Four Seasons (Bamford) Limited

The Heights Care Home

Inspection report

Ankerbold Road
Tupton
Chesterfield
Derbyshire
S42 6BX
Tel:01246250345
Website:

Date of inspection visit: 8 April 2015
Date of publication: 19/10/2015

Ratings

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

Overall summary

We carried out an unannounced inspection of the service on the 8 and 13 April 2015.

The Heights provides accommodation for up to 36 people who require nursing or personal care. On the day of our inspection 29 people were using the service as the service had stopped admitting new people whilst the passenger lift was out of action.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe living at the home and with the staff who supported them. Comments included, "I feel safe; staff are nice they wouldn't dare bully me."

Risk assessments were in place that identified where people may be at risk. Action was taken to minimise risk without impacting on the person's independence.

Staff told us how they had received training on how to recognise abuse and they understood their responsibility to keep people safe. Staff knew what was expected of them by the registered manager and people were supported to be as independent as possible, whilst maintaining their safety.

There were sufficient staff employed but they were not deployed in the most effective way to meet the needs of people. Staff understood the needs of the people they supported and what was expected of them to maintain standards of care within the service.

Medicines were managed safely to ensure people received them when they were needed.

The registered manager and staff had received training on the Mental Capacity Act 2005 and worked with health and social care professionals to ensure people who used the service were not restricted or restrained inappropriately.

Overall people expressed satisfaction with the service at The Heights. However some peole commented that they thought the home had deteriorated in the last few months. One person said, "It was better when I first came in, it's passable put it that way"

People told us they had enough to eat and drink but one person commented that, "The food is not bad, but it could do with changing around a bit." Staff monitored people to ensure they had enough to eat and drink and referred people to the health care professionals if they identified people may be at risk of poor nutrition.

People were supported to see doctors or nurses if they felt unwell and staff acted on health professionals' advice.

During the inspection we observed staff interact with people in a positive manner. They were kind and patient never rushed people. However staff were more positive on the first floor that the ground floor and showed more attention to meeting people's dignity. People who used the service told us staff were kind and considerate and they treated them with dignity when they provided personal care. All rooms at the home were used for single occupancy.

The service employed two activity organisers who supported people to access their interests and hobbies. Some activities such as outside entertainers had been curtailed as a result of the lift being out of action.

People told us they found the senior managers approachable and were able to tell us who they would speak with if they needed to complain.

There were systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided.

The service had serious issues over the last 10 months with the passenger lift not working. It had been out of action permanently since December 2014 and repairs were due to start in May 2015. The provider told us that the lift should be working by June 2015. A contingency plan had been put in place in the event the repairs were ineffective.

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 safe.

People said their needs were safely managed. Staff knew how to protect people from abuse and avoidable harm.

People told us they received their medicines safely. Medicines were managed correctly. People had risk assessments in place that made sure people received safe and appropriate care.

Staff were recruited following safe and effective checks.

Good

Is the service effective?
The service was not always effective.

People were supported to access healthcare services. Plans of care to meet people's healthcare needs were comprehensive. The provider sought appropriate support and guidance from healthcare professionals when required.

People said the food was acceptable and they received sufficient to eat and drink. Staff were not deployed effectively to meet people's needs at meal times.

People who used the service were supported to remain as independent as possible. They were assessed under the Mental Capacity Act 2005 where this was needed.

Requires improvement

Is the service caring?
The service was not always caring.

People were supported by staff who were kind and considerate.

Staff respected people's privacy and independence ensuring people were involved in decisions about their care. However staff were not always aware of people in difficulty and so did not always promote their dignity.

Requires improvement

Is the service responsive?
The service was responsive.

There was a complaints system in place to ensure people could raise concerns about the service if they needed to

People's plans of care identified their health and personal care needs. People were involved, where possible in regular reviews of their care.

Good

Is the service well-led?
The service was well-led

Good

Summary of findings

People who used the service had opportunities to say how they felt about the service and the provider told people what changes they had made as a result.

The provider had systems in place to monitor the quality and safety of the service. Contingency arrangements had been put in place in the event the repairs to the lift were ineffective.

The Heights 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 the 8 and 13 April 2015 and was unannounced.

The inspection consisted of one inspector, a specialist advisor in nursing care 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.

To help us plan our inspection we reviewed the previous inspection report, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service for their views.

On the day of the inspection we spoke with eight people who used the service and four relatives for their experience of the service. We spoke with the registered manager, the area manager and senior nurse on duty. We also spoke with four care staff, the cook, and a domestic.

We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Good

Is the service safe?

Our findings

People we spoke with including relatives told us they felt safe living at the service. People were confident they were cared for in a safe manner. One person told us, "I feel safe; staff are nice they wouldn't dare bully me." No one we spoke with felt unsafe or worried as a result of other people using the service and their behaviour. A relative told us they never witnessed anything of concern.

We spoke with staff who showed a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. Staff knew there was a whistle blowing policy in place and what to do if they concerns were not acted upon. Training records showed that staff received safeguarding training and regular updates to ensure they remained up to date with any changes in procedures.

We had received a safeguarding alert regarding the passenger lift being out of action for a long period of time. The provider and registered manager were working with us and the local authority to ensure people were not placed at risk. We had discussed these concerns with the local authority and they were undertaking an investigation on how it impacted on people who used the service.

People told us they were involved in decisions about managing known risks. One person told us they were free to do as they wished in the home. This person was independent and liked to spend their time helping in the garden. Risks were assessed and care plans were in place where a risk had been identified. We saw risk assessments for areas such as mobility, moving and handling and skin care. However as all plans were hand written some of the information was illegible. We brought this to the manager's attention who told us they would follow this up as part of the care plan audit.

As the passenger lift was out of action and people could only access the ground floor via the stair lift. We saw risk assessments were in place to ensure people who needed to access other parts of the home could do so. Where it had been established people were unable to use the stair lift we saw that temporary alternative arrangements had been put in place in consultation with the person or their representatives.

All accidents and incidents were recorded and the registered manager regularly carried out audits to see if patterns emerged or what action could be taken to reduce risks in the future. We looked at records for the previous three months and these showed that where trends were identified action was taken to reduce future risk.

A person who had restricted mobility said, "I feel safe, but I want to be sure I can get out in case there is a fire." Each person had a personal evacuation plan to ensure they would be safe in the event of a fire. We saw that safety checks were carried out on equipment to ensure they were safe for staff and people who used the service.

A person told us they felt safe being moved in a hoist despite being nervous. We observed staff using the hoist. They offered reassurance to the person and ensured they were safe at all times.

We discussed the issues relating to the passenger lift with the registered manager and area manager. We raised our concerns that we had been made aware of lift not functioning in July 2014

and had written to the provider in September 2014 for assurances it would be repaired. We were told that repairs and regular maintenance of the lift had taken place during this time but it had continued to cause problems. We asked the registered manager to write to us following the inspection with what contingency plans would be in place should the repairs planned for May 2015 not be successful. We received this on 20 May 2015 and they appeared to ensure the continued safety of people who used the service.

People we spoke with felt there was enough staff available to support them. One person told us, "I do get help, but I think they need more help upstairs. I sometimes have to wait. Another person said, "I don't have to wait too long, it depends how many's on, they do their best."

We noted that there were a large number of people who were cared for in bed. Despite this we observed people were attended to quickly and we did not hear call bells ringing for excessive lengths of time. The registered manager told us that staffing had been increased as a result of the lift being out of action and due to the dependency levels of people who used the service.

We observed there were long periods of time where there were no staff in the dining room and kitchen staff were left to monitor people in this area. This meant that if there was an incident people may not receive the support they

Good

Is the service safe?

needed. We were told care staff were assisting people who chose to eat in their bedrooms. The manager told us they would look at staff deployment at meal times to ensure people received the support they needed.

People told us they received their medicines safely. One person told us they managed some of their medicines themselves. They had mentioned to staff they received a tablet late and following that complaint it was put right.

We observed people receiving their medicines and being encouraged to take them with a drink. We looked at the management of medicines They were stored securely, the nurse in charge of the shift held the key to the medicines cabinet. Medicines were only administered by people who were trained and seen as competent to do so. The manager showed us records of how they checked that staff were competent to carry out these procedures. This ensures that only people who are safe administer medicines.

The administration records were well ordered and showed no unexplained gaps or errors. Controlled medicines were stored and administered according to up to date procedures ensuring people received their medicines as prescribed. We did note that where people used topical creams such as Cavalon these were not recorded. We brought this to the registered manager's attention who made arrangements to ensure these were recorded in future.

We observed the nurse on duty administer the medicines to people. They did not rush people ensuring the person took their medicines before signing the records. The arrangements in place to obtain, administer and record people's medicines were safe.

Requires improvement

Is the service effective?

Our findings

People we spoke with told us they thought staff had the skills they needed to care for them. However three people we spoke with felt the home had "deteriorated" in the last few months. One person said, "It was better when I first came in, it's passable put it that way". All the people we spoke with felt the staff had the training they needed. A person told us, "They [the staff] have sessions to learn how to do things." A relative told us, "My [relative] is looked after very well, some staff are better than others."

Staff told us they received an induction when they started work at the service. This included orientation of the service, reading people's care plans and shadowing experienced staff. We saw examples of completed induction records to show what staff learnt during this time. We also saw training records for all the staff. Staff told us training was varied and depended on the needs of the people who used the service, as well as whether the staff member was a nurse or carer.

We saw that staff received supervision and appraisals and that these took place at regular intervals throughout the year. We saw that the nurses took part in clinical supervision. This provided nursing staff with a safe and confidential environment to reflect on and discuss their professional work. Clinical supervision is different from other types of supervision, which is about monitoring and appraising performance.

Staff told us they had access to on line training but access to it was not always easy due to work commitments. Staff had received equality and diversity training, which they were able to use in their work. However staff told us that they felt they would benefit from more in-depth dementia awareness training. One staff member told us there were a lot of people who used the service who were living with dementia and it would help them to be more effective to have better training. We spoke with the registered manager who was aware of the ongoing training needs of the service and had an action plan for future training including further dementia awareness training.

People told us that staff usually asked them if they wanted help with their care. One person said, "The girls always ask me where I want to eat my lunch." Another person said, "They are good here they ask you what help you want, they don't just take over."

We saw that staff asked people their views before they provided support. People's care plans provided information about their ability to make decisions and staff told us they read people's plans and were familiar with what people were and were not able to make decisions about. We saw that some care plans were signed either by the person or their representative.

Staff we spoke with had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exists to protect people who lack mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom. A person should only be deprived of their liberty when it is in their best interests and there is no other way to look after them, and it should be done in a safe and correct way. Senior staff had all received MCA and DoLS training.

We saw that where people were deprived of their liberty it was done in their best interests in accordance with the law. For example one person needed bed rails and all relevant people had been consulted and alternatives looked at before they were put in place. We saw other examples where people's capacity to consent to treatment and care was considered and best interest decisions were made. However, it was not always possible to read these decisions due to illegible writing. This was brought to the registered manager's attention.

People told us the food was acceptable. One person said, "The food is not bad, but it could do with changing around a bit." Another person said they had no complaints about the food. The cook told us that staff made them aware of people's nutritional needs and they understood the importance of providing a nutritionally balanced diet. They told us they were not restricted in ordering food. The cook said, "We have a standard business list we order from but if I need to order something special following a request from a resident I speak to the manager and it isn't a problem." We were also told that where people needed calorie enhanced diets they did this by adding cream and full fat milk where it was needed.

We observed the midday meal. Only two people were sitting at the dining table other people remained sitting in their chairs in the lounge area. There was a menu available, this was partially typed and partially handwritten, and it was difficult to read. There was a picture menu displayed

Requires improvement

Is the service effective?

on the wall. However none of these menus actually reflected the food available that day. The dining area was not an inviting place for people to sit and eat their meal as the table cloths were worn and creased. We brought this to the registered manager's attention who said they would look at this as part of the refurbishment of the service.

One person told us they could have a drink anytime. During the day we saw that people were offered drinks and snacks at regular intervals and were encouraged to drink. People's weight was monitored where they were identified as at risk of losing weight or at risk of developing pressure ulcers. However we noted on person's care plans their BMI (body mass index this is a measure of body fat based on height and weight that applies to adult men and women) did not correlate to their weight. This was brought to the registered manager's attention who made arrangements for it to be corrected. The registered manager had also created a spread sheet to show how people's weight was monitored and what action was taken if there were concerns.

The cook told us that staff made them aware of people's nutritional needs and they understood the importance of providing a nutritionally balanced diet. They told us they were not restricted in ordering food. The cook said, "We have a standard business list we order from but if I need to order something special following a request from a resident I speak to the manager and it isn't a problem." We were also told that where people needed calorie enhanced diets they did this by adding cream and full fat milk where it was needed.

People told us they were supported to see health care professionals when they needed to. We saw records that showed when people saw their GP or a dietician. We saw that where advice had been given, staff followed these recommendations.

Requires improvement

Is the service caring?

Our findings

People we spoke with including their relatives were mostly positive about the staff. They described staff as "nice" "caring" and "generally good". One person told us, "Care is not bad at all; some are a bit more caring than others." Another person said, "Staff are nice, they're ever so nice." A relative told us that their relative was well looked after but had noticed, "My [relative] is more comfortable with some staff than others."

People told us there were meetings where people who used the service were able to discuss what happened in the home. People we spoke with could not recollect when the meetings were held and how regularly. We looked at records and saw that the last meeting held had been in February 2015 and prior to that November 2014. The registered manager told us that meetings were held regularly but that people were routinely encouraged to express their views and make decisions about their care.

We spoke with a person who had needed to move rooms and they told us they were unsure if they had been consulted but thought their relative may have been. However they did tell us, "I don't want to eat in the dining room so I choose to eat in my room and staff have been fine about it."

Staff told us how they supported people to make decisions every day. We saw examples in people's care plans where people or their representative had been involved in discussions and decisions about their care. The registered manager told us that due to the lift being out of action some people who were cared for upstairs needed to be moved downstairs and they had either discussed it with the person concerned or their family to make the most appropriate arrangements.

Relatives told us they were able to visit when they wanted to and staff were welcoming and friendly. People were able to choose to meet their visitors in their bedrooms or the lounge. This promoted privacy and confidentiality.

We observed staff throughout the day. We noticed staff were in greater evidence upstairs than on the ground floor. The registered manager told us this was as part of their strategy to support people whilst the lift was out of action. Where we did see staff assisting people they did so at the pace of the person concerned. However we noticed particularly during the midday meal staff did not always give the person their full attention and so did not promote the person's dignity nor show respect. Staff were more attentive on the first floor, talking with people and checking they were ready for the next mouthful of food. We saw one person in the down stairs lounge area was slumped awkwardly to one side in their chair whilst they attempted to eat their meal. Staff did not appear to notice this and did not offer to sit them more comfortably. This did not promote the person's dignity.

Staff did speak with people with kindness and showed compassion. We saw staff show concern to a person who appeared very sleepy and withdrawn. Staff observed this person during the day and ask them if they were feeling noting they were quieter than usual. This showed that staff were alert to some people's needs.

Good

Is the service responsive?

Our findings

People had their needs assessed prior to moving to the service. We spoke with a relative who told us that staff had included them in the development of their relative's care plan. They knew that it needed to be reviewed and the care provided was to help promote their relative's independence. Two people we spoke with felt their care was good and was suitable to their individual needs. They told us that staff supported them to take part in their chosen interest and hobbies, such as going in to the garden. They told us this was important to them.

People's care records provided details of their likes and dislikes, preferences and each person had a brief personal history. Not all plans were completed to the same depth. Staff we spoke with told us that they would speak with people who used the service or their relatives if they wanted to know more about a person. This meant that staff obtained sufficient information to offer care in a personalised manner.

People told us they were comfortable raising concerns and complaint. They told us they felt listened to if they spoke to the staff or manager. A person told us of an issue they had had. They raised it with the senior carer on duty and it had been dealt with.

The complaints procedure was displayed in the reception area and each person had a copy in their bedroom. This meant the provider had made the complaints procedure accessible to people.

Two people we spoke with did say that the lift being out of action had restricted their movement as they liked to visit a friend on the first floor but they found this difficult now they could not use the lift. We spoke with the registered manager about this issue and they said they were aware that it had caused problems but once the lift was repaired in June 2015 people would be able to access all areas again.

Staff were aware of people's routines and how they preferred to receive care. At the start of each shift the senior staff were involved in a handover. This allowed staff to discuss people's needs each day and ensured staff were aware of critical matters such as if they had seen a doctor or a doctor needed to be called.

We found examples of personalised care. We saw people's rooms were personalised and where people needed specialist diets such as thickened drinks or a soft diet these were detailed in their care plan. We saw one plan stated the person like to eat their midday meal in their room and the person confirmed that staff supported them to eat their meal in their room.

A relative told us that activities were mostly available in the morning and they had a singer every few months. We were told however that with the lift out of action the person who provided the musical entertainment had refused to come back due to the difficulty in getting their equipment upstairs. The registered manager told us they employed two people to run the activities programme. We observed a person encouraging people to take part in activities during the morning. One person told us, "I would love to sing." And another person said, "I would love to go on outings, we don't do many of those things."

Good

Is the service well-led?

Our findings

People told us they were concerned that the lift had been out of action for a long time. The provider had made arrangements to rectify the problem but it has taken a significant amount of time as parts needed to be imported. The provider had assured us it would be repaired and functioning again by the beginning of June 2015.

People told us they thought the atmosphere had changed since the new manager started. One person said, "The previous manager used to come and talk to us every day." People did think the senior managers were approachable. Relatives said they knew who the senior cares were and the nurses but were less sure who the manager was.

Staff said they found senior managers were supportive and felt part of a good team. They told us they knew what standard of care the provider expected and felt supported through training and supervision to achieve it. As part of the provider's quality audit the registered manager walks around the service each day to speak with people and carry out checks of the service. We observed the registered manager do this during our visit.

When we looked at care plans we found their usefulness depended on who had completed it. Some contained insufficient information and were not legible. We discussed this with the registered manager who told us the provider had introduced an audit system that asked the same five questions that are asked during CQC inspections. Is the service safe, effective, caring, responsive and well-led? The registered manager showed us they had started the process and was looking at ways of improving the care plans. This included the level of information in each plan.

The provider had in place a variety of audit tools that were used to monitor the safety and efficacy of the service. We saw that a new electronic quality assurance system had been introduced and was situated in the reception area. This could be used by people who used the service, relatives and staff. As this system had only recently been introduced the provider had not yet received enough information to analyse. The registered manager told us that once enough data was received it would be used to help inform the future action plan for the service.

We saw meetings were arranged with people who used the service, relatives and staff to enable them to express their views about the service. We saw records of meetings where issues relating to the lift had been discussed ensuring people were kept informed of progress.

In the reception area we saw a sign that said 'What we asked, What you said. What we did.' Examples of this were. People who use the service asked if they could have a fish and chip supper, this was arranged with fish and chips purchased from the local chip shop, they also asked for a trip to the local pub, so four people were taken to the local pub by staff. People who use the service said they liked the water and fish stimulation that was recently purchased for one person's bedroom, so two more of these were purchased one for each lounge. This showed the provider listened to people's views and where possible took action to improve people's care.

The registered persons are required to notify CQC if certain changes, events or incidents at the service. Records showed that the provider had notified CQC of relevant changes, events or incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.