Four Seasons Health Care (England) Limited

East Riding Care Home

Inspection report

Whoral Bank
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Northumberland
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

East Riding care home is located in Morpeth Northumberland. The service provides personal care and nursing for up to 67 older people. The ground floor is called the Millview Unit and the first floor known as the Wansbeck unit, provides care for people with a dementia related condition.

The inspection took place on 27 July and 2 August 2016 and was unannounced. The inspection was carried out by one inspector. There were 54 people using the service at the time of the inspection.

A registered manager was 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.

The service was inspected on 14 and 15 Oct 2014 and we found they were not meeting the regulation in relation to the safe management of medicines. A focussed inspection carried out on 8 June 2015 found safety had been improved but the rating of requires improvement in the safe domain was not changed as to do so requires consistent good practice over time. At this inspection we found that medicines were managed safely.

Safeguarding procedures were in place and staff had received training in the safeguarding of vulnerable adults. Staff were aware of the procedures to follow and told us they had never had cause for concern. Safe recruitment practices helped to ensure that people were protected from abuse.

The safety of the premises and equipment was risk assessed and monitored on a regular basis. Individual risks to people related to health, safety and wellbeing were also assessed. These included risks related to falls, nutrition and skin damage for example.

We saw that the building was well maintained and clean. Staff were aware of infection control procedures and had received regular training. An item of equipment stored inappropriately in an en- suite bathroom was immediately removed and stored elsewhere. The manager acknowledged that storage of bulky items could be a problem and that alternative storage solutions were being considered.

Medicines were managed robustly and clear procedures were in place. Regular audits were carried out to ensure that medicines continued to be managed safely.

There were suitable numbers of staff on duty during the inspection. We found that due to the layout of the Wansbeck unit in particular, it was not always easy for staff to observe people. We discussed this with the registered manager who agreed to speak with staff to remind them that care must be taken to ensure that staff are effectively deployed in the unit to maintain close supervision.

The service was working within the principles of the Mental Capacity Act 2005 and there were suitable records in place. Capacity assessments were carried out and applications had been made to deprive people of their liberty where necessary, in line with legal requirements.

The health needs of people were supported. People had access to a range of health professionals and a GP visited to conduct a weekly 'ward round'. The GP was complimentary about the way staff responded to the health needs of people. The nutrition and hydration needs of people were assessed and monitored. People and relatives told us the food was very good and we found that alternative choices were readily available.

Staff were observed to be caring and considerate during the inspection. They responded promptly to the needs of people and did so respectfully. They demonstrated warmth and tenderness towards people, particularly those who appeared distressed. Staff were trained in end of life care, and a palliative care support team had been set up to support people and their relatives towards the end of life.

Person centred care plans were in place which were up to date and regularly reviewed. These included information related to life story and past interests. A varied activities programme was displayed and we observed people joining in activities during the inspection. Relatives told us that the home was not easily accessible unless by car due to the steep driveway. This meant that it was difficult for them to take people out in a wheelchair for example. Relatives had requested a minibus to help to increase access to the community, and the registered manager confirmed that this was to be provided.

People, staff and relatives spoke highly of the registered manager stating that they had noted an improvement in the service. The registered manager carried out a number of audits and checks to monitor the quality of the service. The provider also arranged regular quality monitoring checks by a senior manager employed by the organisation to ensure high standards of care were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safe recruitment procedures were followed which meant people were protected from abuse.

Risks to people were assessed and reviewed to ensure the safety and comfort of people living in the service. Safety risks related to the premises and equipment were also assessed and monitored.

Medicines were managed robustly and a systems of audits had been developed to ensure that medicines continued to be managed safely.

Is the service effective?

Good

The service was effective.

People's capacity levels had been considered and the Mental Capacity Act 2005 was applied appropriately.

Staff received regular training, supervision and appraisal and told us they felt well supported.

People's nutritional needs were monitored and met. Special dietary requirements were accommodated and alternative choices were readily available.

Is the service caring?

Good

The service was caring.

Staff were kind and considerate in their interactions with people. The comfort and safety of people was considered by staff during the course of their work.

We observed people responding positively to staff when they were provided with reassurance.

End of life care was provided and a palliative care support team had been set up to provide practical and emotional support people and their families towards the end of life.

Is the service responsive?

Good

The service was responsive.

People were not always able to tell us about how their needs were responded to by staff, but records were available which contained information about how people preferred to be cared for, which could be referred to by staff if the person was unable to communicate this verbally.

Person centred care plans were in place and these were reviewed and updated regularly.

People were supported to take part in activities and further activities were being developed. A minibus was to be provided to improve access to community activities.

Is the service well-led?

Good

The service was well led.

A registered manager was in post. The manager was supported by a deputy manager. Staff and visitors told us the managers were helpful and supportive.

Regular audits to monitor the quality of the service were carried out.

Feedback systems were in place to obtain people's views such as surveys and meetings.

East Riding 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 29 July and 2 August 2016 and was unannounced. This meant the provider did not know we would be visiting. The inspection was carried out by one inspector.

We spoke with seven people who lived at the service during our inspection and six relatives. We spoke with local authority contracts and safeguarding officers. We used the information they provided when planning our inspection.

We also spoke with the registered manager, deputy manager, and three care workers during our inspection.

We read four people's care records and three staff recruitment records. We looked at a variety of records which related to the management of the service such as audits and surveys. We checked records relating to the safety and maintenance of the premises and equipment.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We asked the provider to complete a Provider Information Return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We also looked at notifications submitted by the provider in line with legal requirements.

Good

Is the service safe?

Our findings

Safeguarding policies and procedures were in place which informed staff what to do if abuse or neglect were suspected. Staff told us, and records confirmed they had received training and were aware of how to report any concerns. One staff member told us, "We have completed safeguarding training and I would know how to report any concerns but I have never seen any poor care or anything like that." A relative told us they felt their family member was safe. They said, "I can walk out of here and know that they are well looked after and safe."

There were ongoing safeguarding investigations which were being carried out by the local authority. We cannot report on the investigations at the time of this inspection. CQC will monitor the outcome of the safeguarding investigations and actions the provider takes to keep people safe.

Staff recruitment procedures were appropriate which meant that staff were appropriately checked for their suitability to work in the service. Staff records showed that recent applicants had been screened by the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. This helped to protect people from abuse. Two references were obtained for each applicant, and there were no unexplained gaps in employment history.

Nurses were supported to meet the requirements of their professional registration through meetings to support them with 'revalidation' requirements. Revalidation is the process through which qualified nurses demonstrate to the Nursing and Midwifery Council [NMC] that they remain competent professionals. This meant that nurses were supported to maintain the necessary skills to practice safely.

There were suitable numbers of staff on duty to meet the needs of people who used the service. We observed that people were supported in an unhurried manner. A dependency tool was in use and the registered manager told us, "The tool gives us an indication of the staffing required. We over-staff slightly. We previously had issues with nurse retention but we have a full nursing team now and things are the best they've ever been." We sampled staff rotas and found there were suitable numbers of staff on duty.

Staff told us that they could be busy and that this fluctuated depending upon the needs of people who used the service. They did not feel that this impacted upon their ability to provide the care required. The layout of the Wansbeck unit for people living with dementia could make observation of people difficult. We observed that when an emergency buzzer sounded, all staff left the communal area leaving people unsupervised (albeit briefly). We spoke with the registered manager about this who said she would discuss this with staff to ensure they were aware of the need to be deployed effectively across the unit at all times to ensure the safety of all people.

We checked the management of medicines and found that appropriate procedures were in place for the ordering, receipt, storage, administration and disposal of medicines. This meant that systems were in place to manage medicines safely. A GP told us, "They [the staff] are very precise about medication and how long

it is to be given for example." The temperature of the medicine storage area was checked twice daily. This was important as the quality of some medicines can deteriorate if stored at the incorrect temperature.

We checked the quantity of a controlled drug and found that the correct amount was in stock. One medicine which was in the cupboard had not been recorded when received from the pharmacy during our inspection. This was immediately rectified.

A 'drug therapies and medication needs' care plan was in place for each person which recorded prescribed medicines, the reason they were prescribed, allergies, possible side effects and information about the administration of medicines for pain and homely remedies. Homely remedies are medicines which are usually available over the counter such as cough syrup. Instructions were included about how and when such medicines could be administered. This meant that staff were aware of how to administer medicines safely and identify side effects or potential reactions.

Safety checks of the premises and equipment were carried out. These included checks on window restrictors, wheelchairs, wardrobes [to ensure they were secured and were not at risk of falling over], and gas and electrical safety checks. Fire safety equipment was regularly tested and a recent fire drill had been carried out. This meant that the provider sought to ensure the safety of visitors, staff and people who used the service.

The premises were clean and well maintained, and we spoke with a member of domestic staff who told us they were aware of infection prevention and control procedures. They told us, "I have done infection control training. We use different coloured mops and cloths for cleaning the toilets for example." We observed the staff member lock away hazardous cleaning substances after use. Staff linked in to infection control forums at the hospital to enable them to stay up to date with best practice.

We found that a mat used to place beside the bed of one person who was at risk of rolling out of bed was stored in their en-suite toilet. We discussed this with the registered manager who agreed that it should not be stored there and arranged for it to be immediately cleaned and stored appropriately. Plastic tubing had been placed over bathroom pull cords so they were easy to keep clean and to help to prevent the spread of infection. There were ample supplies of personal protective equipment such as gloves and aprons for use by staff when serving meals or providing personal care.

Individual risks to people were also assessed. These included risks related to falling, nutritional, behaviour, and skin damage. These were regularly reviewed and updated to ensure that care plans accurately reflected the level of support people needed. A record of accidents and incidents was maintained and these were audited by the registered manager to analyse patterns or trends in order to take preventative action where possible.

Good

Is the service effective?

Our findings

People told us they were very happy with the care they received at East Riding Care Home. One person told us, "It is very good. I would rather be at home but that isn't anything to do with this place."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications to the local authority for approval in line with legal requirements. Capacity assessments had been carried out and best interests decisions were recorded where people lacked capacity, including relating to the decision to move into the home. Decisions people required support with and those they were able to make on a daily basis were clearly recorded. This meant that people were supported to continue to make decisions where possible, based on their capacity and the complexity of the decision. A DoLS register was maintained which was up to date, including the status [whether authorised]. Expiry dates were recorded in the registered manager's and nurse's diary which meant that timely action would be taken to renew these as necessary.

Health needs of people were assessed and support was sought from professionals where appropriate. Records confirmed that people had been seen by various professionals including the challenging behaviour team and GP's. GP's visited weekly to carry out a 'ward round' where routine concerns were discussed. More urgent health needs were referred to the GP using the SBAR toolkit. SBAR stands for situation, background, assessment and recommendation. The Institute for Health Improvement describes the tool as an effective and efficient way to communicate important information. It is used in hospital and healthcare settings. A GP told us, "Communication is very good. Without fail, they complete a SBAR form on every occasion. Unlike some other services, they use the 'recommendation' section in this home and it's good to hear their thoughts; I value that. They are also extremely efficient with how they take us around and we have a dedicated staff member to support our visit."

Appropriate signage was in place to support people living with dementia, to support them to find their way around the home more easily. Murals and decorative items were placed on the wall to add interest for people as they explored the environment. We observed that boxes of continence aids were stored in people's bedrooms. This took up a lot of space and could potentially compromise dignity. We discussed this with the registered manager who acknowledged that storage was an issue and that they were looking at alternative solutions.

Two relatives told us that they found the driveway leading up to home very steep. One relative said, "You will need to watch your bumper, especially on the way out." We spoke with the registered manager about this who said that this had been raised but no firm solutions had been found to the problem as yet. Another relative told us that they had been successful in petitioning for a minibus at the home to help to access the community more easily and the registered manager confirmed it had been agreed that a minibus was to be provided.

Staff received regular training and told us they felt well supported. The registered manager had introduced a monthly 'learning wish list'. This allowed staff to request any training or development needs, and was reviewed each month. The registered manager aimed to source the training requested by each staff member. One staff member told us they had been supported since coming into post and told us, "I had a mentor during induction and everyone was really helpful. I was told about things like bedrail safety. I'm doing NVQ level three at present, I've done first aid, moving and handling and safeguarding. I have asked to do end of life care training and this is being looked into for me." We saw records of training and regular supervision and appraisals. The registered manager and deputy were undergoing training to introduce the care certificate to staff. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. This meant that the support and development needs of staff were considered by the provider. A new dementia framework was being introduced to replace the organisation's 'PEARL' dementia training. The new training was designed to be less generic and targeted to focus on the individual needs of people living with dementia, and was being developed with the internal 'resident experience' team.

People were supported with eating and drinking. People and relatives told us the food was good. One person said, "They do good fish and chips here." A relative told us, "The food is good here, and the cook makes us cakes for the residents and family meeting because he knows we like cake!" Another relative told us, "If they don't like the pudding there is always an alternative like ice cream, arctic roll, or yoghurts. They are always prepared to make an alternative meal."

Nutritional risk assessments were carried out and the weights of people were monitored. Any weight loss was reported on the electronic incident reporting system so that this could be closely monitored by managers. We spoke with the cook who had lists of the likes, dislikes and special dietary requirements of people via diet notification sheets which were updated regularly. The cook confirmed that alternative choices were available and said, "Four people didn't want fishcakes today so three had sandwiches and another had an omelette." Vegetarian options were also available including Quorn (protein meat substitute) sausages and lasagne.
Food was fortified to provide extra calories by adding double cream to porridge and milk powder to mashed potato for example. A calorie boost drink made with banana, cream, ice cream and full fat yogurt was made daily. It was also available overnight.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person asked if we were inspecting her, we told her we weren't and she asked, "Are you inspecting her? [pointing to a staff member] she's lovely."

Relatives told us staff were caring, one relative said, "The staff are lovely. The carers are outstanding really, they are polite and it doesn't matter what you want they are always willing to try to help." Another relative told us, "You couldn't fault them [staff] we have a good rapport, they are absolutely brilliant. The domestic staff are brilliant too."

We observed staff behaving kindly and considerately towards people. We overheard one staff member say, "We need to check all the rooms and see if all have a blanket or a duvet; the nights are a bit cooler at the moment."

Another staff member said to another, "I have been to see X and they are comfortable. Would you mind checking Y?" The other staff member said, "Yes I'll give her some of her lemonade."

One person appeared distressed and was comforted by staff throughout the inspection. They used gentle touch to reassure them. The person said, "That's lovely". The staff member asked, "Am I a good tickler?" The person replied, "Yes, lovely."

People were given ice creams by staff and one person beamed with delight when given their ice cream. The staff member was visibly moved and told us, "It gives you a lump in your throat when you see a reaction like that." Another person appeared relaxed as they swung their legs up and lay along the sofa to eat their ice cream.

Privacy was maintained. Staff were observed knocking on doors before entering. People's records were stored securely meaning confidentiality was maintained. Staff offered explanations about what they were doing and asked permission before intervening. One staff member said, "Shall I put your shoe back on for you?" Another staff member was concerned that someone wasn't wearing their glasses and asked the person, "Can you manage? Would you like me to help you look for them?" A staff member noticed that one person wasn't wearing shoes and was concerned they might slip. She suggested to another staff member that they should wear slipper socks with non-slip soles. This meant that staff were observant and took time to maintain the dignity, comfort and safety of people. A relative told us, "[Name of relative] is always clean and tidy and well cared for." People could share their views at regular meetings and staff included and involved people in decisions about their care although not all people were able to communicate verbally.

End of life care was provided in the service and there was a palliative care support team consisting of care home staff and chaplain. The team supported people at the end of life and their relatives and in particular those with no family members. This included taking turns to sit with people in hospital to ensure they weren't left alone, and providing practical support such as bringing washing back to the home and ensuring they had what they needed. Staff had received 'dignity in death' training and one staff member told us of the

privilege of looking after someone at the end of their life and said, "I like providing palliative care, I'll do any training going because it is the very last thing you can do for someone."

Good

Is the service responsive?

Our findings

People were not always able to tell us about their experiences of care due to communication difficulties including for people living with dementia. We observed that most people appeared settled and relaxed in their surroundings and that any episodes of discomfort or distress were responded to quickly by staff.

We observed staff responding to people's needs and offering choices. One person was asked, "Do you want tea in the dining room or do you want it here; your choice." The person responded, "I'd prefer it here please." A section called 'My choices' was found in the care records of people and contained a personal profile about how they preferred to be supported, what was important to them, and an activities lifestyle plan. This was important, particularly for people who were unable to communicate their views about how they wished their needs to be responded to.

Care plans were person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. They were up to date and regularly reviewed. Care plans were in place to meet physical needs such as medical conditions and social needs such as hobbies and interests. Care plans included information related to life story and past interests.

A tool was available to assess pain in people who were unable to communicate this verbally. The assessment was based on observations of people including facial expression and body language. This was kept next to the protocol for administering as required medicines for pain which meant that staff were aware of the need to monitor for the signs of pain instead of relying solely on verbal complaints.

The psychological needs of people were also assessed and we observed for one person that the 'Cornell' Scale for the assessment of depression in people with dementia had been completed. The Cornell Scale is used to screen for possible symptoms of depression in people who may be unable to communicate verbally. It looks at symptoms associated with mood, behaviour and physical symptoms. Specialist support was sought where necessary and care plans implemented. Language used in care records to describe behavioural disturbance and distress was person centred and non-judgemental.

A relative told us that they were very happy with the responsiveness of the provider and particularly valued that they remained very much part of their relative's care and were consulted and kept informed. They said, "If every home worked so well with people [family carers] they would do much better. You know the person and have looked after them. You don't want to give that up, you are still a carer."

An activities coordinator was in post and a varied programme of activities was displayed including arts and crafts, armchair aerobics, manicures, bingo, church service and visit from a pet therapy dog. Exotic animals were visiting the service on the second day of the inspection and these included a parrot, meerkat, barn owl, snake, skunk and a red fox.

The handler provided facts about each animal and people had the opportunity to stroke them and ask questions. People responded well to the animals. When told that in the wild the female meerkat is the boss,

one person shouted "Same here!" One person was curious about stroking the snake but was a little uncertain. They were encouraged to try one finger which they did stating, "Oh he's lovely and smooth." When asked whether it was the first time they had touched a snake they said it was. People asked questions about what the animals ate and where they lived. The red fox was popular with people who said he was beautiful. There was laughter when someone commented that the skunk was the colours of Newcastle United football team.

An ice cream van visited the service on a regular basis. People who were able to, were supported to go to the van with their own money to purchase an ice cream. The vendor allowed sufficient time for this. A staff member told us, "He is really good, he is getting to know people and he plays the tune a couple of times to add to the experience for people. He even knows who likes monkey's blood [strawberry sauce]" Staff took ice creams to people who were unable to visit the van.

Links had been made with Mind Active a local group that supports care homes to provide activities to people. A recent trip to Blyth beach had taken place and had proven a success so was to become a regular feature. New ideas were being explored to increase the activities available. Sensory activities were available for people with advanced dementia such as tactile activities where people enjoy the sensation of touching different textures. Sensory activities are important when people are no longer able to engage in more structured activities.

A complaints procedure was in place and a log maintained. The registered manager told us they tried to deal with any minor concerns promptly and this was confirmed by a relative who told us, "We have monthly resident and family meetings so if there are any problems they are usually fixed. This is why we have such a good working relationship with the home. We are very happy with how things are dealt with."

Good

Is the service well-led?

Our findings

A registered manager was in post and was supported by an experienced deputy manager. The registered manager told us that there had been a number of positive changes since coming into post and that she welcomed the inspection as she was hopeful that improvements would be noted. The registered manager spoke about people who used the service with confidence, and spoke about the needs of people living with dementia in a way which demonstrated that she had a good understanding of their needs and how they were specifically affected by their illness. This demonstrated that she knew people well, and she was observed interacting with people throughout the inspection and spending time out of the office speaking with people.

One person told us that the registered manager was "lovely", and staff and relatives spoke highly of the registered manager and said they felt well supported by the registered manager and deputy. One relative told us, "My impression is that overall things have improved." We learned during the inspection that the registered manager was due to leave the service. A relative told us, "I am devastated, really cut up that she is leaving. When things are tight she comes in rolls her sleeves up and helps. That's a manager for you, not afraid to muck in. I hope we get someone just as good." A staff member told us, "The manager is really good, I get a lot of support from her and the deputy."

One staff member had completed the Four Season's Care Home Assistant Practitioners (CHAPs) programme. This meant that they were provided with additional training to support nurses, including the administration of medicines. We spoke with the CHAP who told us they were very pleased to have completed the training and were very clear about their responsibilities and limitations to their role.

Quality assurance systems were in place including feedback surveys and questionnaires. These could be completed electronically using a computer tablet. There were plans to put in place a notice board entitled "You said…we did" to provide prompt and visible feedback about the action taken by the service as a result of comments received.

A number of audits were carried out by the registered manager, which were monitored by senior managers in the organisation who were provided with regular reports. A full audit of the care of one person per week was undertaken. This included a review of documentation including care plans, risk assessments, weights, mental capacity, safety, medicines and psychological and behavioural needs. A daily medicine audit was carried out and 25 per cent of medicines were audited weekly. The registered manager explained that she received emails on a regular basis relating to compliance issues from senior managers and showed us one such email. This demonstrated that reports submitted were monitored. Records we checked were neat and tidy and well organised.

An acting regional manager and operations manager visited the service on a regular basis and carried out quality audits and checks.

Regular meetings were held with people, relatives and staff. Daily "flash meetings" were also held with

heads of department including the deputy manager, maintenance staff, domestic and cook. This meant that the manager had a daily update of what was happening in each department and told us it also helped to maintain morale.

Notifications of incidents and events that the provider was legally obliged to complete had been submitted to CQC in line with legal requirements.