

# Four Seasons (No 9) Limited

## Cypress Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 27 June 2018, 6 July 2018, 2 and 6 August 2018 and was unannounced on day one.

The last inspection on 16, 17 and 18 October 2017, found that the registered provider was not meeting the requirements of the Health and Social Care Act 2008 in relation to person-centred care; need for consent; safe care and treatment; safeguarding service users from abuse and improper treatment; receiving and acting on complaints; staffing and governance. The overall rating of the provider was "inadequate" and they were placed into special measures by the Care Quality Commission.

We conducted this inspection to review whether sufficient improvements had been made since the last inspection. We found that improvements had been made although the registered provider remained in breach of regulations relating to safe care and treatment, need for consent, person-centred care and governance. However, the inspection found that there was sufficient improvement to take the service out of special measures. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Cypress Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cypress Court accommodates up to 60 people in one purpose built two storey building. It has a lift to the first floor and an open plan reception area. There are large lounge areas and a dining room to each floor. At the time of our inspection the service was accommodating 40 people.

We identified that the provider had not always delivered care and treatment in a safe way and was therefore in breach of relevant regulation. This was because professional guidance had not been followed with regard to a person's risk of choking; we became aware of an incident of unsafe administration of medicines and risk assessments relating to people's specific needs were not always in place.

The service did not have 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. Since the last inspection day to day running of the home has been overseen by one of the provider's Resident Experience Managers (RESM). A new home manager had recently been appointed and safe recruitment checks were underway.

With the exception of one incident, we found that medicines management and administration procedures were established and safe. People received their medicines as prescribed.

Policies and procedures were in place to safeguard people using services from abuse and for staff to whistle-

blow if needed. Staff told us that they felt able to raise concerns if necessary and that they would be listened to.

Staff told us and we observed that there were sufficient staff to meet the needs of the people living at Cypress Court although some people expressed that there were busy periods and this sometimes impacted on the care they received. For example, people told us that they could not have a shower as often as they wanted one. We discussed this with the management team on the first day of inspection and when we returned on the third day we saw people had improved access to shower facilities.

The service followed safe recruitment practices. Staff were complimentary about the management team and told us they were supportive and fair. Staff received regular supervision, appraisal and the training they needed to provide effective support.

The home was clean and tidy. We saw that health and safety checks were carried out to ensure that the home was a safe place for people to live. Staff used personal protective equipment, such as disposable gloves and aprons and had received training to prevent and reduce the spread of infection.

People's privacy was protected, records were kept in locked cabinets. There was a policy in place to ensure that people were treated fairly and without discrimination. We observed that people were treated in a kind and respectful way.

People's consent to their overall care was not always recorded and people told us that they had not seen or been involved in their care planning. People were only deprived of their liberty with legal authorisation.

Each person had an individual care plan folder, however examples reviewed were unwieldy as they had not been rewritten when significant needs had changed, relevant information was not always included and sometimes information was contradictory. The management team advised that work was ongoing in this area.

There was a policy and procedure in place to record, handle and respond to complaints. We found that most complaints had been recorded and responded to appropriately. However, during the inspection we became aware of a concern that had been raised with a member of staff which had not been documented. You will see further information about this in the Responsive section of the full report.

The service employed two activity co-ordinators. Prior to the inspection we had received information that indicated people did not have enough to do. During the inspection people told us that they enjoyed the activities taking place but would like more to do. Two people told us enthusiastically about how they had been supported by staff to go swimming.

At the time of the inspection the weather was very hot. We saw that people had ready access to fluids and that staff encouraged people to drink more. The management team had sourced additional fans to assist with keeping people cool which were situated around the building and they were in the process of ordering more.

There was a suite of audits used to monitor the safety and quality of the service which were carried out regularly by the RESM or deputy manager. We saw that the completion and effectiveness of audits had improved since the last inspection and that actions identified had been carried out. However, quality assurance processes were still not sufficiently robust to have identified all of the concerns noted during this inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service had improved but was not consistently safe.

Care and treatment was not always provided in a safe way.  
Professional guidance was not always followed to mitigate risks  
and we became aware of an incident in which a person's  
medicines had not been administered safely.

Accidents and incidents were recorded and reviewed to identify  
themes, trends and learning.

Policies and procedures were in place to protect people from  
abuse.

### Is the service effective?

**Requires Improvement** ●

The service had improved but was not consistently effective.

People's consent to care and treatment was not always sought.

People were only deprived of their liberty with legal  
authorisation.

Staff had received the training they needed to carry out the roles  
they were employed to do.

People had sufficient to eat and drink.

### Is the service caring?

**Good** ●

The service had improved and was caring.

People told us they were treated in a kind and caring way.

We saw that staff had developed positive relationships with  
people living at Cypress Court.

The provider had a policy and procedure in place to ensure that  
people were treated fairly and without discrimination.

### Is the service responsive?

**Requires Improvement** ●

The service had improved but was not consistently responsive.

Although care planning and review had improved since our last inspection further improvement work was ongoing.

There was a complaints policy and procedure in place however further improvements were needed to ensure that all complaints were dealt with robustly.

The provider had responded to the warmer weather by ensuring drinks were readily available, additional fans and staff breaks had been introduced.

**Is the service well-led?**

The service had improved but was not consistently well-led.

The service did not have a registered manager. Although there had been interim cover in place since the last inspection, and recruitment was underway for a new home manager, consistent and long-term management had not been established.

Audits to check and ensure the quality of the service were carried out however had not identified all of the concerns noted during the inspection.

Staff morale had improved and staff told us that they felt supported in their role.

**Requires Improvement** 

# Cypress Court

## 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 27 June 2018, 6 July 2018, 2 and 6 August 2018 and was unannounced on day one. The inspection team consisted of two adult social care inspectors, one expert by experience and one specialist advisor on day one and one adult social care inspector on all other days. 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 specialist advisor was a nurse.

Before the inspection we looked at information which the Care Quality Commission held about the provider. This included previous inspections, statutory notifications and information we had received from members of the public. A notification is information about important events which the service is required to send us by law. We checked to see whether a Health Watch visit had taken place. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. The latest visit took place in June 2017 and gave a favourable impression of the service.

We contacted the local authority and they shared their current knowledge about the service. We received a Provider Information Return (PIR) from the provider before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information as part of our inspection planning process.

People using the service were able to tell us about their experience. During the inspection we spoke with 14 people who lived at Cypress Court and seven relatives/visitors. We also spoke with 15 staff members which included one clinical lead, four CHAPS (Care Home Assistant Practitioners) four care staff, an interim manager, deputy manager, and four members of the regional management team.

During the inspection we looked at the care records for 11 people and the recruitment records for four staff

in addition to records relating to the day to day management of the service such as audits and maintenance records. We toured the building, including bathrooms, store rooms and, with permission, spoke with some people in their bedrooms. Throughout the inspection we made observations of care and support provided to people and of the interior and exterior of the premises.

# Is the service safe?

## Our findings

At our last inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to provide care and treatment in a safe way. During this inspection we found that the provider remained in breach of this regulation.

On the first day of inspection we found that guidance had been provided by the Speech and Language Team (SALT) regarding a person's dietary needs following episodes of choking and the ongoing risk this posed. The guidance stated that the person should be encouraged to use the dining room and supervised when eating meals in their room. We observed this person in a laid down position, eating their evening meal unsupervised. We brought this to the attention of the deputy manager who instructed staff to provide supervision.

On the second day of inspection we, once again, observed the person eating in their room without supervision even though staff had demonstrated awareness of this requirement during conversations that day. This placed the person at an increased risk should they experience a choking episode, staff were not present to take immediate action to protect the person from harm. This was a significant concern as it mirrored an incident observed during our last inspection. This demonstrated that reflection and learning had not been effective following previous concerns to prevent recurrence and that specialist advice was not followed.

We checked the procedures in place for the management and administration of medicines. We found that overall this had improved since our last inspection and people usually received their medicines safely.

However, on the second day of inspection, a visitor alerted us that they had found their relative in the lounge with tablets in each hand. There were no staff present and their relative was struggling to swallow the tablets. Safe medicine administration practice and the provider's own policy, which instructed that staff should 'Observe the person to ensure that the prescribed medication is taken in the way in which it is prescribed', had not been followed which resulted in the person not receiving their medicines safely.

In addition, there was a potential risk to others had this medicine been dropped or passed on. The Medicine Administration Record (MAR) had been signed confirming that the medicines had been administered when this was not the case. We brought this to the attention of the Resident Experience Regional Manager who carried out an investigation into the incident.

Although risk assessment tools were in place for risks such as malnutrition, skin integrity and use of bedrails, we found that they were not always in place for individual's specific risks. For example, a staff member explained how a person was at risk of tipping forward when sitting in a chair or wheelchair. This was due to their posture and they had been referred for assessment of a suitable positional chair. However, there was no risk assessment in place demonstrating or informing staff how these risks should be mitigated prior to a positional chair being sourced or when the person was using a wheelchair.



These issues were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider failed to provide care and treatment in a safe way.

There was a detailed medicines policy to provide guidance to staff around expectations and practice. Staff received the necessary medication training and their competency was regularly checked. On the first day of inspection we observed part of a medicines round observing practice of two members of staff. We found that they demonstrated a good understanding of safe management of medicines. Medicine audits were carried out regularly and measures had been implemented to improve effectiveness since our last inspection. Apart from the incident noted above which occurred on the second day of inspection, MARs reviewed had been appropriately completed by staff.

Medicines were stored in locked trolleys and in a clinic room when not in use. Some medicines need to be stored within specific temperature ranges to avoid damage by excessive temperatures. On the first day of inspection the clinic room temperatures were high and we saw that fans had been put in place to bring the temperature down to a safe level.

People told us that they felt safe at Cypress Court. They told us "Yes"; "Yes, they always look after me" although one person said they did not feel safe as "it is not the same". Visitors told us "Yes 100%" and "Yes, the building is secure".

At our last inspection we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 as the provider had failed to establish and operate effectively a system and process to prevent abuse of service users. At this inspection we found that improvements had been made in this regard and the service was no longer in breach of this regulation.

Policies and procedures were in place to safeguard people using services from abuse and for staff to whistle-blow (report to external organisations) if necessary. Staff had access to safeguarding policies and knew where they were kept. Staff told us that they had received appropriate training; they felt able to raise concerns and that they would be listened to. Procedures were established and concerns had been reported to the local authority and the CQC as required which demonstrated improvements had been made.

At the last inspection we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff employed to meet the needs of people using the service. During this inspection we found that the provider was no longer in breach of this regulation.

We reviewed staff rotas regarding staffing levels and made observations throughout the inspection. We found that there were sufficient staff on duty to meet people's needs. Comments from people we spoke with were varied about current staffing levels. Comments included "Yes, pretty well staffed" and "Yes, 2 people most of the time". However, one person said, "No not always". Visitors we spoke with felt there were enough staff to support their relatives.

Staff spoken with were also asked for their views on staffing levels and whether they were sufficient to meet people's needs. Their comments included "Fantastic at the moment"; "For the amount of residents yes" and "Yes, no times of day are difficult". One staff member said they felt it would be helpful to have a CHAP allocated for night shifts.

Safe recruitment practices were followed. We looked at four personnel files and found them to be well

maintained. Records included application forms detailing employment history, interview records, references and identification. Records showed that checks had been made with the Disclosure and Barring Service (DBS). A DBS check helps employers to make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. We saw that the provider followed disciplinary procedures when required.

During our last inspection we highlighted concerns about the process in place for confirming the suitability of agency staff and for robust induction. This was because the registered manager was unable to locate any evidence that agency profiles or induction had been carried out despite a high use of agency staff. When we reviewed the file containing these records during this inspection we found that, although there were some improvement, profiles and induction records were still not available for all agency staff. This demonstrated that, although improvement had been made, the process was still not sufficiently robust.

Accidents and incidents in addition to pressure wounds, weight loss and gain were subject to ongoing monitoring. Accidents were recorded on an electronic system with management review to identify themes and trends to reduce the risk of recurrence and identify learning.

There was a maintenance person who ensured that risks associated with the environment and equipment were identified and managed appropriately. A fire risk assessment had been completed and we observed that a detailed fire safety inspection was being carried out by the registered provider.

Each person had a personal emergency evacuation plan (PEEP) which detailed their ability to evacuate the premises in the event of an emergency along with the support they would need. Examples reviewed demonstrated that they had been regularly reviewed and updated when needed however some had not been signed by either the person or authorised by the manager where indicated. There was an emergency plan which informed staff of measures to take in the event of the service not being able to operate, for example loss of power or evacuation.

Health and safety checks had been undertaken which included water, electrical appliances, gas, electricity, moving and handling equipment and lift. The sluice was kept locked on each occasion checked throughout the inspection.

Our observations found the home to be clean, well maintained and tidy. Some additional internal re-decoration and furniture replacement had taken place since our last inspection and there was a bright, fresh atmosphere. Personal protective equipment (PPE) such as disposable gloves and aprons were available and we saw that staff used these appropriately. Staff had received training in infection prevention and control.

Records were securely stored in locked cabinets located in the manager's office and nurse's stations.

## Is the service effective?

### Our findings

At our last inspection we found that the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they had failed to provide care and treatment with consent of the relevant person. During this inspection we found that the registered provider remained in breach of this regulation.

We observed that staff seeking consent to carry out interventions when people needed support for example when administering medication and when providing personal care. However, when we asked people whether staff asked for their consent before providing care their comments varied. Some people told us that staff did seek consent whilst others said they did not, for example "No, they don't talk to me, they just do it" and "No".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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. We saw evidence that the principles of the MCA were being followed regarding mental capacity assessment and best interest decisions for example, for use of bedrails and do not attempt resuscitation (DNAR) decisions where appropriate.

At the last inspection we found that care plan agreement forms within people's care files had not always been completed or signed to confirm that people had agreed to all aspects of their care. During this inspection we saw some evidence of consent to care plans documented however, this was not always the case. For example, we found that consent to clinical photography records had not always been signed by the person, or their relative/representative where appropriate, and care plan agreement forms did not always evidence the person's agreement. Within the files reviewed we found that people's consent and review of their care plans was mainly a reference to a conversation that care remained relevant but there was no evidence of the person's signature to confirm this agreement.

In one file reviewed the original care plan agreement had not been signed. It was subsequently documented each month that during a conversation they had confirmed their care plan remained relevant. We asked about the process the member of staff had followed and were told they took the care plan folder to the person to review each care plans with them each month. However, when we asked the person if they had seen their care plan, describing the folder to them, they said they had not. We asked if staff discussed their care plans with them regularly to seek their agreement to the care they would receive and were told they did not. This meant that the comments recorded could not be relied upon as evidence of consent. In addition, when we spoke with the deputy manager about this concern we were told "It's not happening".

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had failed to provide care and treatment with consent of the relevant person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We found that DoLS applications had been submitted where necessary and that any conditions of authorisation to deprive a person of their liberty had been met. A detailed matrix was in place which provided oversight and details of when the authorisation would need to be reviewed.

People told us that the care they received was effective and that it met their needs. We were told "Yes, I'm well looked after".

At our last inspection we found that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they had failed to ensure that staff had received the appropriate training, supervision and appraisal to enable them to carry out the duties they had been employed to perform. During this inspection we found that the provider was no longer in breach of this regulation.

Staff had appropriate skills and knowledge to provide effective care and support. We reviewed the Essential Course Compliance matrix which showed compliance of 100% in many areas including Reporting Incidents, Fire Safety, Infection Control and Moving and Handling. We found that induction for newly recruited staff had improved since our last inspection and that staff new to care were enrolled to complete the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life and should be covered as part of induction training for new care workers.

Most people we spoke with told us that they felt staff had received the training needed to support them. Comments included "Yes, when they put me in the hoist I feel safe"; "Yes, very good" and "Yes, I do think so". Staff told us that the training they had received enabled them to do their job role. A comprehensive three-month training programme was in place to support staff with the newly introduced CHAPS role. Staff who had undertaken this training spoke positively about it, including the mentorship provided by the clinical lead.

We saw evidence that staff had received regular supervision and an appraisal programme was in place. Staff felt that these sessions were useful telling us, "Because they are asking us many things which is good"; "Feel confident that I have been noticed" and "Nice to know you are doing a good job".

People received sufficient to eat and drink. We observed the lunchtime experience of seven people on the ground floor. Tables were neatly laid, condiments and drinks available. The food looked appetising and staff chatted to people throughout providing a pleasant experience. We saw that people were offered choice, food was served individually, people were asked about their portion size preference and additional servings were offered. Staff present were aware of people's dietary needs and assisted people who needed support with their meal discreetly. People who were transported to the dining room in wheelchairs were assisted to transfer to dining chairs and when the service was complete people were asked where they would like to go.

People's weight was monitored to identify significant loss/gain. We saw that this had improved since the last inspection and was effective as referrals were made in timely manner when weight loss was identified. People were supported to access a range of services to support their health and well-being which included, SALT, Dietician, Diabetes Nurse, Optician, GP, Tissue Viability Nurse, District Nurses and physiotherapy. A professional visiting during the inspection told us that they wanted people to know they think "Here is good. Always happy and smiley".

# Is the service caring?

## Our findings

We asked people living at Cypress Court if they felt supported in a caring way and received positive comments which included "They are very good to me"; "They are kind" and another told us they liked living there because "They are nice people".

Throughout the inspection we observed staff interactions were patient, kind and person-centred. Staff took opportunities to chat with people giving them time to explain what they wanted to say. A birthday banner was displayed on a person's door and a staff member spoke with the person and their family about their birthday celebrations. The staff member showed genuine interest and took time to take part in the conversation. We could see that staff had developed positive relationships with people. One person told us they liked all the staff as they were kind, another said that "The girls are nice and do their best to please you".

Staff were aware of people's support needs. We found that people's dignity and privacy were respected. When staff entered a person's room to deliver personal care they ensured that the door was closed. Staff knocked before entering when doors were closed. Visitors we spoke with felt that their relative's privacy was protected. For example, they were asked if they would leave the room during interventions such as personal care and moving and handling.

We asked staff if they would be happy for one of their relatives to live at Cypress Court and were told "Yes, because I can see they care about the residents"; "I would now" and "Yes, because the girls are fantastic".

The provider had a policy in place regarding equality, diversity and Human Rights to ensure that people were treated fairly and without discrimination. We saw that people's religious beliefs were discussed during the pre-admission process and that people were supported to attend religious services if they wished. The interim manager provided examples regarding sexuality and a person's specific requirements around dignity.

Staff told us with a sense of pride, and we saw evidence in people's care files, of how effective and caring support had improved quality of life, independence and well-being. Examples included improvement from end of life care to returning home and independence and mobility following the impact of a stroke.

Most relatives told us that they were made to feel very welcome by staff although one expressed that not all staff acknowledged them when they visited the home.

People who did not have any friends or family to represent them had access to advocacy services. An advocate is a person who works with people who may need support and encouragement to exercise their rights.

Consideration was given to people's individual communication needs. Staff were liaising with a person's family to create a flip chart of frequently used words for a person for whom English was not their first

language.

A service user guide was provided to each person who was receiving support from the registered provider. We saw that this included useful information for people considering moving to or living at Cypress Court. This included the philosophy of care, care, staffing and how to make a complaint.

## Is the service responsive?

### Our findings

People living at Cypress Court told us that staff were responsive to their needs although acknowledged that timeliness was sometimes affected when staff were busy. When asked if staff attended quickly when they needed them, for example when they used their call bell, we were told "No complaints"; "Usually come within a few minutes"; "Depends on the time" and "Sometimes".

During the last inspection we found that the registered provider was in breach of regulation 9 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 as the registered person had failed to provide person-centred care. During this inspection we found that the registered person remained in breach of this regulation.

Prior to the inspection we received information that people could not have showers when they wanted. On the first day of inspection we were concerned that by late morning, although most people were up and dressed, there was no evidence that the bath/shower rooms had been used. We looked at records relating to the various bathing facilities which had no entries for several days previously.

We brought this to the attention of the deputy manager who later informed us that staff had recorded showers in people's daily records however, we did not see sufficient evidence to indicate that people were supported with showers regularly nor could we see that water temperature checks had always taken place. We asked people if they could have a shower or bath when they wanted one and people told us that they would like them more often. Comments included "The girls were too busy today to have a shower; "My daughter asks if they can fit me in"; "I need to book it"; "The home seems regimented, get up and washed to fit in with staff" "Would like one everyday but don't get it".

On the third day of inspection, the RESM informed us that they had reviewed procedures including record keeping. Records were retained in separate folders and we could see that people were being offered a shower/baths and that water temperatures had been recorded.

We had also received concern about a lack of activities taking place. Two activity coordinators were employed and we spoke with both during the inspection. There had been a third co-ordinator who had recently left. They explained that they carried out 1:1 sessions with people who remained in their rooms or did not want to join in the scheduled activities. Previously they had linked in with co-ordinators from the provider's other services to share ideas but this had not happened recently although it was something that they were keen to reintroduce. The interim manager had also spoken with them about providing additional training to further develop activities provision.

The activity co-ordinators developed a monthly planner and we saw that activities such as games, cinema afternoon, crafts and visiting entertainers were listed. From the hours they were employed any activities which might take place after 3pm or at weekends would need to be directed by care staff. On the first day of inspection we overheard an activity co-ordinator explaining to a person that there would be activities of music and afternoon teas that day however this did not happen. When we spoke with the person we had

seen being told about the activities they said, "The girl always says that but they never do the activities".

We sought the views of people using the service about activities and people expressed that they would like to see more but that they enjoyed the things that were offered. We saw that some people had attended trips including the local pub, garden centre and swimming. Two people told us with great enthusiasm about how they had enjoyed the swimming. One person had been frightened of water but with staff encouragement they were learning to swim and gaining confidence.

These issues were a continued breach of Regulation 9 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 as the registered person had failed to provide person-centred care.

An assessment was carried out before people came to Cypress Court to ensure that their care needs could be met. People had a personalised care record in place however in some records, the information included was not complete or was unclear. We found that there was differing information about how a person's insulin was administered. In one document it noted the person administered it themselves and another stated the District Nursing team did so. In another example we found that guidance given by the SALT team had not been clearly reflected in the person's care plan. During the inspection we observed that the guidance had not been followed which had placed the person at increased risk of choking.

Care plans were unwieldy with numerous pages to read to get an accurate picture of the person's current care needs as they had not always been re-written when significant changes had occurred and monthly evaluations did not always match the care plan. For example, a person's care plan for mobility needs written in September 2016 noted they required support with a stand-aid turner. There were eight pages of information about care and support to be provided before a significant change about the equipment needed was noted. Although this had been added to the care plan, the monthly review document had not been updated and so provided conflicting information to staff.

As detailed in the Effective section of this report we found that people were not always aware of, had seen or been involved with the development of their care plans. We discussed our findings about care planning, care plans and involvement with the management team who informed us that work was ongoing in this area to make further improvements.

This was a continued breach of regulation 17 of the Health and Social Care Act 2018 as the registered person failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

During the last inspection we found that the registered provider was in breach of regulation 16 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 as the registered person had failed to establish or operate effectively systems or processes to identify, receive, record, handle and respond to complaints. During this inspection we found that the provider was no longer in breach of this regulation although further improvement was needed to ensure that all expressions of dissatisfaction were handled robustly.

Systems were in place to handle and respond to complaints. We saw examples demonstrating that complaints received had been recorded and responded to appropriately. Most people and visitors spoken with knew who to speak to if they wished to make a complaint. Information about how to make a complaint was included in the service use guide.



During the inspection we became aware that a relative had raised concern about a lack of continence support and the condition they had found their relative in. The family member had taken action to make their relative comfortable and reported their concerns to a member of staff.

However, we found that their concerns had not been resolved, documented or escalated to management. This meant that the family member had not received a response and remained unhappy with the outcome. We brought to the attention of the management team during the inspection and further follow up took place.

People told us that they were able to make everyday choices such as when to get up and go to bed; the gender of staff supporting them and for their meals. People could choose to eat in their rooms or dining rooms, one person told us "It depends how you feel". People's food preferences and dietary needs, likes and dislikes had been sought and recorded giving a clear picture of the person's requirements. One person told us that they did not like to have a head and foot board on their bed and so it had been changed to a divan which they were very happy with.

At the time of the inspection the weather was very hot, we saw that people had ready access to fluids in their rooms and communal areas. We observed staff reminding people of the need to drink more. The management team had purchased extra fans which were situated around the building and were in the process of sourcing more as the heatwave continued. One staff member explained that staff had been given additional breaks to support them in the heat.

At the time of our inspection there was no one receiving 'end of life' care. End of life care is provided in a specialist way in an environment which can accommodate people who are at end stages of life. We saw that do not attempt resuscitation (DNAR) instructions were in place for some people. When we spoke with people and relatives about whether their future wishes regarding end of life care had been discussed, their replies demonstrated inconsistency and we discussed this with the management team during the inspection.

## Is the service well-led?

### Our findings

During the last inspection we found that the registered person was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems or processes had not been established or operated effectively to ensure compliance with the regulation.

During this inspection we saw that improvements had been made however we found that the registered person remained in breach of this regulation.

At the time of our inspection Cypress Court did not have a registered manager. Since the last inspection there had been changes to the management with the RESM taking responsibility for the day to day operation of the home whilst the process of recruiting a permanent manager was underway. They were supported by resident experience regional manager (RERM) and deputy manager.

We were informed that a new home manager had been offered the position and recruitment procedures were underway. The RESM explained that, although recruitment of the new manager had taken some time, their focus had been to ensure that it was the right person for the job. More recently an interim manager had been employed. At the time of the inspection they were completing the first week of induction at Cypress Court however, had previous experience of working for the registered provider.

Although there had been consistent management by the RESM since the last inspection, and we found evidence of significant improvement, the importance and need for long term stability regarding management of the home was discussed in detail and was acknowledged by the management team. Whilst staff were complimentary about the improvements that the RESM had made they expressed anxiety about the longer-term future with the departure of the RESM from day to day management, arrival of the interim manager and further changes with the appointment of a new home manager.

People using services and relatives we spoke with in general felt that the home was well-led. We were told "Whatever you ask [name] will take it on board and will sort it", "Not sure, always someone new" which they found unsettling.

There was a suite of audits used to monitor the safety and quality of the service which were carried out regularly by the RESM or deputy manager. These included infection control, medication, health and safety, accidents and incidents, bedrails and monitoring charts. We saw that completion and effectiveness of these had improved since the last inspection and that actions identified on those we reviewed had been addressed. We had previously identified concern around completion of monitoring charts however, those sampled demonstrated that improvements had been made and that they had been fully and accurately completed. However, quality assurance systems were not sufficiently robust to have identified the concerns noted during this inspection.

This was a further continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems or processes had not been established or operated effectively to ensure compliance with the regulation which included continued breaches of regulations.

We asked staff for their views about management of the home and whether they felt supported in their roles. Staff told us that the RESM was visible around the home and there when they needed them. Comments included "[Name's] door is always open"; "Yes, definitely, support coming out of my ears from nurses, managers and staff"; "More structured, management worked loads"; "[Name] has been strong and a positive energy, praises staff and has lifted spirits" and "[Name] has done a fantastic job". Staff who had recently undertaken the training for their new CHAP role spoke positively about the support they had received including mentorship from the clinical lead.

The RESM told us how staff well-being was important and that counselling was available if needed. This service was completely confidential with no charge to staff and tailored to individual's needs. A benefits programme was also available which enabled staff to receive discounts for things such as cinema, insurance and restaurants.

Staff spoken with told us that morale had improved describing as "Amazing, now wanting to come to work. We get thanks for a good shift"; "Now I am happy. Encouraging us to do good"; "There is teamwork" and "Loads better". We were told that staff now felt able raise concerns and make suggestions knowing that they would be listened to. We were told "Know it would be dealt with" and "Things are being dealt with properly". Staff told us of suggestions that had been listened to, for example with the implementation of additional breaks during the heatwave. We saw that, when staff reported the impact of a person's care needs, management acted to address the situation.

Staff, resident and relative meetings took place, in addition people could express their views via questionnaires and management operated an open-door policy. Staff spoke about improved meetings and felt that they were effective. Although we could see that relative and resident meetings had taken place, feedback received during the inspection about these indicated that people were either not aware or did not wish to attend.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. This is called a notification. We checked our records and found that notifications had been submitted when required. We saw that there had been links with the local authority with regard to ongoing monitoring and support. The rating from the previous inspection was also displayed including on the provider's website.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The registered person failed to provide person-centred care.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The registered person failed to provide care and treatment with consent of the relevant person.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

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

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	The registered person failed to provide care and treatment in a safe way.
Treatment of disease, disorder or injury	

**The enforcement action we took:**

Warning Notice issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person failed to establish or operate effectively systems or processes to ensure compliance with the regulation.
Treatment of disease, disorder or injury	

**The enforcement action we took:**

Warning Notice issued.