

Four Seasons (Emmanuel Christian Care Home) Limited

Grove House

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?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We visited the home on 02 December 2014. The home is currently registered to accommodate up to 63 people. At the time of our inspection there were 43 people living in the home. The home's accommodation is over three floors. A further floor at the top of the building was for staff training and other staff uses.

The ground floor was for younger physically disabled people, the middle floor was for people needing general residential and nursing care, and the top floor was for people with dementia type conditions, who also had nursing needs.

This inspection was to follow up on our previous one in July 2014, where we had found that the home was in breach of several of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had asked the home to make improvements.

Summary of findings

The home had sent us an action plan and updated us regularly, to record improvements. The action plan advised us that all the identified areas would be improved by 14 November 2014.

The home required a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At our previous inspection there had been a manager, but they were not registered. They left the post shortly after that inspection. At the time of this inspection, a new manager was in post who had not yet registered with CQC. He was supported by a registered manager and a regional manager.

We found that the home had made progress and had made improvements, but still required further improvement before it could be rated as a good service.

People told us that they felt safe and happy at the home. Recruitment practice followed guidelines and we saw that there were sufficient staff on duty, however some training was needed for some staff. People told us that 'things were improving' since the new manager had been in post.

People told us that they were well looked after, but we were concerned about consent being obtained prior to care being given.

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?

We found the service to have made improvements to its safety.

Medicine procedures and medicines were generally administered properly and safely but further improvements were required.

Staff needed further training to improve their knowledge of safeguarding vulnerable adults.

We saw that the physical environment had improved. The garden was now securely fenced.

Requires Improvement



Is the service effective?

We found the service had made improvements to its effectiveness.

Staff received appropriate training, supervision and appraisal. They knew of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and told us that the required applications had been made to the local authority.

People's consent was not always obtained prior to care and treatment being given.

We saw that people were supported to eat and drink according to their preferences and needs.

Requires Improvement



Is the service caring?

We observed that the approach and relationship of staff to people had improved. People's right to privacy was mostly respected and their independence encouraged.

People told us they were cared for well. However, some people had not been referred to specialist services.

Requires Improvement



Is the service responsive?

The home had made good progress with its responsiveness. There were still some concerns about the lack of activities.

Care files demonstrated improved care planning but some records were difficult to locate.

Requires Improvement



Is the service well-led?

The service was better led. The home had a new manager in situ who was keen to work through the actions identified by us. The manager had not yet become registered with CQC and was being supported by senior staff within the organisation.

The provider had created an action plan. We were updated with the action plan's progress frequently.

Requires Improvement



Summary of findings

Due to the newness of the manager, there were still improvements to be achieved mainly relating to the vision and values of the home and the quality of the service.

Grove House

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 checked 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 10 November 2014 and was unannounced. At our inspection in July 2014, we had found breaches of the regulations of the Health and Social Care Act 2008 asked the home to make improvements in the care and welfare of people, the safeguarding of people, the management of medicines, the safety, staffing and the suitability of premises. We also asked for improvements to supporting workers, the assessing and monitoring of the quality of service provision and in records.

Because this comprehensive inspection was as a follow-up to that of July 2014, we had not asked the provider to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We viewed the current information we held on our systems. The provider had regularly updated us with the progress they had made. We reviewed notifications made to us by the service. We received information from the Local Authority and from the local Healthwatch.

The inspection team consisted of five people, the lead Adult Social Care (ASC) inspector, two other ASC inspectors, a specialist advisor (SPA) who was a nurse and an expert by experience. An expert by experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at care records, at staff files, staff duty rosters and at other records relating to the care of people and the running of the home. We talked with people who lived there, with their friends and relatives, with staff and with other professionals involved in the care of people. We observed the practice and environment and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We conducted a SOFI where we observed five people during lunch.

We spoke with 13 people who were living at Grove House, seven of their relatives and visitors, and various staff. These were two registered nurses, one senior nursing care assistant, 11 care staff, the activities co-ordinator, the regional manager and the home manager. We also spoke with a visiting community nurse. We reviewed eight care files and eight staff files, looked at training records for staff and examined other records, such as audits, policies and procedures.

We toured the building, and with their permission, were shown people's rooms and the communal areas. We saw the kitchen, kitchen store rooms and the gardens and we sampled lunch.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "I'm happy here, I feel safe and well looked after." Another said, "I'd take it to the boss if I wasn't happy about anything". A relative told us, "Whenever I leave here I know mum is well cared for and kept safe" and another, "Overall I am more than happy. If there have been any problems in the past they have always got in touch". A third relative told us, "She's more than safe, we've no worries about her".

In response to questions about cleanliness and hygiene one person said, "It's very clean." Another told us, "They've just been in my room, look how clean it is, they're always cleaning up". A relative said, "It's cleaner than it was." Another relative said "The new manager has improved cleanliness". Regarding the call bell response, one person told us, "Sometimes O.K., but sometimes not, which is bad especially if I need the loo".

At our inspection in July 2014, we had found that there were breaches of Regulation 11, safeguarding people who use services from abuse, Regulation 13, management of medicines and Regulation 15, safety and suitability of premises. We asked the provider to make improvements to ensure that suitable arrangements were in place to safeguard people against the risk of abuse, manage people's medication and to ensure that there were safe and suitable arrangements in place for the operation of the premises. At this inspection, we found that safeguarding arrangements, medication and the safety of the premises had improved but still required further improvement as did other areas in this section.

There were enough staff on duty to meet the needs of the people living at the home at the time of our inspection and a member of the management team was available on call in case of emergencies.

The home had the required policies regarding safeguarding and whistleblowing. There had been safeguarding notifications made to the local authority and CQC had been informed as required. We noted that the home's policy of not including person to person abuse as a safeguarding incident had been amended. We saw from records that safeguarding training was being maintained with the staff and there were notices displayed around the home with information of what to do in the event of an incident.

Staff told us they knew how to prevent abuse and what to do about it if they needed to and said they were up to date with both safeguarding and whistleblowing policies. One staff member told us, "All staff have to do safeguarding training so it makes them aware of all forms of abuse". Another said, "I know about the whistleblowing policy and would use it and I am sure all the staff would if they had to". However, several staff members were unsure about the types of abuse that could occur although they knew how to report abuse. This was a concern as staff may not recognise all types of abuse.

We saw that every room had a sufficiently long call bell for people to use. We monitored the speed of answering call bells and found it to be much improved, with times of response being an average couple of minutes. One person who spent a great deal of time in bed described the response to the buzzers as erratic. Not all people were able to use the call bells. One relative said, "She can't use the buzzer but shouts if she needs anyone, as far as we know they come quickly"

One person had recently had a fall and the correct healthcare professionals had been involved including the falls team. As a result, the person been reassessed had a crash mat fitted by the side of the bed for their safety as bed rails were not suitable for this person. We saw that the correct incident and risk assessment forms had been completed.

We saw that the environment had improved. There were no trip hazards and the garden area had been re-fenced securely. The building was clean with level access at front of home. All doors had locks. Fire risk assessments had been done for each room and the building overall and fire alarms were tested weekly, with occasional full drills. We saw that staff used the alcohol rub between each floor which demonstrated that protective hygiene had improved.

The manager gave us a breakdown of the permanent staff numbers which showed they employed a total of 80 staff at the time of our visit. The manager stated the home was "Overstaffed at the moment". We also had a breakdown of the staff needed for each of the shifts and we checked the rotas which corroborated this and what the manager had told us. Staff were deployed across each floor with a nurse

Is the service safe?

on each floor and at least four care assistants, one of which was a senior on the first floor, during the day. At night there were two nurses on duty across the three floors, with two care staff on each floor.

One staff member said, “Generally enough staff but could do with three nurses on at night. If there is an incident, it will be difficult to manage needs of other residents. There is a risk”. Another staff member talking about the staffing levels told us, “It was bad but now it’s alright. The staffing was improved a few months ago.”

Medication and most procedures had generally improved overall. The home manager and staff told us this was an on going process. We checked two of the three medication rooms and found that they were clean and well-ordered. We saw there was a key left in a drug fridge door and also in some cupboards containing sharps and nutritional drinks. These had locks to provide additional security for the contents and so should have been locked with the keys removed.

The controlled drug cupboard stocks were checked and cross referenced with the controlled drug book. We found these were correct and signed for by two staff. However we

observed that the registered nurse took the controlled drug book to the senior care assistant (SCA) to countersign but she had not physically checked the stock levels with the SCA. We talked with the nurse about drug administration errors and she knew the correct procedure should one be discovered.

We saw that the medication administration records (MAR) sheets checked were filled in appropriately and had clear, dated pictures on the front with peoples allergies recorded. One nurse told us she had received training on medication via the pharmacy and we saw that she had signed to say that she had read the medicines policy and a record of this was kept within the medication room. We noted that hers was the only signature. She told us that only one of person was receiving medicine covertly and this was cross referenced with the MAR sheet and care plan. Their care plan recorded that the family were aware and that the persons’ GP had confirmed the use of covert medication in writing which was recorded in her file.

We recommend that the service considers the NICE guidelines ‘Managing medicines in Care Homes’.

Is the service effective?

Our findings

People told us there were enough staff. One person said the staff spent time with them. They said, “The staff all know me. They’re always up here and talk to me”. Staff were described as caring by all the people and visitors we spoke with but also that the staff were kept busy and, “Had a lot to do”. Another person told us, “The last few months there has been plenty of staff”.

Two relatives said they believed the staff were well trained. They said staff communicated with their family member well. Although their family member’s verbal communication was limited staff took the time to ensure they knew what she wanted.

Peoples’ comments about the food were variable. One person said “The food is good, we choose”. Another said, “If I don’t like what’s on the menu they find me something else”. A third person told us, “The food’s dead sound. They’ll always find something else for me if I don’t like it”. However, a fourth described the food as “Not very good. Too much gravy and mushy mashed potatoes. I’ve told the chef a few times what I like and don’t like. I ask for salad and eat that. It’s nice but there’s always too much”. People told us they were able to get drinks when they wanted them. One person said, “The staff say if you want a drink of tea just ask, it’s no trouble”.

At our inspection in July 2014, we had found that there were breaches of Regulation 22, staffing and Regulation 23, supporting workers. We asked the provider to make improvements to ensure that suitable arrangements were in place to ensure adequate staffing levels and that staff had training, supervision and support. At this inspection, we found that staffing and supporting workers had improved.

We saw that staff files contained evidence that safe recruitment practices had been followed, with copies of references, right to work in UK documents, qualifications and criminal record checks.

We talked with four staff about their training and support. One said that the induction she had over a year ago was inadequate, but she had started doing e-learning this year. She told us that since the new manager had been in post, there had been increased training opportunities and that she has recently had palliative care and end of life training. She told us that person centred care training was planned

for January 2015 and this was confirmed in the training matrix. We were told by one staff member that supervision happened every month with the unit manager but the staff member felt all staff needed more support. Another staff member told us that she had received a good induction and had also shadowed an experienced worker for a few days. She could always speak to the unit manager if she had any problems. She said that she had not had many supervision sessions. A third said she received supervision every 12 weeks. This indicated an inconsistent approach to supervision, which we were told should be every two months.

Within the medication storeroom on the ground floor a file contained ad hoc administration of medication training records for two nurses. However on discussion with the manager a different file of training records was held in the main office. Training records which are not held in one place may cause confusion regarding scheduled updates.

Staff told us they looked at care plans to give people the support they needed and spoke to the people themselves. We were told there were handovers between each shift which informed staff of any issues they needed to know about regarding people’s health and well-being.

We joined people at lunchtime. We saw that there was sufficient seating for people at the home. Tables were pleasantly presented with yellow tablecloths and a centrepiece. Condiments were on the table for people to use. A menu was on the table for people to look at which included two lunchtime options plus a vegetable and soft option. People were asked each morning what their preferences would be. We observed however, that if people changed their mind, they were only given a choice of soup or sandwiches, not the hot meal. There was a choice of puddings and tea and coffee was served with the meal. Fruit juice was available in a dispenser in the dining room but we did not hear anyone being asked if they would like juice. Portion sizes were good and people seemed to eat well but the sample of food we were given was tepid. We mentioned this to the chef who told us the ‘Bain Marie’ which is a trolley which should keep food hot was still faulty after being repaired a couple of weeks previously. The manager has since confirmed that a new one has been purchased.

People who needed support to eat received it from staff who were patient and gave the support in a dignified manner. It was observed that there sufficient staff on duty

Is the service effective?

to meet people's dietary needs and to serve their meals promptly. The diners were asked if they wanted an apron but we noted that these were unappealing paper types. Staff appeared to have a good rapport with people and interactions were positive. Staff spoke to people by first name, seemed familiar with their lunch time needs and appeared kind and caring. We saw mixed practice from staff supporting people to eat. One staff member blew on food which was hot and then gave it to the person, which was unhygienic practice but another did her best to communicate with the person she was supporting.

CQC has a duty to monitor the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty safeguards (DoLS). The service was mostly following the MCA code of practice and making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The provider had trained and prepared their staff in understanding the requirements of MCA and DoLS. One person was subject to a DoLS at the time of our visit but other applications had been made to the 'supervisory body' (the local authority), as a result of a recent judicial ruling earlier in 2014.

We saw that where people had bed rails, the risks associated with them had been recorded along with consent for their use. During a consultation with a relative they asked that bed rails were not used and the person was given a very low bed with crash mattresses on the floor. This showed that the provider listened to the needs and choices of people and their relatives when the possibility of restraint was discussed.

Staff told us they talked to people and that if people refused consent for something, then they reported it to a senior staff member. We could find no consent to photograph forms within the care files examined.

We observed a senior care assistant administer eye drops to a person who was at the time, asleep in bed without waking her and talking to her to explain what was happening. This was observed by a nurse who told us that the service user hated having their eye drops, but this meant that there was no consent to the procedure. This appeared to be an isolated incident.

We recommend that the provider ensures they clarify all staff's understanding of consent prior to care or treatment being given.

Is the service caring?

Our findings

People told us the service was caring. One person told us, “Staff are O.K. they look after me”. Another said, “Staff are good to me, everyone is OK” and a third commented, “They look after me well”.

People told us they were treated with dignity and respect. One person said, “Staff are O.K. they look after me” and another said “They give me a bed bath and are gentle. They treat me well and with respect”. Another person said “They help me shower and always show respect. I never feel embarrassed with them”. A relative described the quality of care as “excellent”.

At our inspection in July 2014, we had found that there were breaches of Regulation 9, care and welfare of people who use services. We asked the provider to make improvements to ensure that suitable arrangements were in place to ensure that care and welfare of people was appropriately given. At this inspection, we found that the care and welfare of people who used services had improved but still required further improvement.

Whilst in the home we observed staff knocking or calling out before entering people’s rooms. We also heard them explaining what they were going to do and asking the person if they wanted the door closing. People and their

relatives confirmed that people could close their doors if they wished to have private time. We were concerned, however, in our interviews with staff that one referred to people by their room numbers, although they knew their names. This did appear to us to be done out of confidentiality reasons therefore it did not show the respect needed for people.

A member of staff said about respect and dignity, “I knock on the door, explain to them what you are going to do, give them choices”. However, we observed that one person was having her hair styled in the lounge, which was occupied by other people.

We discussed with the manager two people who appeared to need hearing assessments. He later told us that they were to have hearing assessments completed. A note book had been provided for one of them to aid communication with staff in the interim. We also discussed with the manager, a person with specific cultural needs. He later told us that he had contacted the local multi-cultural centre and someone from there would visit the person.

Staff told us there was ‘now time to sit and chat to people’. One staff member said, “We always try to make sure one of us is in the lounge at all times”. Another staff member told us, that there was time to sit and chat, “Most of the time”.

Is the service responsive?

Our findings

People told us they felt that the service was more responsive. One person told us, “I’m fairly independent but if I need help they’ll help me. I only have to ask”. They added “I go out at night sometimes. I just have to give them notice so they can get my tablets ready for me”.

A visitor commented that staff are always welcoming, “We can come at any time”. The staff and manager were described as “approachable” by two visitors and three people who lived in the home.

Two family members said they felt involved with staff in supporting their relative. The family visited daily and one relative said, “We’re able to do as much or as little as we want during the visits. This includes helping with feeding or sorting out clothes etc.”. Another relative said, “Communication is good, they always let us know if there’ve been any issues or changes”. A third relative said “They call the doctor if she needs him, and let us know”.

We looked at care files and found that they were personalised to the individual and gave clear instructions to staff on the care required by each person. Each care record included a series of risk assessments covering areas of need such as nutrition, pressure area care, mobility, continence, bed rails and moving and handling. The files were large and difficult to quickly locate some information, which may cause problems for staff unfamiliar with either the people or the file systems. However, one staff member told us, “They are easy to follow”.

Most care files had a current photograph of the person within them, but these were not in place on the outside of the file. This meant that new or agency staff may not easily identify the person the file referred to. Nutritional plans and weights were noted in most care plans but they were difficult to locate and it was not clear if weight loss episodes were reported to the nurse in charge and followed up. We saw that in one care plan it had been noted that the person had a chest infection, but no observations relating to their temperature were recorded in her daily plan or on the charts.

We asked staff if they were able to have enough time to deliver person centred care to people. We were told by one staff member, “Yes enough time”. Another said, “Yes, I’d say so”. A third told us that the manager encouraged it. We saw

staff having a ‘laugh and joke’ with people. The community nurse we spoke with told us, “I have not been here before but when I arrived the staff were very helpful. One took me to the person’s room and stayed with us”.

At our last inspection in July we found that the key code to access the front door was not routinely given to people. On this inspection, we were told that this had now been done. This was confirmed by email from the manager after this inspection. However, we had found the keypad was still placed too high for wheelchair users to access.

We saw that there was no smoking shelter in the area designated for smoking, outside. Later, the manager told us in an email that one had been secured from another home.

Other than the television there did not appear to be any activities in the home on the day of our visit. However, we observed staff interacting with people in the lounges. Some people and staff had been preparing for Christmas and had jointly decorated the home and made an artificial fireplace in one of the lounges.

We saw on noticeboards that there were activities planned and the home had an activities co-ordinator who was employed for 30 hours per week. She told us there were a variety of things for people to participate in according to their choice and ability. She told us these included armchair exercises and skittles, entertainers and themed movie nights, where people attended a film in fancy dress. There were activities in the summer weather permitting. She told us that the home did not currently have its own transport, so outings that people enjoyed were limited, but that she accompanied some people out one at a time. We asked about people confined to their rooms and she informed us that she would visit and complete life stories. Any visiting entertainers would also visit, so that the person was not isolated.

The manager told us he had recently been learning to drive a minibus and had just passed the test. He was hoping the home would be able to get a minibus or share one with a sister home, shortly.

None of the people or visitors we spoke with were aware of a ‘Complaints Policy’ but all stated they would be able to speak to someone either a member of staff, a nurse or the manager if they were unhappy about anything or if they had a complaint

Is the service responsive?

We asked staff, “If someone wanted to make a complaint, what would you do about it?” One staff member told us, “Tell them to go to a nurse in first instance. Not sure if there is a complaints procedure” and another said, “Go and get a nurse if someone wanted to complain if I couldn’t sort it myself. One said, “Not sure where complaints procedure is or actual process is after it’s reported it to a nurse or unit manager”. A third said that she would tell the manager.

When asked if there was a complaints policy, this was confirmed and when asked where it could be located, the nurse replied, “Might be in the manager’s office”. There had been no complaints made since our last inspection.

We recommend that the service further considers their current complaints procedure and ensures that people know how to access it.

Is the service well-led?

Our findings

People felt the service was well-led. One person said about the manager, “He’s sound”. Another said, “The manager is only new but everyone seems a lot happier than before” and a third told us, “I see the manager around quite a bit and he always asks how I am, he’s really nice”.

Relatives were happy with the manager. One told us, “We get asked to meetings every week so we get a chance to say if we wanted things changed” and another said, “So much has improved now in every way. Makes you feel part of what goes on now, it’s brilliant”. A third told us that the new manager was “Brilliant, he’s improved the levels of staff even at weekends”.

At our inspection in July 2014, we had found that there were breaches of Regulation 10, assessing and monitoring the quality of service provision and Regulation 20, records. We asked the provider to make improvements to ensure that suitable arrangements were in place assess and monitor the service and secure records.

At this inspection, we found that assessing and monitoring arrangements had improved but the management of the home was still of some concern, particularly because the home did not have a registered manager in place. Due to the newness of the management team and recent changes to how the home operates, the home could not demonstrate the ability to sustain improvements to the service they were providing.

One member of staff reported how the manager stressed the importance of the “resident experience”. She reported recent staff training had included role play which helped staff to really understand how their actions could impact on the experience of people who used the service. It had also been emphasised to staff how the home was people’s own home and must be respected as such.

One staff member told us, “Management of the home is getting there but not to my standard”. They went on to tell us that the, “[Home] manager needs to be assertive with his bosses, who did not have good people skills. [Name] is trying to turn things around but there are ways and means of doing it. There is no need to shout at us. Staff are pulling together”. However, another said of the managers, “Can’t fault any of them”.

We asked staff about the management of the home and if it was effective. We were told by one staff member that it was. They said, “It’s well managed in terms of the running of the home. The manager has got satisfactory knowledge”. However, staff told us they felt that management had unrealistic expectations of staff. One staff member said, “We do the best we can, but they always want more”.

The provider sent out an annual survey for views from people who lived in the home and relatives. There was also a ‘relatives and residents’ meeting on a Friday but this was attended mainly by relatives and a few of the same people living at Grove House.

We reviewed a range of audits which had taken place in recent months and these had been satisfactorily completed. However, a small number of medicine audits were filed in one medication storage room. Some, including one completed in November 2014 did not contain any actions, deadline dates, completion dates or a named responsible person for action. This should be rectified and the forms should be clear that all sections must be filled in. All action plans should be followed up by a named lead. We discussed this with the manager who told us that this would be done.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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.