they needed and used as a baseline for developing personalised care plans.

Staff received good support and had access to the training they needed. One staff member commented, "I am very supported. If I have any problems I can go to anyone and just ask." The provider had identified essential training for staff as including equality and diversity, fire safety and moving and handling. Records confirmed training, supervision and appraisals were up to date.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records confirmed DoLS authorisations where required. The registered manager monitored when DoLS needed to be renewed so that renewal applications were submitted on time. We saw people had the required MCA assessments and best interests decisions in place. For example, where people lacked capacity to consent to their stay at the home or had restrictions placed on them through using of sensor mats and wheelchair lap belts. Staff also showed an excellent understanding of how to support people with day to day decisions and choices. One staff member commented, "You have to know people. We show them clothing and different choices at mealtimes."

People were supported with their nutritional needs. People gave us good feedback about the meals provided at the home. Their comments included, "The food is fantastic. It is well cooked and you get plenty. You get a choice of what you want", and, "The food is terrific, it is delicious. I have never had such good food in my life. Every day is something different."

Most people required a significant level of support to ensure they had enough to eat and drink. We observed people received this support patiently with staff allowing people as much time as they needed to eat their meal. This meant mealtimes lasted for a considerable amount of time with some people having to wait to be assisted from the lounge after finishing their meals as staff were still supporting other people. Staff told us they had tried different approaches, such as meals being served in two sittings but these had not been successful. The registered manager had engaged an external auditor to review the dining experience to suggest ways of making this more effective. When we visited the service, the registered manager was awaiting the report before making any further changes.

Staff supported people to access health care services when required. Records showed people had input from a range of health professionals. This included GPs, specialist nurses, community nurses and speech and language therapists (SALT). Where specific recommendations had been made these were incorporated into people's care plans to help ensure they received the care they needed.

Is the service caring?

Our findings

When we last inspected Elizabeth Fleming Care Home we concluded the home was caring and rated it Good. Following this inspection, we found further improvements had been made and the rating has improved to Outstanding.

Without exception people and relatives gave particularly positive feedback about the excellent provided at the home. One person said, "I get marvellous care here, everything is fine. They are so kind. I couldn't have ended up anywhere better than this. It is a terrific place this. I get attention day and night." Another person commented, "The staff look after me. They are very nice, kind and caring. I am happy here." A third person told us, "I am happy here. It is sound as a pound, there are no problems." One relative commented, "It is absolutely fabulous, I can't say any other. We get first class attention."

Throughout our time at the home we observed staff were very kind and considerate towards people. We noted they constantly checked whether people were okay. If people needed any assistance this was provided without any delay. We saw many positive interactions between people and staff, which were always respectful. For example, one staff member walking patiently, holding a person's hand, when they needed some reassurance. Other staff had conversations with people about areas of interest to each person.

We found there were many examples of staff delivering the provider values of 'making a difference' with staff going above and beyond to make people feel special. For one person, staff went the extra mile to support them to the village they grew up in and to re-visit their family home. Staff took time to locate the person's address and arranged the transport. With the help of staff, the person returned to their family home. They spent time with the current occupant talking about the happy memories they had and wished them the same happiness they had experienced in the house. The person also visited the local shops and chatted with local people they had known for years. The registered manager described how this had 'made the person's day' and they then 'took pleasure' in telling everyone at the home about their experience.

Another person chose to isolate themselves and was very reluctant to allow staff into their room. The registered manager described how one staff member spent a lot of time building a therapeutic relationship to gain the person's trust. The staff member then discussed themes and decoration and supported the person to personalise their room. The person donated some items they no longer wanted to the summer fayre for the benefit of others. This made them feel proud and happy. The registered manager told us that when the person's room was complete they were so proud. They invited all the staff and their friends living in the home to have a look. They went on to tell us the person loves other people to visit them and they were no longer isolated.

Staff supported a third person to reconnect with family after a long period of being estranged. Staff took the time to liaise with professionals and supported the person to write to their family. The registered manager told us this was a great success, as they now have weekly contact. Family have visited the home and regularly sent text messages. The person was thrilled and stated that having this contact 'has changed their

life, for the better'.

Another person told staff 'how they loved to go bike riding and would love to do it now.' Positive risk assessments were completed to enable this to happen for the person. Staff supported the person to acquire a bicycle and the necessary safety equipment needed. This included a mobile phone to enable communication to take place when the person had gone out on their bike. The maintenance person supported the person to assemble a shed to store their bike. The registered manager told us the person loved going out on bike rides. They told us the person stated they 'feel so independent' and staff had 'made a massive difference to their life as they listened to them and helped them achieve their goal.'

It was clear from the high number of compliments the provider had received that people and relatives held the home and staff team in very high regard and particularly valued the care provided to them. Phrases used to describe the home included 'genuine affection'; 'personal attention and warmth'; 'a lovely small care home; and 'a cheerful countenance and positive attitude [shown by staff] without exception'.

Relatives had also complimented the home for enhancing their family member's quality of life and emotional wellbeing. For example, one relative stated; '[family member] has never smiled and laughed as much since her welcome'. Another relative described how their family member had received 'the very best care' and the home was 'run with wonderful love'. They went on to state how they had never known [family member] to be 'as happy, content and well nourished' as they were at the home. A third relative commented their family member being admitted to the home had been the 'best decision' they had ever made. They described how their family member received 'exceptional' care and how staff 'actually care about [family member] as an individual'. They particularly valued how one staff member used to dance with their family member. They described how their family member's 'eyes lit up' and they were their 'old self again for a short time'.

A similar theme was apparent from the most recent consultation with residents, carried out between April and June 2018. People gave the highest praise for the home and the staff team. Happiness was a theme that came through strongly from the feedback. For example, people commented: 'We always have fun'; 'the staff are always smiling'; 'it's a very happy place'; and 'the home is a very happy place to live'.

The provider was extremely committed to involving relatives in initiatives, to help them develop a better understanding of their family member's needs. The provider held a themed afternoon tea every month to which relatives were invited. External professionals also attended to share best practice with people, staff and relatives. Previous themes had included dementia awareness, nutrition and advocacy. On one occasion relatives could sample altered diets, such as purees and thickened fluids. On another occasion relatives had been invited to participate in dementia awareness training. This involved relatives taking part in a range of sensory activities and role play to help them develop an appreciation of what it might be like to live with dementia. One relative commented about how attending this training had affected their perception of what people living with dementia experience. They said, "We put special glasses on to experience what people with dementia see. It really brought it home to you, it was really helpful."

The registered manager told us about a time when a staff member supported and encouraged relatives to give their family member a hand massage. The registered manager went on to tell us about how the person had engaged with their relatives for the first time in a long time. They explained that this had a very positive impact on both the person and their relatives. We observed people were extremely relaxed and comfortable around the staff team. One relative commented, "They know the residents all by name."

Promoting and raising awareness of diversity was embraced at the home. This was in line with the provider's

values of respectfulness, treating people with dignity and respecting difference. During our inspection people participated in a 'diversity tree activity' to raise awareness of how people were different and the benefits this could bring. The 'diversity tree' itself was being made from people's hand prints and the provider planned to display the finished art work in the home. People confirmed they were treated with dignity and respect.

Staff supported people to be as independent as possible. One staff member said, "We always ask if they want to get washed. They have their own stuff in the bathroom. We encourage people to do as much as they can for themselves. We encourage them to make decisions about everything that goes on."

Care records were extremely personalised which enabled staff to gain a better insight into people's interests and aspirations. This meant they had a clear understanding of how people wanted their care provided. The provider managed records securely so that confidentiality was maintained.

People were supported to access advocacy services where needed. Records confirmed advocates had been involved in decisions for some people using the service.

Is the service responsive?

Our findings

When we last inspected Elizabeth Fleming Care Home we concluded the home was responsive and rated it Good. Following this inspection, we found the home was still responsive and our rating remains Good.

People had detailed and personalised care plans which clearly described the care they needed. Care plans covered a range of core needs including nutrition, sexuality and communication. Additional care plans were then added depending on people's individual needs. For example, where people displayed behaviours that challenge others and people's wishes for their end of life care. Care plans were evaluated monthly so that they remained relevant to people's current circumstances. We noted records of monthly evaluations were meaningful, describing people's changing needs and whether care plans were still relevant.

People had opportunities to participate in meaningful activities based around their individual needs. Throughout our visits to the home we observed activities were on-going. These were very interactive so that people were fully engaged and involved. For example, on one occasion we observed a cake making activity. We noted staff were very enthusiastic. They ensured everybody had a turn in preparing the cake mixture and putting it into the cake cases ready for baking. When the cakes were ready, people decorated them before the cakes were eaten.

People were happy with the availability of activities in the home. One person commented, "I am going out today with the nurse. I have just been to Beamish." Another person told us, "I can do anything really like art, painting and games." A third person said, "I go out to the shops and do activities." One relative said, "They often have music on, [family member] sits and taps their feet."

People and relatives gave only positive feedback about the care provided at Elizabeth Fleming Care Home. One person commented, "I have no concerns at all about this home." Another person said, "There are no grumbles." One relative told us, "I have no concerns at all." There had been no complaints made about the home since our last inspection. The provider had a formal complaints process for people to access should they choose to complain.

Is the service well-led?

Our findings

When we last inspected Elizabeth Fleming Care Home we concluded the home was well-led and rated it Good. Following this inspection, we found the home was still well-led and our rating remains Good.

The home had a registered manager. 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 and staff gave positive feedback about the registered manager and the management of the home. One person told us, "[Registered manager] is nice. I see her a lot. She is a good manager." Another person commented, "It is well run, everything is in order." One relative commented, "[Registered manager] is lovely and so is [staff member]." Another relative said, "[Registered manager] is very nice." One staff member told us, "I have no concerns about the home at the moment, if I did I would go to the [registered manager]. She is a really good manager who is understanding and knows what she is doing."

Relatives and staff described the home as homely and friendly. One relative told us, "I knew as soon as I walked in [it was the right place], it felt comfortable." One staff member commented, "We get complimented for the atmosphere, it is very good. Staff morale is really good at the moment." Another staff member said, "It has a lovely atmosphere. It does get commented on, everyone is happy."

There were opportunities for people, relatives and staff to provide feedback about the home and the care provided. One person said, "I have been to the residents' meeting." Minutes were available from previous meetings which showed a range of topics had been discussed. For example, people had discussed the activity programme, the environment and the care provided at the home. Feedback had usually been very positive.

The provider continued to operate a structured approach to quality assurance. This included regular checks of medicines management, health and safety, activities and clinical issues. A regional manager also completed regular checks of the quality and safety of the home. This meant systems were effective in promptly identifying and resolving issues.