

# Four Seasons 2000 Limited

## Cedar Court

### Inspection report

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06 September 2016

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 05 and 06 September 2016 and was unannounced. There was a registered manager in place at the time of our inspection. 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.

Cedar Court is a residential home for up to 47 older people most of whom are living with dementia. At the time of our inspection there were 43 people using the service.

Medicines were not always managed, stored and administered safely. Staff had completed medicines training and the home had a clear medicines policy in place which was accessible to staff. However, guidance from the pharmacist on the safe and effective way to administer the medicines covertly was not in place, which posed a possible risk that they would not then be effective.

This issue was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance systems were in place to monitor and improve the service. However, improvements were required as they did not identify the issues we highlighted above. The registered manager was not clear on when DoLS applications should be made for people at the home. Staff also required updates to their MCA and DoLS training to ensure that they were refreshed in line with the provider's requirements.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff received regular supervision; however there were some gaps in training. The registered manager showed us that future bookings had been made where gaps had been identified. Staff understood the requirements of the Mental Capacity Act 2005 (MCA 2005); however improvements were needed to ensure that Deprivation of Liberty Safeguards (DoLS) applications were only made where people lacked capacity.

The home maintained adequate staffing levels to support people's needs. Staff were subject to regular appraisal and were safely recruited with necessary pre-employment checks carried out.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. Staff demonstrated an understanding of types of abuse and how to raise safeguarding concerns. Risks to people using the service were assessed, reviewed, recorded and managed appropriately. Detailed and current risk assessments were in place for all the people at the home.

People were supported to eat and drink. People were supported to maintain good health and have access to healthcare services.

We saw friendly and caring interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans reflected people's needs and were reviewed regularly.

Appropriate activities were on offer to stimulate people, and meet their individual needs. An appropriate complaints procedure was in place.

The registered manager was accessible to people, and staff spoke positively about the support available to them. Notifications had been sent to the Care Quality Commission as required.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People's medicines were not always managed safely, and improvement was required to ensure appropriate covert medicines guidance was in place and followed.

Staff were aware of their responsibility to safeguard people that they cared for. Risks to people had been identified with relevant actions identified to mitigate these risks.

Safe recruitment protocols were in place to make sure that staff were suitable to work with the people they were caring for.

Staffing levels ensured that people's needs were met in a timely manner.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Improvements were needed to ensure that the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were consistently followed.

Staff training required some improvement to ensure that staff were up to date with refresher requirements.

People's care records included assessments related to their dietary needs and people were supported to have a balanced diet. People had access to a GP and other health care professionals when they needed it.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff engaged positively with people and were attentive to their needs.

People's privacy and dignity was respected.

People using the service and their relatives had been consulted

**Good** ●

about their or their relative's needs.

### Is the service responsive?

Good ●

The service was responsive.

Activities in place for people at the home provided appropriate stimulation, sufficient to meet people's needs.

Care plans included guidance on how best to support people at the home, including their needs and preferences.

The provider had a complaints policy in place and complaints were dealt with in line with the provider's policy.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems were in place, however these were not always effective in highlighting issues that we found at inspection.

The service had a registered manager in place.

People, their relatives and staff spoke positively of the manager

People could express their views through residents and relatives meetings and regular surveys.

# Cedar Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we reviewed the information we had about the service. This included statutory notifications. A notification is information about important events, which, the provider is required by law to send us. Before the inspection, the provider completed 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. We used the PIR to inform our inspection planning.

The inspection took place on 05 and 06 September 2016 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with five people who use the service, one relative, five care staff and the registered manager. Not everyone at the service was able to communicate their views to us so we used the Short Observations Framework for Inspections (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of four people who used the service, four staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they received their medicines when they needed them. One person told us "I get my asthma pump in the morning, little white pill and half another pill for a water infection." Where people's medication needed to be administered covertly the provider did not have appropriate instructions in place to guide staff, nor had they sought pharmacist advice on the safe methods to administer the medicines covertly. We looked at the records of four people receiving covert medicines, and instructions provided were 'to be given in food' or 'to take covertly'. Records did not state which medicines this applied to for people, or specify exactly how the medicine should be covertly taken. Staff we spoke with at the time of inspection were clear on how individuals should be supported to take their medicines covertly following GP involvement, however appropriate instructions were not included with people's medicines records and there was a risk that medicines would not be effective. This issue had been highlighted at an external pharmacist's audit in June 2016; however it had not yet been rectified by the provider. We raised this with the registered manager at the time of inspection, who told us that arrangements would be made to seek appropriate pharmacist advice and update records accordingly.

Following the inspection the provider showed us records of attempts to seek pharmacist guidance in June 2016. However, at the time of our inspection in September 2016 this guidance was not in place to support people and we could not be sure that medicines were always given safely.

This issue was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe living at the home. One person told us, "I have my own key." One relative told us, when asked whether their loved one is safe, "As far as I'm aware." Staff understood how to keep people safe, and were aware of their responsibilities in the event of an emergency.

Staff were aware of how to recognise different kinds of abuse and knew the steps they would take to report any issues. One staff member said "It's my job to protect vulnerable adults from abuse; I would report it to my manager and take it higher if I needed to." Staff knew that they could 'whistle blow' if they needed to, and knew to report safeguarding issues to the local authority, the police and the CQC if necessary. The home had a safeguarding policy in place, which provided clear guidance on how to report any issues.

Medicines administration records (MARs) were up to date, and medicines records included a photograph of the person, any allergies, patch administration records and body maps where necessary. There was a medicines policy in place which provided staff with guidance on how to administer as required (PRN) medicines, reporting errors and self-administering medicines. Appropriate room and fridge temperatures checks were in place, and the provider had appropriate systems for the safe storage and recording of controlled drugs.

We saw that potential risks to people were managed effectively. Risk assessments covered areas such as mobility needs, moving and handling, health and safety, skin integrity and personal hygiene. Records we

looked at showed that risk assessments were regularly reviewed in line with the provider's policy, or when people's needs changed. Where one person had a change in need in relation to their continence we could see that the appropriate risk assessment had been updated to ensure that more staff were available to support them with their personal care.

Behaviour needs assessments were in place where people needed support to manage behaviour that requires a response. The provider utilised monitoring charts and we could see that these were updated with appropriate guidance as to how to support and reassure people in order to de-escalate difficult situations. Staff we spoke with were also clear on how to manage risk where individuals sometimes displayed agitated behaviour. One staff member told us "I notice [person using the service] breathing changes; I try and use distraction techniques such as laying the table. I would speak to my senior if I saw a pattern or their behaviour didn't change."

Appropriate procedures were in place to deal with foreseeable emergencies, including a business continuity plan and appropriate fire safety measures. Personal emergency evacuation plans were also in place for people in the event of a fire and staff that we spoke with knew how to get people out of the building safely. Records we looked at showed that accidents and incidents were recorded, and responded to appropriately.

We saw that there were enough staff at the home to meet people's needs, and we saw that manual handling tasks were managed correctly and in a timely manner. The provider reviewed their dependency tool on a monthly basis to ensure that any changes to staffing needs were identified. Staffing rotas that we looked at showed that levels had been planned, and we saw that these staffing levels were in place across the days of our inspection. Staff told us that the home did not use agency staff and that they would support each other to cover any gaps in shifts in order to provide consistency of care.

Records that we looked at showed that appropriate recruitment systems were in place. The provider had identified where staff required renewals of their criminal record checks and was in the process of renewing these with identified staff. Appropriate references and checks of photographic identification had taken place prior to the commencement of employment, and we could see that the provider had sought evidence of staff employment history. This meant that people were supported by staff deemed appropriate to work at the service.



## Is the service effective?

### Our findings

People spoke positively about staff, and told us they felt they were trained to meet their needs. Two people told us that staff were able to meet their needs, and one relative said "Yes, I think so from what I've seen."

Staff did not always have the knowledge and skills which enabled them to support people effectively. We found that some staff were not always up to date with their mandatory training requirements. Mandatory training topics included moving and handling, mental capacity act, equality and diversity, basic life support, health and safety and information governance. Therefore, training was an area that required improvement. The registered manager had already identified that some staff required further updates on training and plans were in place to address this. At the time of inspection the registered manager showed us that where people's training had expired further training had been arranged. Letters had been sent to staff with reminders of the e-learning they were required to complete. We will check on the provider's progress with this at our next inspection.

The provider's policy stated that supervision should take place four times a year. Records we looked at showed that staff supervision had taken place and that the provider had an appropriate scheduling system in place to ensure that these sessions took place. Staff told us that supervision was a supportive process, with one staff member telling us "It's good, they make sure you're up to date and ok with everything, they take your views into consideration." Supervision records that we looked at covered topics brought to the meeting by both the staff member and the supervisor, including training and documentation. Supervision records that we looked at showed that management were receptive to staff needs during supervision. Where one person required further support in whistleblowing and confidentiality, records we looked at showed that this had been discussed.

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 so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had mental capacity assessments in place for people where required. Whilst the mental capacity assessments we looked at provided an overview of the person's capacity and the area in which they required support it was not always clear what the specific decision was that needed to be made. This was a recording issue in ensuring that the capacity assessments were correctly completed. We raised this with the

registered manager at the time of inspection, and they showed us new capacity assessment forms that they were implementing in order to remedy this issue and ensure that the decision was clear on all records.

We saw that where DoLS were in place for people, staff were working in line with any conditions of these requirements. However, the registered manager told us that they would apply for DoLS for all residents on admission to the home. This required improvement to ensure that the provider was only completing DoLS applications for those people that lacked capacity. We will check on the provider's progress with this at our next inspection.

The provider had an appropriate MCA and DoLS policy in place providing guidance to staff, and records we looked at showed that staff were trained in this area. Staff we spoke with understood the principles of the MCA and their role in supporting people effectively.

People were provided with sufficient amounts to eat and drink. People liked the food that was provided at the home. One person told us about their breakfast, "Yes it's nice, I had Weetabix, 3 coffees and a jam sandwich." We observed lunch on the first day of inspection. Food choices were visually presented on the day so that people could choose what they wanted to eat. Staff told us that if people requested an alternative this would be discussed with the kitchen and arranged where possible. People were offered the choice of using an apron to avoid spillages, and, where people required support to eat their meal staff were attentive to this. Where one person attempted to leave the dining room partway through their meal we observed that the staff member positively encouraged them to remain and finish their meal. People were supported to ensure that they ate a full and balanced diet.

We saw that, where required, people had appropriate nutritional guidance in their care plans. Where people required different consistencies of diet this was recorded in their care plan and staff were clear on how to support people with this. We checked one person's specific dietary requirements and found, on checking the person's daily records that the food was provided as recorded in their care plan. Food and fluid charts were kept in people's rooms to allow staff to update the records at the soonest opportunity where people were supported to eat in their rooms. Records we looked at showed that these were kept up to date.

People were supported to access healthcare professionals at the time that they needed to. People's records contained communication record logs and we could see that people had received visits from a GP, chiropodist and district nurses. Where one person's records highlighted an increase in behaviour that required a response we could see that the community psychiatric nurse had been involved in the care for the person. We spoke with a visiting healthcare professional on the second day of inspection, who told us "They [staff] keep a communication book with details of treatment given so they have a log of what we've done. Staff are always happy to help."

## Is the service caring?

### Our findings

People told us that staff were caring and met their needs. One person said "Yes, they look after me" and a relative told us "Yes, one of the young girls who was off accompanied [my family member] to the hospital. They [the staff] are very friendly showing them [people at the home] affection and talking to them."

We observed caring interactions between staff and people throughout our inspection. Staff would ensure they were at people's level when speaking with them and would keep eye contact when talking to them. We observed manual handling practice at the time of our inspection and we saw that staff reassured people throughout, explaining what they were doing and checking the person's wellbeing.

Staff knew the needs of the people that they supported, and told us they worked across both floors of the home allowing them to get to know people. Staff were able to talk about the needs and preferences of the people they supported; one staff member told us about a person that liked to lay the tables and enjoyed positive affirmation following this. One staff member told us they felt the home allowed people choices as it allowed them to decorate their own rooms, and we could see that rooms were personalised to people's tastes.

Care plans included guidance for staff, and staff we spoke with knew of people's individual support needs. Each care plan was reviewed monthly or when people's needs changed and included relevant information regarding people's current care needs. Daily care notes we looked at demonstrated the care delivery was in line with the care that had been planned for people. People were actively involved in making decisions about their care and their preferences were supported.

People were supported to meet their cultural and diverse needs. One person said "The vicar comes once a fortnight." One of the people at the home was permitted to have their dog stay with them, and was supported by staff to help provide suitable care. One staff member told us that they supported one person to attend a faith specific church, and that they had arranged for a vicar to visit another person.

Staff understood the importance of treating people with dignity and respecting their privacy. One staff member told us that they would ensure that people were appropriately covered and, if two people were needed to support with personal care, "I'd never take over and I'd make sure the person is included." One staff member told us that they would always encourage participation in personal care but that it is ultimately the person's choice.

## Is the service responsive?

### Our findings

People told us they were involved in decisions around their care. One person told us "I have a care plan, it's in the office." A relative who was involved in their loved one's care told us, "As a family we make decisions about their care, you can access the notes and plans."

Care plans that we looked at included needs assessments, consent and capacity needs, personal hygiene and dressing and communication needs. Care plans were personalised and regularly reviewed. There were psychological and emotional need plans in place which detailed people's preferences. One person's records stated that they liked to join in the activities, read and watch television. People's care plan needs were subject to monthly review, and records we looked at showed that these were up to date. Some people also had 'this is me' information at the back of their files detailing their personal preferences. We saw that 'My Choices' booklets were being introduced for all people at the home to provide a holistic view of their wishes and preferences. The registered manager told us that they hoped to have these booklets in place for everyone within two months. 'My Journal' records were kept in people's rooms and recorded activities that people had undertaken during the day. One person's records stated they "enjoyed time with daughter, listening to music and watching staff dance." Where one resident became restless during activities we saw that the activities co-ordinator told them "you need something to fiddle with" and got them a string of wooden blocks shaped like fruit which they held and then got a soft duster to touch the side of their face and hands. This improved the demeanour of the person. Records showed that people were supported to participate in activities that met their needs and preferences.

There were a variety of activities on offer for people to participate in. The home kept animals including pigs, chickens and cats, we saw one resident showing their relative the chickens on the second day of our inspection. The activities co-ordinator was based at the home four days a week and we saw that staff delivered activities when the co-ordinator was not at the home. We saw that staff engaged service users in a game of catch, they encouraged people to participate. Activities were personalised to suit people's individual interests. One person told us "'I do drawing and make things". Where one person had a particular interest in dogs, we saw that they were shown footage of dog shows. Photographs of past activities were displayed around the home, and one person spent time telling us how much they had enjoyed a trip to the seaside. One staff member told us "They had a Fun Day over the summer with entertainment and stalls. We've had external entertainment five times in the last month. People have outside trips, lunches, bingo and trips to Sainsbury's."

The provider's complaints policy was clearly displayed in the home, including contact details for the Local Ombudsman and the CQC. Records we looked at showed that complaints and concerns were responded to in line with the provider's policy. One person told us that where they had complained previously they were happy with the outcome.

Staff were clear in their responsibilities in relation to complaints. One staff member said "I'd try to resolve what I could; I'd make the senior and manager aware and let the person know that we were dealing with it and would keep them updated."

## Is the service well-led?

### Our findings

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. However, some improvements in this area were needed as issues that we had found at inspection had not always been acted upon in a timely manner. We found that the provider had not taken appropriate action to ensure that current covert medicines guidance was in place following an external pharmacist's audit. The provider submitted evidence of attempts to contact the pharmacist for further guidance in June 2016, however this was still not in place at the time of our September 2016 inspection. We also identified that 15 of 33 staff members required an update in their MCA training in order to be trained in line with the provider's requirements. Whilst the provider had plans in place to ensure that people's training was up to date we found issues with mental capacity assessments and DoLS as reported under 'Effective'. The registered manager was not always clear on the procedures for submitting DoLS applications, and improvements were needed in this area. We will check on the provider's progress at our next inspection.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the management of the service. One person said of the manager, "She's great." The registered manager told us that the home had been able to manage a number of placements that had been deemed unsuccessful in other homes. The registered manager was keen to ensure that the service was 'the homeliest of homes' and told us that steps were being taken to ensure that staff and residents were on board with dementia care. The home had also won the Four Seasons dementia care team award in their division for 2015.

There were monthly, weekly and daily audits of medicines records to check for accuracy in completion and administration. Call bell checks were completed monthly and records we looked at showed that appropriate health and safety and cleaning checks were in place. Action plans were included to evidence any steps taken to make improvements. An incident and accident log was in place, including notifications made to the CQC and any action taken to remedy the situation.

There was a registered manager in place at the time of our inspection and they were clear on their responsibilities in this area. The registered manager ensured that statutory notifications were made in a timely manner.

Staff told us that they were well supported by the manager. One person said "Management are understanding of everyone's capabilities, they're a good management team, I can't fault them." They spoke positively of the home environment telling us, "It's really good, the bond between residents and staff allows for a joke and a laugh, it's really homely." When speaking about team work a staff member said "I think its great team work here, nothing's too much for anyone."

Staff meetings took place on a quarterly basis and covered topics such as training, care plans and feedback following an unannounced night inspection. This night inspection did not highlight any concerns. The minutes from one meeting showed that staff had been updated on a new dementia training course and staff

that we spoke with told us they had attended this new course. Staff were supported to communicate any issues, and provided relevant updates by the manager.

The provider sought relatives and residents feedback on a monthly basis through surveys, covering a different focus topic every quarter. These covered areas such as whether people would recommend the home, cleanliness of the environment and people's views on activities. People stated that they felt happy, safe, respected and listened to.

Relatives and residents meetings took place quarterly; we looked at the minutes from the last meeting and saw that positive comments had been received from residents about the activities and staff support. The manager had also requested that relatives provide information to add to people's life stories, and to advise catering staff if any additions were required to the menus.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Appropriate guidance was not always in place to ensure that medicines were always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems in place were not always effective in identifying and improving the quality of the service.