

Four Seasons (No 7) Limited

Meyrick Rise

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 and 29 January 2015. At that inspection, we found a repeated breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not accurate records which included the appropriate information in relation to the care and treatment provided to people living at the service. We served a

warning notice on the provider for this breach and requested an action plan from them stating what they would do to meet the legal requirements in relation to the breach.

The provider wrote to us and told us what action they would take in order to become compliant in respect of their record keeping. The provider told us the corrective action would be completed by 9 June 2015.

At the comprehensive inspection completed on the 28 and 29 January 2015 we found there were not sufficient numbers of staff employed with the right knowledge, experience, qualifications and skills to support people.

Summary of findings

Following the inspection the provider wrote to us and told us what action they would take in order to become compliant in respect of their staffing levels. The provider told us the corrective action would be completed by 30 April 2015.

We undertook an unannounced focussed inspection on 17 and 19 June 2015 to check that the provider had followed their plan and to confirm that they now met legal requirements. We found that the provider had taken appropriate action and had complied with the warning notice and that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Meyrick Rise' on our website at www.cqc.org.uk.

Meyrick Rise provides accommodation, nursing care and support for up to 74 older people, many of whom have complex nursing needs. At the time of the inspection 24 people were living at the home. The home had an acting registered manager in post. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People's personal records were up to date, regularly reviewed and included accurate, consistent information.

Clear recording systems had been implemented to ensure people's records were completed in a person centred way and recorded accurate information regarding their health and care needs.

The provider had recruited a number of staff across a range of levels to ensure the service ran with the required levels of staff. Recruitment was on-going and a new registered manager, deputy manager and two registered nurses had been recruited and were due to commence employment with the provider shortly.

The provider had recruited two designated activity co-ordinators to ensure people had the choice to engage in meaningful and interesting activities each day.

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 that action had been taken to improve the safety of the service.

People received safe and suitable care, because appropriate records were maintained.

People told us they generally felt safe and staff treated them respectfully, some people told us they felt more staff were still needed.

Records showed generally there were sufficient numbers of appropriately trained staff to meet people's health needs. Recruitment had been completed for a range of positions and people were due to take up these positions shortly.

This meant the provider was now meeting legal requirements.

Whilst improvements have been made we have not revised the rating for this key question: to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

People's needs were met effectively.

The service was effectively meeting the needs of all of the people who used the service. This was because people's records accurately reflected their individual care needs.

Staff received training to ensure they could carry out their roles effectively, supervision processes were improving.

Staff demonstrated an understanding of The Mental Capacity Act 2005 and people were asked for their consent before care or treatment was given to them.

People were offered a variety of choice of food and drink. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

People accessed the services of healthcare professionals as appropriate.

This meant that the provider was now meeting legal requirements.

Whilst improvements have been made we have not revised the rating for this key question: to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Inadequate



Summary of findings

Is the service caring?

The service was caring but some improvements were required.

Care was provided with kindness and compassion by staff who treated people with respect and dignity. However, interactions were often hurried and staff appeared rushed.

Staff understood how to provide care in a dignified manner and respected people's right to privacy. Staff were patient and kind, and were aware of people's individual needs.

Family and friends continued to play an important role and people spent time with them, however, some relatives did not always feel the service involved and included them in the care of their family member.

We will review our rating for caring at the next comprehensive inspection.

Requires improvement



Is the service responsive?

The service was not always responsive to people and their needs.

People received an improving service that was responsive to their needs. Generally, people were seen in a timely manner when requiring assistance.

The provider had a complaints procedure and people knew who to and how to complain. The provider learnt from concerns and complaints to ensure improvements were made.

Activity co-ordinators had been employed and there was a programme of social activities scheduled.

We will review our rating for responsive at the next comprehensive inspection.

Requires improvement



Is the service well-led?

A manager and deputy manager had been recruited and were due to commence their employment shortly. Additional support staff including; clinical facilitator, clinical lead, regional support manager and regional manager had been put in place to support the overall running of the home.

Staff felt well supported in their roles with their direct line managers.

The provider had implemented a range of new systems to monitor the quality of the service provided and ensure the effectiveness of the service.

This meant the provider was now meeting legal requirements.

Whilst improvements have been made we have not revised the rating for this key question: to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Requires improvement



Meyrick Rise

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 was 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.

We undertook a focussed inspection of Meyrick Rise on 17 and 19 June 2015. This inspection was to check that the improvements to meet legal requirements planned by the provider after our comprehensive inspection on 28 and 29 January 2015 had been made. We inspected this service against three of the five questions we ask about services; is the service safe, effective and well led. This is because the service was not meeting legal requirements in relation to those questions.

The inspection was undertaken by one inspector on both days. Before our inspection we reviewed the information we held about Meyrick Rise, this included the provider's action plan, which set out the action they would take to meet legal requirements and asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we spoke with seven people who lived at the home and four visiting relatives, a visiting health professional and a GP. We also spoke with the regional manager, and four members of care staff. We observed how people were supported and looked in depth at five people's care and support records and at a further selection of people's bedroom documentation records. We observed care and support in communal areas.

We also looked at records relating to the management of the service including; staffing rota's, recruitment records and audit systems and records that had been put in place since our last inspection on 28 and 29 January 2015.

Is the service safe?

Our findings

At our comprehensive inspection of Meyrick Rise on 28 and 29 January 2015 we found that there were insufficient levels of appropriately trained and experienced staff employed. People often had to wait lengthy periods for support and assistance and staff appeared rushed when assisting people.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focussed inspection on 17 and 19 June 2015 we found the provider had followed the action plan they had written to meet the shortfalls in relation to the requirements of Regulation 18 described above.

Since our comprehensive inspection of 28 and 29 January 2015, the provider had run a recruitment programme to offer employment for a variety of positions to support the running of Meyrick Rise. These positions included; a registered manager, deputy manager, clinical facilitator, clinical lead, three registered nurses, regional support manager and regional manager. All of the positions had been taken up by experienced staff and the majority had already commenced their employment with the provider. The manager was due to commence their employment in a couple of weeks.

The provider had employed two activities co-ordinator's to ensure people were given the choice to engage in meaningful and social activities if they wished. People told us they enjoyed the activities and found the staff who ran them, "Marvellous".

People had mixed views about the staffing levels in the home. Three relatives we spoke with told us they had no concerns and they were very happy with the level of care their relative received. One person said, "The staff are fantastic, I don't have any concerns, they care for Mum exactly as she needs". However one person told us, "They always seem to be short staffed, but some weekends it's really bad, sometimes they say they will be back to offer care and then don't return".

People we spoke with told us they enjoyed living at Meyrick Rise. One person said, "It's very good, they look after us well, I do what I can but the girls help me with anything I can't manage, we are very lucky, I ring the bell when I need something and they come quite quickly".

We spoke with four members of care staff who told us there had been improvements made since March 2015. They said the paperwork and record keeping was easier and the culture of the home was improving with the staff team working well together.

Care staff told us when there was a full complement of staff on shift they could get all the work done and spend time with people but when they were short staffed through staff sickness it was a struggle. Staff spoke positively about the support they were given by their immediate line managers but felt higher management needed to listen to them more.

The acting manager told us they continued to use bank staff to cover shifts should staff become sick or have annual leave. They said bank staff offered a consistent level of care and knew the people who lived at Meyrick Rise. They told us they only used agency staff if they had no other available staff to cover. The acting manager confirmed they had increased the amount of care staff available and continued to run an active recruitment programme. The provider had implemented a recruitment tracker process to show what stage of recruitment staff were at and to ensure the service was staffed appropriately.

The provider had a staff absence monitoring system in place. Staff completed a notification of staff absence form when a member of staff phoned in sick or absent, this form was then given to the manager who could assess what staff cover would be needed and make the necessary arrangements. Senior staff would then ensure a return to work interview would be completed with staff who had been absent.

We reviewed the staffing rotas for the following two weeks of our inspection and for the previous four weeks. The rota's confirmed the provider was following their own staffing dependency tool which reviewed how many staff were required for each shift depending on the people's health needs. The acting manager showed us the staffing allocation on a daily basis was above what their staffing dependency tool suggested. Records showed the provider had increased the amount of care staff on each shift since

Is the service safe?

the previous inspection of 28 and 29 January 2015. The acting manager told us the dependency tool was reviewed on a monthly basis to ensure staffing levels were appropriate. Records showed there were adequate registered nurses on each shift as per the recommendations stated in The Royal College of Nursing guidelines.

Following our inspection of 28 and 29 January the provider had completed extensive refurbishment of the premises

and had re organised where people were accommodated in the building. This meant people were in more accessible areas and staff did not spend so much time walking large distances to meet people's needs. We spoke to people about the moves and they told us they had been fully consulted and were quite happy with the arrangements that had been made.

Is the service effective?

Our findings

At our comprehensive inspection of Meyrick Rise on 28 and 29 January 2015, we found people's records were not fully completed regarding the amount and target of fluid they required. Documentation did not show whether action had been taken when the individual did not reach their target amount of fluid. This meant staff would not be able to identify how much fluid people would need per day to prevent them becoming dehydrated.

Records we reviewed did not show an accurate record of the care and treatment provided. We found people's care records gave conflicting advice and were not updated to reflect their current health needs. One person's 'Do Not Attempt Resuscitation' (DNAR) record forms had not been correctly completed and supporting correspondence in their care plan relating to their resuscitation wishes was not clear and appeared contradictory.

These shortfalls in record keeping were a repeated breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focussed inspection on 17 and 19 June 2015 we found the provider had followed the action plan they had written to meet the shortfalls in relation to the requirements of Regulation 17 described above.

There were three people who were assessed as being at risk of dehydration and we reviewed all of their records relating to their hydration and nutrition. We found the

records were clearly completed. There was detail to show how much fluid each person had drunk, how often they had drunk and a daily total of the amount of fluid they had consumed was kept to ensure staff could easily check if they were at risk of dehydration. Records were accurate and included a target amount of fluid for each person and were signed and dated by the care staff each day.

We reviewed a selection of 'DNAR' record forms. These were fully completed, dated and signed by the appropriate GP. Correspondence relating to people's end of life wishes was clear and supported the decision referred to in the 'DNAR' form.

We checked five people's care plans in depth. They had been reviewed and written in a person centred way, involving the person and their family. Any changes to their care needs had been updated and clear guidance given explaining how the person liked their care to be given.

We checked six people's room documentation which included; food and fluid charts, personal care charts, re-positioning records and bedrail and topical medicine application records. We found these records to be clearly completed, signed, dated and reviewed on a daily basis by the nurse or senior carer in charge. A daily audit of these records was completed by each shift leader.

The acting manager told us the care staff will continue to be supported by the clinical facilitator who will provide daily support to the nurses and provide on-going training on the correct completion of records for care planning and the various topics under room documentation, such as; food and fluid, re-positioning and bedrail monitoring.

Is the service caring?

Our findings

We did not inspect against this topic at this focussed inspection. We will review our rating for caring at the next comprehensive inspection.

Is the service responsive?

Our findings

We did not inspect against this topic at this focussed inspection. We will review our rating for responsive at the next comprehensive inspection.

Is the service well-led?

Our findings

At our comprehensive inspection of Meyrick Rise on 28 and 29 January 2015, we found people may be at risk and were not protected against the risk of inappropriate or unsafe care and treatment. This was because not only were people's personal care records not accurate, the providers systems to assess the quality of service provided to people were not effective. The provider had not identified the shortfalls we found during the comprehensive inspection of 28 and 29 January 2015.

These shortfalls in record keeping and assessing the quality of service provided were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focussed inspection on 17 and 19 June 2015 we found the provider had followed the action plan they had written to meet the shortfalls in relation to the requirements of Regulation 17 described above.

We saw records that showed a daily audit system had been put in place to review all bedroom documentation. Bedroom documentation records included; food and fluid charts, personal care charts, re-positioning records and bedrail and topical medicine application records. This system ensured people's personal care needs were accurately recorded to maintain their on-going health care needs. Senior staff completed a daily walk around of the home and daily "flash meetings" were implemented to support in identifying concerns or trends.

The acting manager told us all completed audits had an action plan detailing any required remedial actions to ensure all actions were completed in a timely manner. We saw records that showed a selection of action plans which were being reviewed and actions were completed in a timely manner.

The provider had implemented a system of on-going training for staff in relation to correct completion of people's care plans and all systems of record keeping.

A revised paper based audit system had been implemented for staff to access. This ensured easy access for all staff to monitor the quality and service provided at Meyrick Rise.