

Four Seasons Homes No.4 Limited

Marquis Court (Windsor House) Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 May 2017 and was unannounced.

At our last inspection on 22 November 2016, we rated the home as requires improvement overall and asked the provider to make improvements to ensure people were consistently protected from the risk of avoidable harm and to have the opportunity to take part in activities to promote their wellbeing and reduce social isolation. At this inspection, we found some improvements had been made but further action was still needed.

Marquis Court (Windsor House) is registered to provide nursing and personal care for up to 52 people. The accommodation is arranged in three units, Tivoli, Chase and Heath. At the time of our inspection, 34 people were living at the home, some of whom were living with dementia.

There was a registered manager at the service. 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.

People received their medicines as needed but improvements were still needed to ensure that medicines were consistently managed in a safe way and that effective checks and audits were in place to continually monitor this.

Risks to people's health and wellbeing were assessed and managed and staff understood the actions they should take to minimise any identified risks. There were sufficient, suitably recruited staff to keep people safe and promote their wellbeing and staffing levels were kept under review to ensure they continued to meet people's changing needs.

The registered manager and staff understood their responsibilities to support people to make their own decisions as much as possible. Where people lacked the capacity to make decisions for themselves, decisions were made in people's best interests which followed legal guidance. Where people were being restricted of their liberty in their best interests, the registered manager had applied for the required legal approval.

People felt safe living at the home and staff understood their responsibilities to protect people from the risk of abuse. Staff received training so they had the skills and knowledge to provide the care people needed. People were encouraged to eat and drink enough to maintain a healthy diet and were able to access the support of other health professionals to maintain their day to day health needs. People were encouraged to keep in contact with family and friends and visitors were able to visit without restriction. Relatives felt involved in people's care and were kept informed of any changes.

Staff had caring relationships with people and respected their privacy and dignity. Staff knew people well and people received personalised care. People's care was regularly reviewed to ensure it continued to meet their needs. Improvements had been made and people were offered opportunities to take part in social activities that met their individual needs.

The provider and registered manager carried out checks to monitor and improve the quality of the service people received. People and their relatives were asked for their views on the service and were positive about the improvements being made by the provider. People felt able to raise concerns and complaints and were confident they would be responded to. Staff felt valued and supported by the provider and registered manager.

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 was not consistently safe.

Improvements had been made to ensure risk management plans were detailed and people were protected from avoidable harm. Some improvements had been made but further action was needed to ensure medicines were consistently managed safely. Staff understood their responsibilities to keep people safe from abuse. There were sufficient, suitably recruited staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff were trained and supported to provide people's care effectively. Staff understood their responsibilities to support people to make their own decisions and where people were being deprived of their liberty we saw this was done in their best interests and the correct authorisations had been applied for. People had sufficient to eat and drink to maintain good health and were supported to have their health care needs met.

Is the service caring?

Good 

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People had choice over their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good 

The service was responsive.

Improvements had been made and people were offered opportunities to join in activities that met their individual needs. People received personalised care from staff who knew their needs and preferences. People's care was reviewed to ensure it

remained relevant. People felt able to raise concerns and were confident they would be acted on.

Is the service well-led?

The service was not consistently well led.

Some improvements had been made but further action was needed to ensure the provider's quality assurance systems were effective in identifying shortfalls and bringing about improvements. People and their relatives were asked for their views on the service and were positive about the improvements made by the provider. Staff felt valued and supported in their role.

Requires Improvement 

Marquis Court (Windsor House) 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 visit took place on 4 May 2017 and was unannounced. The inspection was carried out by two inspectors and a member of the CQC medicines team.

We looked at information we had received from the public and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority service commissioners who are responsible for finding appropriate care and support services for people. At our last inspection, the local authority had been investigating concerns about some of the people living at the home and had suspended placements whilst they investigated those concerns. They told us they had seen some improvements but would continue to monitor the service to assure themselves that these improvements would be sustained. We used this information to help us plan the inspection visit.

On this occasion, we had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant with us.

We spoke with seven people who lived at the home, three relatives, eight care staff, two activities co-ordinators, a kitchen assistant, the nurse and the registered manager. Some of the people living at the home were unable to speak with us about the care and support they received. We used our short

observational framework tool (SOFI) to help us understand, by specific observation, their experience of care. We observed how staff interacted with people, and the support they provided in the lounges and dining areas.

We looked at the care records of four people and checked the medicine administration records of 15 people. We also looked at other records relating to the management of the service, including staff recruitment and quality checks.

Is the service safe?

Our findings

At our last inspection, improvements were needed to ensure medicines were recorded and stored safely. At this inspection, we found that some improvements had been made. Medicines were stored securely and we saw staff had recently had training from their supplying pharmacy on effective temperature monitoring for medicines that required refrigeration, which meant staff understood what actions to take to ensure the safety of these medicines. Improvements had been made to the recording of medicines given via a skin patch to ensure staff correctly rotated the sites of application. The application of medicines administered via a cream or ointment were now consistently recorded and body maps were in use which guided staff on where these must be applied. However, we found that action was still needed to ensure that medicines were consistently managed in a safe way. We reviewed the medicine administration records for 15 people and saw that some people were receiving covert administration of medicines. This may take place when a person regularly refuses their medicine but they are assessed as lacking the capacity to understand why they need to take the medicine. Whilst the decision making process followed the Mental Capacity Act 2005 as required, we saw that for one person receiving several medicines concealed in food, the label for two of those medicines advised they were not to be sucked or chewed. This was highlighted to the nurse in charge, who immediately sought additional advice from the GP and pharmacy to ensure the person was being supported safely. At the last inspection, the registered manager had assured us that checks would be introduced to ensure the accurate recording of variable doses of medicines. However, at this inspection, we found that that staff did not consistently record how much had been given and running stock balances were not always recorded. This meant it was not always possible to determine how much an individual had received during a 24-hour period.

People told us they received their medicines when they needed them. One person said, "You get your medicines as needed and if you have got any pain, it's dealt with". We observed medicines being administered and saw that the member of staff spent time with people and checked to make sure they had taken the medicine before leaving them. Staff had received medicines training and a competency framework was in place to ensure staff remained competent and this was revisited with individuals if incidents occurred.

At the last inspection, we asked the provider to make improvements to ensure people's risk management plans detailed the actions staff should take to minimise identified risks and protect people from avoidable harm. At this inspection, we found the required improvements had been made. Risks to people's safety were identified and assessed and care records we looked at had detailed risk management plans in place for all aspects of people's care. There was a 'clinical hotspots' bookmark at the front of people's care records, which pointed staff to the relevant risk management plan, for example where people were at high risk of falls. Staff we spoke with had a good knowledge people's needs and any associated risks and were able to explain how they supported people to keep them safe. For example, one member of staff told us about people who needed to be repositioned at a set interval to minimise the risk of developing sore skin through pressure damage. We observed staff supporting people to change position and that people were sitting on pressure relieving cushions, in accordance with their documented requirements. The registered

manager told us they were involved in a pilot project being run by the local clinical commissioning group to improve health outcomes for people. They told us, "We're looking at pressure care. The system will help us monitor people and give us access to advice and support from other health professionals. Our clinical lead is overseeing it and we're excited about being involved". This showed the registered manager and staff were involved in developing strategies to ensure that risks were anticipated, identified and managed.

People received the support they needed when they presented with behaviour which challenged the safety of themselves and others. When people became unsettled, staff managed the situation in a positive way and used distraction techniques to divert people. We saw that incidents associated with behaviour that challenged, were documented to record what had happened, including what had triggered the incident, if it could be identified. Records we looked at showed that advice was sought from health professionals such as the GP and community mental health team. This showed the provider took action to understand and reduce the causes of behaviour to minimise the risk of reoccurrence.

People told us they were well cared for and had no concerns about their safety. One person said, "They are very nice here, I wouldn't want to stay if they weren't". Another said, "Staff treat me very well". Relatives had no concerns about their relation's safety. One said, "[Name of person] is safe here, a lot better than at home". Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse and what action they would take if they suspected someone was at risk of being abused. All the staff we spoke with were confident that any concerns they raised would be acted on but told us they had the information they needed to escalate their concerns if necessary. One member of staff said, "I've raised concerns before and would go to the local safeguarding team first for advice if the manager wasn't here and I was concerned". Our records confirmed we received notifications from the registered manager when safeguarding concerns were raised at the home. This showed the registered manager and staff understood their responsibilities to keep people safe from harm.

People who could give us their views told us they did not have to wait when they asked for assistance from staff. One told us, "If I press my buzzer, the staff come quickly". Another said, "You don't have to wait, there are usually staff around when you need help". We received mixed views when we spoke with relatives. One told us, "There are usually enough staff, but I worry when the staff member goes to get the lunch, I've come in and there's been nobody around". Another said, "You could always do with more but [Name of person] doesn't have to wait; we pressed the bell in the room accidentally once and the staff came running in, it's reassuring". A third said, "I visit daily and don't see any problems". We saw there were enough staff to meet people's needs. People did not have to wait when they asked for support and call bells in people's bedrooms were usually answered within a few minutes. We observed staff checking that another member of staff was available if they had to leave the communal areas to support people in their bedroom, which showed that people's safety was monitored. Staff told us that staffing levels had improved since the last inspection. One said, "Staffing levels are a lot better and we don't have to rely on agency staff now, there are bank staff to cover absences". We saw the registered manager used a dependency tool to calculate staffing levels and this was kept under review to ensure they were sufficient staff to meet people's needs at all times.

Staff told us and records confirmed that the provider carried out recruitment checks for both permanent and agency staff which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager had checks in place to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

Is the service effective?

Our findings

Staff had the necessary skills to meet people's individual needs. People and their relatives told us the staff understood their needs and provided good care. One person told us, "I believe the staff are trained and know what they are doing; staff make sure I don't go anywhere without my frame". A relative told us, "[Name of person] is looked after, in fact all the residents here are happy and well looked after". Prior to the inspection, the provider had told us that they had recently identified concerns with mandatory training provided via eLearning and the decision had been taken for all staff to repeat the training to ensure their skills and knowledge were up to date. Staff told us they had repeated their training and records we saw confirmed this. Staff said they were observed by senior staff and the registered manager to check their understanding in areas such as safe moving and handling, administration of topical creams and lotions and the use of thickeners for people at risk of choking. Staff were encouraged to develop specialist knowledge, for example to care for people living with dementia. Staff and the registered manager told us the home had been selected to take part in the provider's Dementia Care Framework in June 2017, which would provide intensive training for staff. The registered manager said, "Staff will understand dementia from the resident's perspective". Staff told us they discussed their performance during supervision with a senior member of staff or the registered manager. One member of staff said, "I had supervision not long ago, we talked about any problems I had and if I was interested in further training". Staff told us they would be happy to go and see the registered manager any time if they had any concerns. One said, "They have an open door policy". This showed the staff were trained and supported to fulfil their role.

There was an induction programme in place for new staff. The registered manager told us new staff would undertake the Care Certificate, a nationally recognised programme which supports health and social care staff to gain the skills needed to work in a care environment. One member of staff told us, "The induction was good. I was assigned a mentor and I shadowed more experienced staff. I had regular supervision with the manager to check how I was doing". This showed the provider had suitable arrangements in place to ensure new staff were prepared for their role.

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 people 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 that people's mental capacity had been assessed where needed and when decisions had been made in people's best interests, these were documented. For example, best interest decisions were in place where people were unable to consent to taking their medicines. Staff told us they had received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and demonstrated their understanding of the legislation. One member of staff told us, "We have a responsibility to help people to make as many decisions as possible, but where they can't make big decisions, these are made in their best interest involving GP's, social workers and their family". People told us the staff asked for their consent before they provided care. One person said, "They always ask me if it's okay". We saw that staff always sought people's consent, for example before supporting them to move using equipment or taking them to

the bathroom. This showed staff understood the importance of gaining consent.

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 under the DoLS. We saw that the registered manager made applications for people who were being restricted of their liberty in their best interests. Our records confirmed that five approvals had been notified to us as required. This showed the registered manager and staff were working within the principles of the legislation.

People were provided with meals that met their dietary needs and preferences. We saw that people were offered a choice and alternatives were available if people did not like the options. People were assisted to eat their meals when required and we observed staff talking with people and involving them whilst they sat with them. Staff did not rush people and checked they were ready before offering more food. Staff were aware of people's dietary needs and followed professional guidance where people were identified to be at risk. For example, staff were able to tell us about people who were at risk of choking or needed encouragement to maintain their weight. We saw these people were provided with meals and drinks in accordance with their documented needs. At the last inspection, the registered manager had introduced a monitoring system to ensure any patterns of significant weight gain or loss could be identified and action taken where needed. We saw this was being completed and monitored and any concerns referred to the GP or dietician. This meant people were supported to eat and drink sufficient to maintain a healthy lifestyle.

People and their relatives told us they accessed the support of other health professionals when needed. One person told us they had been having problems with their hearing aids, "They are coming to see me about my hearing aid, the staff are very good at sorting things out like that". Another person said, "They get the doctor for me if needed". We saw that visits from professionals were recorded and people's care plans were updated when specific advice was received, for example when people needed to have supplements to maintain their weight. This showed people were supported to maintain their day to day health needs.

Is the service caring?

Our findings

People liked the staff and said they looked after them well. One person said, "The staff are very nice and very good to me". Another said, "The staff treat me very well". A third said, "Staff are kind to me, I'm quite content". A relative we spoke with told us that the staff knew people well. They said, "They keep continuity as much as possible now and that's important as [Name of person] doesn't respond well to new staff". We saw staff members were kind and caring and showed concern for people's wellbeing. For example, we heard staff asking a person if they could have a look at their hearing aid when they said it wasn't working properly. We also saw staff comforted and reassured people when they became upset and spent time with them until they had settled again. People looked relaxed in the company of staff and we saw they smiled and chatted easily with them. On Tivoli unit, two people started singing spontaneously when a member of staff asked if they'd like a cup of tea and this prompted smiles and laughter.

People made decisions about their daily routine and how staff supported them. One person said, "Everything is up to yourself here, we're very lucky". Another said, "I get up pretty early but can have a lie in if I want to. I don't go to bed too late, and I decide when". We saw that people's independence was promoted. Staff gave directions to a person with poor vision to enable them to move freely around the communal areas using their walking frame. Staff told us, "[Name of person] doesn't like people walking with them, they are very independent". At mealtimes, we heard staff saying "Your spoon is in the bowl, can you feel it"? The person told us, "I try to do most things for myself but the staff help if I need it".

We saw that staff treated people with respect and promoted their dignity. Staff were discrete when asking people if they needed support and took them to their bedroom or the bathroom to provide personal care. One member of staff told us, "[Name of person] sometimes forgets to close the door so we follow behind and close it for them". Staff ensured people maintained their appearance, for example discreetly wiping people's faces if they had food residue after eating and checking people's clothes were in place after they had been supported to move. We saw that staff respected people's privacy and knocked on bedroom doors and waited to be asked in. One person told us, "Staff give me privacy when I'm having a bath or shower".

People were encouraged to maintain their important relationships and there were no restrictions on visitors. One person told us, "My daughter comes whenever she likes". Relatives told us they were always made welcome. Relatives told us they felt involved and were kept informed about changes in their relation's care and treatment. One relative told us, "The staff keep in touch if anything changes".

Is the service responsive?

Our findings

At the last inspection, we asked the provider to make improvements to ensure people living on Heath unit were offered opportunities to take part in activities that promoted their wellbeing and reduced social isolation. At this inspection, we found the required improvements had been made. The provider had recruited an additional activities co-ordinator who worked solely on Heath unit and we saw that people were supported with activities on an individual basis. For example, we saw people being supported with arts and crafts they enjoyed. One person was being supported using an empathy doll, which research has shown can have positive benefits for people living with dementia. The activities co-ordinator told us, "[Name of person] has given this one a name and some of the ladies like the baby doll". We saw there were sensory items on display which people were encouraged to pick up and carry around with them. The activities co-ordinator told us, "[Name of person] likes boxes with tactile items; they pick up and walk off with them". At the entrance to Heath unit, we saw there was a sensory area with lights and that people looked relaxed and comfortable there.

At the last inspection, the registered manager told us they would be purchasing a pop-up pub and we saw that this had been installed in the dining room on Chase unit. Staff told us they held regular themed events in this area, including a country and western day, a St Patrick's day celebration. People had enjoyed having a drink and sing-song using the karaoke machine. On the day of our inspection, we saw people enjoying karaoke and other people were encouraged to take part in a music quiz, with pictorial clues, which gave them an opportunity to reminisce about music from their past. One person told us, "I like the activities and join in whatever is on offer". Staff told us there was a programme of activities which included bingo and quizzes. We saw that forthcoming events such as 'Fruity Friday' were being promoted. This involved staff taking a trolley of fruit around for people to taste. A newsletter had recently been introduced which showed what had been happening at the home and promoted forthcoming social events. This showed people were provided with opportunities to take part in activities that met their individual needs.

People received personalised care from staff who knew their likes, dislikes and preferences. One person told us, "I like plenty of cups of tea, the staff know how I like it". They also told us, "I see the hairdresser every week, just as I did before I came here. It's important to me". Another person was at risk of weight loss if they became distracted at mealtimes. We saw staff followed the guidance in the person's care plan to have minimal items on the table in front of them and saw that the person ate well. Relatives told us they were happy with the care their relations received and that it met their needs. One told us, "I'm really pleased with the care. [Name of person] had a fall and now has a sensor mat in their room, I'm confident about their safety". People's preferences were detailed in their care plans and there was a brief life history displayed outside their bedroom door. People's care was regularly reviewed to ensure it continued to meet their needs. A relative told us, "I've been invited to attend a review to support [Name of person's] to talk about their care". Staff told us and records confirmed that they recorded the care people received on a daily basis and any concerns that other staff should be aware of. This was discussed during the shift handover which ensured incoming staff were kept up to date about people's needs.

People told us they would be happy to raise any concerns or complaints with the staff and manager. One person told us, "I'd talk to the staff if I had a complaint and I think they'd put it right as quick as possible". Relatives told us they felt able to approach the staff and were confident that they would be responded to. One said, "I'd have no hesitation in going to the manager. She listens to everybody". There was a complaints procedure in place and the records showed that complaints were investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

At our last inspection, there was an acting manager in post who has now registered with us. Improvements were needed to the provider's quality assurance systems to ensure they were effective in identifying and bringing about improvements in the management of medicines and risks associated with people's care. At this inspection, we found the required improvements had been made to risk management plans but further action was still needed to ensure audits of medicines were consistently effective. The registered manager carried out daily, weekly and monthly checks of medicines administrations charts (MAR). However, these had not identified the concerns we found with the covert administration of medicines and despite assurances given at the last inspection, variable doses of medicine were not consistently recorded by staff. In addition, checks of MAR had not identified that the coding used when a person was not able to receive a medicine was not consistent across all three of the home's units, which could lead to confusion when staff moved between units. We also found that protocols to describe the use of medicines prescribed on a 'when required' or 'as needed' basis, were not always in place as required by the provider's medicine policy. However, the registered manager had identified this and was taking steps to ensure sufficient information was available to guide care staff on when the medicine was needed. This would ensure people received their medicines in a consistent way.

We saw the registered manager carried out other checks including care plans, health and safety, including equipment and the home environment, and infection control. Where concerns had been identified, action plans were in place to address concerns raised. We also saw that the local health and social care partnership trust had recently carried out an infection control audit and the provider's rating had improved and all outstanding actions had been addressed. For example, a new supplier of pressure cushions had been sourced to address durability and hygiene concerns. We saw the registered manager carried out a detailed analysis of accidents and incidents, including falls, and action was taken such as referrals to the falls clinic to minimise the risk of reoccurrence. This showed us the provider took action to improve the quality of the service people received.

We saw the provider had made improvements to the home environment and people and their relatives were positive about the changes. A relative said, "It's improved, it's cleaner and tidier everywhere". Relatives told us they could approach the manager if they had any concerns and were invited to give their views on how things could improve. One said, "I've been to a relatives meeting and you can give your views using the electronic tablet at the front door". We saw the analysis of the most recent feedback, which had identified a number of themes which were being addressed. These included , improvements to the four-weekly menu and the introduction of new menu display boards, both written and pictorial. This showed us the provider took people's views into account in the planning of the service.

Staff told us they enjoyed working at the home and things had improved since the registered manager had started working at the service. One member of staff told us, "The whole home has improved. Although we are not 100% yet, the manager is more open and makes it clear what our roles/responsibilities are and the improvements that are needed". Staff told us the manager had an open door policy and they felt supported

in their role. One member of staff said, "The manager is good, they support and guide you". Staff told us they had meetings with the manager who welcomed their views on how the service could be improved. One said, "The manager gives us feedback and keeps us up to speed on things ". Staff were aware of the provider's whistleblowing policy, which is a process that supports staff to report any concerns they may have about poor practice and were confident they would be supported by the manager.

The provider and registered manager understood the responsibilities of registration with us. We received notifications of important events that had occurred in the service, which meant we could check that appropriate action had been taken. The provider had published the service's performance rating on their website and a copy was displayed in the foyer of the home. This is so that people, visitors and those seeking information about the service can be informed of our judgements.