

Four Seasons Homes No.4 Limited Marquis Court (Windsor House) Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

We inspected this service on 9 and 10 September 2015. This was an unannounced inspection. At the last inspection on 20 and 23 October 2014, we recommended the provider made improvements to ensure people's emotional wellbeing was well promoted. We found some improvements had been made but further action was required to ensure people were consistently engaged and stimulated to promote their wellbeing.

The service was registered to provide accommodation and personal care for up to 52 people, most of whom were living with dementia. It provides nursing and personal care to people who live in three units, Tivoli, Chase and Heath. A number of people living on Chase and Heath units were living with advanced dementia and needed one to one support. At the time of our inspection, 49 people were living at the home.

Summary of findings

The service 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise these identified risks. However, staff were not always following these to ensure people's safety was maintained.

The provider had a recruitment process that ensured people were supported by staff whose suitability had been checked. Staff were supported and trained to meet people's individual needs. We have made a recommendation about how staff are allocated across the service.

People were supported to take part in activities but these were group based and did not always meet their individual preferences. Staff did not always engage with people living with dementia to ensure they received the stimulation they needed to promote their wellbeing.

Staff were kind and caring and people's relatives told us they felt their relations were safe. Staff understood their responsibilities and the actions they should take to keep people safe from abuse.

People received their medicines in a safe way but improvements were needed to ensure an accurate record of the medicines held in stock at the home was maintained.

People were supported to maintain good health and accessed the services of other health professionals when they needed specialist support. People's care plans were updated when their needs changed.

Staff acted in accordance with the requirements of the Mental Capacity Act 2005. Where people did not have capacity to make decisions themselves, we saw that mental capacity assessments were in place and records showed that decisions had been made in their best interest. At the time of our inspection, 27 people were subject to a Deprivation of Liberty Safeguard.

People's relatives knew the registered manager and felt able to raise concerns and complaints. The registered manager sought their opinions on the service and acted on feedback received. There were systems in place to assess, monitor and improve the quality and safety of care people received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not consistently safe.

Risks to people were identified and care records described the actions required to minimise risks but staff did not always follow this guidance. The needs of people and the way staff were allocated across the service had an impact on the timeliness of support people received. People received their medicines as prescribed but improvements were needed to ensure an accurate record of the medicines held in stock at the home was maintained. Staff were recruited safely and understood their responsibilities to keep people safe from abuse.

Requires improvement



Is the service effective?

The service was effective.

Staff understood their responsibilities and acted in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. People were supported to maintain good health and access healthcare services when needed. Staff were supported in their role by the training provided and support of the registered manager.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and anticipated their need for support. People's privacy, dignity and independence were promoted. People were supported to make choices and decisions about their daily routine.

Good



Is the service responsive?

The service was not consistently responsive.

Activities at the home were not individualised to meet people's interests and people living with dementia did not always receive the stimulation they needed to maintain their wellbeing. People's care plans were reviewed and updated. People's relatives were kept informed when people's needs changed. Complaints were investigated and responded to appropriately.

Requires improvement



Is the service well-led?

People told us the registered manager was approachable and communication was good between them. Staff felt supported by the registered manager and there was an open door policy. Staff felt able to raise concerns and were confident the manager would take action. There were quality assurance checks in place to monitor and improve the service.

Good



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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.'

The inspection took place on 9 and 10 September 2015 and was unannounced. The inspection team included three 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. The expert by experience had knowledge of people living with dementia.

We reviewed the information we held about the service and spoke with the service commissioners. It is the responsibility of commissioners to find appropriate care and support services for people, which are paid for by the local authority. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send us by law.

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.

We spoke with nine people who used the service, ten relatives, eight care staff, the manager and a member of the administrative staff. We did this to gain views about the care and to ensure that the required standards were being met. We observed care and support being delivered in communal areas and observed how people were supported to eat and drink at lunchtime to understand people's experience of care. Some people were not able to give us their views in detail because of their complex needs. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at eight people's care records to see how their care and support was planned and delivered. We reviewed four staff files to ensure that suitable recruitment procedures were in place. We looked at the training records to see if staff had the skills to meet people's individual care needs. We reviewed checks the registered manager and provider undertook to monitor the quality and safety of the service.

Is the service safe?

Our findings

We saw that some people had been assessed to be at risk of choking. One person needed to have their foot cut up into small pieces to minimise the risks. We saw they were given a meal that had not been cut up. We found the member of staff supporting them had not been informed about their dietary needs. Another person was assessed as needing a soft diet but we observed them eating toast at breakfast time. This placed people at risk because the care being delivered did not meet their assessed needs.

We saw that staff did not always follow the guidance in people's risk assessments. One person had been assessed as needing one to one support because they presented behaviour that challenged. We saw the person sitting in the dining room with another person who used the service without the support of a member of staff. We also saw that staff did not always stay with people when they were supporting them on a one to one basis as required in their care plans, for example, when they were sleeping. A member of staff told us, "There are times when you have to leave the person". This meant people did not always receive the support that was planned for them.

This is a breach of Regulation 12 (2) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had received information which raised concerns about staffing levels at the home. We saw there were times during the day when people did not receive support in a timely manner. The registered manager told us that staffing levels were determined by people's needs, which we saw were high, due to the number of people requiring one to one support. On one occasion in Chase Unit, we observed there was only one member of staff supporting people in the communal lounge. The member of staff told us, "I'm just covering for the other carers". One person asked to be taken to the bathroom, but the member of staff could not leave the person they were supporting on a one to one basis and asked them to wait until another carer came. We also saw that staff did not always stay with people when they were supporting them on a one to one basis, for example, when they were sleeping, which was set out in their one to one care plan. People and their relatives told us more staff were needed at times. One person told us, "Sometimes staff come quickly when I ask for help, but other times there are no staff around". A relative told us,

"There could be more staff as [Name of person] does have to wait sometimes". Staff told us a senior member of staff was responsible for allocating staff across the service. There was no evidence that this was reviewed when people's needs changed to ensure enough staff were deployed in the right areas. **We recommend** the provider reviews the way they allocate staff to ensure there are adequate staff members to meet people's needs in a timely manner.

We saw that some people were receiving covert administration of medicines. This may take place when a person regularly refuses their medicine but they are assessed as lacking the capacity to understand why they need to take the medicine. We saw decision making processes were in place and staff followed guidance on the correct way to administer these medicines. We found the recording of medication stock was not well managed. The amount of medicine in stock had not been added to the medication administration record or brought forward onto the chart in use which meant the registered manager could not tell us how much medicine they had in the home.

We saw that medicines were stored and administered as prescribed. Staff who administered medicines were trained to do so and had their competence checked periodically by the manager to ensure people received their medicines correctly.

People's relatives told us they felt their relations were safe. One relative told us, "[Name of person] has settled well here and I feel they are safe". Another told us, "They are most definitely safe, they wouldn't be here if they weren't". A third relative told us they had no concerns about their relation being safe. They said, "If anything happens, we are always informed". Staff told us that they received training in safeguarding and understood their responsibilities to protect people from abuse. Staff recognised the different types of abuse and knew how to report abuse if they suspected it. They told us they would take their concerns to external organisations if they felt appropriate action had not been taken. One member of staff told us, "We have the numbers for the local safeguarding team and I would contact them to report my concerns if I needed to". We saw that incidents were recorded and monitored by the registered manager who followed local authority safeguarding protocols and notified us in accordance with the requirements of their registration.

Is the service safe?

Staff told us and records confirmed the registered manager followed up their references and carried out a check with the disclosure and barring service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. This meant the provider assured themselves that staff were suitable to work with the people who used the service.

The registered manager carried out checks to monitor fire and electrical safety and equipment such as the hoists and slings, which minimised the risks people's safety in relation to the premises and equipment. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interest when they are unable to do this for themselves. We found staff had been provided with training and understood the requirements of the Act. We observed staff asking people for consent before they supported them with personal care and asking what they wanted to eat and where they wanted to sit for their lunch. Care records showed that mental capacity assessments were in place to show when people lacked capacity. Where decisions had been made in the person's best interest records showed who had been involved. One member of staff told us, "We have to be aware of people's ability to make decisions for themselves. If they can't, they are made in their best interest, involving their families or others that know them well".

The MCA and DoLS requires providers to make applications to a supervisory body if there is a need to deprive people of their liberty to ensure their wellbeing is maintained. We saw that the registered manager had made referrals to the local authority and notified us of approvals in accordance with the requirements of their registration. A professional who was visiting the home to assess an application for DoLS told us, "Referrals are made appropriately and if the manager is uncertain about anything, they contact us to ensure they are acting within legislation". At the time of our inspection, the home had 27 deprivation of liberty approvals in place.

People and their relatives told us they thought the carers were well trained and looked after them well. A relative told us, "Staff are amazing, they look after [Name of person] so well". Staff told us they received induction training and shadowed more experienced staff to help them get to know people's needs and prepare them for their role. Staff told us they received a range of basic training in areas such as manual handling, which the provider had identified as essential for their role. We saw that staff supported people in a safe way when helping them to mobilise using equipment which we saw was in accordance with their care plan. This demonstrated staff had the knowledge and skills they needed to use equipment safely.

Staff told us they received supervision from the registered manager which gave them the opportunity to discuss any concerns about their role and check if they had any training needs. We saw staff were supported to achieve a nationally recognised qualification in health and social care and undertook specialist training in areas such as dementia care. One member of staff told us, "We play the part of a resident. We are helped to eat and experience what it's like to be moved in the hoist. It made me think about how I help people at mealtimes". This showed staff received the training they needed to care for people effectively.

People had a choice of food at lunchtime and drinks and snacks were available throughout the day. One person told us, "Staff are always bringing drinks for us". People told us they had enough to eat and drink and that the food was good. One person said, "You can always ask for more if you want it". The atmosphere was relaxed at lunchtime and staff chatted with people about what they were doing that day, for example one member of staff reminded a person that there was a television programme coming on about the Queen which they wanted to see. We saw staff offered assistance where people needed help with their meal.

The chef had information about people's dietary needs and preferences and we saw specific diets were followed when needed. One relative told us their relation had their meals pureed because they had problems with swallowing. They told us, "The food is well laid out and looks surprisingly good". The care plans we looked at included an assessment of the person's nutritional requirements and their preferences and people had been referred to specialists such as speech and language therapists and dieticians where needed.

People had their day to day health needs met. We heard a person telling a member of staff that their new glasses were making them feel dizzy. The member of staff told them they would arrange for the optician to come and visit them again to discuss the problems they were having. Relatives told us and records confirmed people saw the GP when they were unwell. The records showed people were also referred to other health professionals such as the district nurse and the podiatrist when needed.

Is the service caring?

Our findings

We saw that people were relaxed and enjoyed chatting with the staff. People told us the staff knew them well and took the time to chat to them. One told us, “I stay in my room mostly but the girls come in and have a laugh with me. Another told us, “The staff are interested in you. They have a laugh and a joke with us”. Relatives told us the staff were caring and patient. One said, “Nothing is too much trouble for the staff”. Another said, “I can’t praise them enough”. This showed the staff developed positive, caring relationships with people.

We saw staff were attentive to people’s needs and anticipated when they needed support. For example, we saw staff bring people cushions to make them more comfortable. Staff reassured people while they were supporting them. We observed staff moving one person using moving and handling equipment. One member of staff said, “Don’t worry we won’t let you fall. Here we go, going up, up and away”. Staff showed concern for people’s wellbeing and responded to people’s needs.

People told us staff knocked on their doors before entering. Staff told us they maintained people’s privacy and dignity by taking people to their bedrooms to support them with personal care. One member of staff told us they always made sure people were covered when they used equipment because they had experienced what it was like. They told us, “You feel as if everything is on show”.

We saw that staff supported people to maximise their independence appropriately. Staff did not hurry people and gave them time to do things for themselves before offering assistance, for example encouraging people to take their dirty dishes to the kitchen area and get their pudding themselves. One person told us, “The staff encourage me to do as much as I can for myself. I like that but I also feel reassured that someone is there to watch over me”.

Staff told us they supported people to be involved in day to day decisions about their care and support. One member of staff told us, “Sometimes we have to coax people to have a shower or bath. We go back to them a few times. Sometimes their mood changes or they forget they refused initially. We persevere to make sure people feel listened to”. Relatives told us they were involved in reviews and were kept informed about their relation’s care and treatment. We overheard one member of staff discussing a person’s care with their relative, giving them information about the treatment they were receiving. One relative told us, “We are kept informed and invited to all review meetings”.

Relatives told us they were always made welcome and could visit any time. One relative told us they regularly stayed and had lunch with their relation at weekends. This showed people were encouraged to keep in touch with people that mattered to them.

Is the service responsive?

Our findings

At our inspection in October 2014, we recommended the provider made improvements to ensure people living with dementia were engaged and stimulated to promote their individual health and wellbeing. At this inspection, we saw that some improvements had been made and people were being supported to take part in activities. However, we noted that these were group based activities rather than supporting people on an individual basis and further improvements were needed. We saw that at times there were no staff in the communal lounge on Heath unit and people were left sitting without anything to do. One relative told us their relation was not getting enough stimulation and they regularly became agitated which sometimes upset other people living at the home. They told us, “[Name of person] needs more to do”. The person needed to be regularly monitored by staff and their care plan stated that staff should support them to engage in activities that met their individual preferences. We did not see staff support the person to engage in any activities and their care plan did not record in any detail their personal history and interests.

There were mixed views when we asked people about activities and the daily routine at the home on Chase and Tivoli units. Some people told us there wasn't enough to do and they didn't have anything in common with the other people living at the home. One person said, “It's too quiet, I could do with more people coming to talk to me. We just sit here. Nobody bothers a lot and it's a lonely life”. Other people told us they were able to take part in activities such as bingo, crafts and flower arranging. One person said, “I have no time to be bored, I join in whenever I can”. Another person told us they were still able to do some gardening by helping make up hanging baskets and planting up bulbs. They told us, “I used to love my garden at home and I can still do a bit here”.

We found that activities were group based rather than person centred. We saw the activities co-ordinator supported people to take part in a game of bingo and encouraged them to join in with singing and dancing. We also saw a member of staff had come in on their day off and brought their dog with them. People were smiling and appeared to be enjoying themselves. The activities co-ordinators told us that they were planning events such as a seaside day which included a Punch and Judy show, ice cream and donkeys. They told us they had made links with a local museum who would come in to show people items from local history, such as the coal mining industry.

We found that some people's care plans did not always record their life histories and preferences. The registered manager told us they were introducing new care plans which would record this information in a journal. We saw that care plans were reviewed regularly and relatives told us they were invited to reviews and kept informed when people's needs changed. Staff told us their views about how the person was were recorded on a progress sheet by the senior carer on duty and shared at handover. This meant all staff had up to date information about people's needs which enabled them to provide support that was responsive to their needs.

Relatives told us the staff and management were approachable and they felt able to raise any concerns they may have and were confident they would be resolved satisfactorily. One told us, “They are all very helpful”. There was a complaints procedure in place and records showed the registered manager responded to complaints and met with people and their relatives to resolve any ongoing issues.

Is the service well-led?

Our findings

We found the registered manager and provider had systems in place to assess, monitor and improve the quality and safety of care people received. The registered manager also carried out a daily walk around at the home to identify and act on any environmental issues that could affect people's safety. The provider monitored the audits and checks centrally to ensure action was taken appropriately.

Staff told us they worked as a team and supported each other to make sure people received the care they needed. One member of staff said, "Staff work hard, they are a great team". Most of the staff felt the registered manager supported them and they could go to them if they had any concerns. Staff knew about the whistleblowing procedures at the home and said they would have no hesitation in using them. One member of staff said, "The manager is supportive". Another said, "The manager is very understanding". Staff told us the registered manager asked their opinions on the running of the home during staff meetings. One member of staff said, "I feel I can be honest and say what I think". One member of staff told us the manager had taken action when they had raised concerns. They said, "I felt there was an atmosphere and it was

having an impact on some of the staff. The manager moved people round and things are much better now". A visiting professional told us the manager had improved the management of staff at the home. They told us, "Staff used to be left to their own devices, now they have leadership". This showed the staff felt supported to carry out their role.

The provider checked that staff were happy with the support they received through a questionnaire and fed back the results to the registered manager. We saw the registered manager had discussed the issues raised by staff during staff meetings.

Relatives knew who the manager was and told us they were available. They told us communication was good between them and the manager. One relative said, "I can always talk to the manager when I want to". People and their relatives were encouraged to give their feedback on the running of the home through relatives meetings and the provider had recently introduced an electronic system for visitors to leave their feedback. The provider monitored the feedback centrally and responded by introducing improvements locally and across all the homes. For example, relatives were being encouraged to provide information on people's life histories for the new care plans that were being introduced, to increase their involvement in the planning of people's care.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risk assessments were in place but they were not always followed to ensure people received care and support in a safe way.
Treatment of disease, disorder or injury	Regulation 12 (2) (b)