

Four Seasons Health Care (England) Limited East Riding Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

East Riding Care Home provides personal and nursing care for up to 67 older people, some of whom live with a dementia. The home was divided into two areas, 'Millview' which was situated on the ground floor and 'Wansbeck' which was on the first floor. People with a more advanced dementia condition lived in 'Wansbeck.' There were 27 people living at the service at the time of our inspection.

People's experience of using this service and what we found

At our previous inspection, we identified multiple breaches of regulation. We imposed a condition upon the provider's registration to suspend admissions to the home. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation. However, further improvements were required to ensure support for people living with a dementia met with best practice guidelines. Following our inspection, we removed the imposed condition which meant the provider could now accept admissions to the home.

Effective systems were now in place to ensure people's safety. Risks were assessed and monitored, safe recruitment procedures were followed and sufficient staff were deployed.

People were cared for by staff who were trained and supported. However, some staff were more confident and skilled than others when communicating and interacting with people who had a dementia related condition. Further dementia training was being organised. Staff supported people to access healthcare services and receive ongoing healthcare support.

People's nutritional and hydration needs were met. However, improvements were required to ensure meal times for people living with a dementia were a positive, social experience which promoted people's independence and involvement.

Action was being taken to improve the design and décor to ensure it met people's needs. Improvements were ongoing to ensure the environment met best practice guidelines in relation to dementia care. The layout of the building upstairs meant that staff were not always easily visible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff spoke in a caring manner about the people they supported and were knowledgeable about people's needs. Care plans were in place which documented people's life histories, likes and dislikes and how they liked their care to be provided.

We observed some people with a dementia-related condition were not always encouraged or stimulated to

join in with meaningful activities. There were improvements in activities provision on the second day of our inspection, however further action was required. We have made a recommendation about this. The manager told us that this was being addressed.

A new interim manager was in place. She was in the process of registering with CQC to become a registered manager. Everyone gave positive feedback about her and the improvements which had been made

Audits and checks were carried out to monitor the quality and safety of the home. We made a recommendation that the provider reviews their quality assurance system to ensure it effectively monitored the experiences of people who were living with a dementia.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (published 11 April 2019). At our previous inspection, we identified multiple breaches of regulation. We took urgent enforcement action and placed a condition on the provider's registration to suspend admissions to the home to minimise the risk of people being exposed to harm.

The provider sent us a weekly action plan to record what action was being taken to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation. Following our inspection, we removed the imposed condition which meant the provider could now accept admissions to the home.

This service has been in Special Measures since our inspection in February/March 2019. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

This is the third inspection where the provider has failed to achieve a rating of at least good.

Why we inspected

This was a planned inspection based on the previous rating and enforcement action taken

Follow up

We will meet with the manager and provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

East Riding Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

East Riding Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A new interim manager was in post. She was in the process of registering with CQC to become a registered manager. Being a registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with the head of operational quality, the regional manager, the manager, the deputy manager, two care home assistant practitioners, a pre-registration nurse, a nurse, 10 care workers, the chef, activities coordinator, a member of staff from the maintenance team, the community matron for nursing homes, a behavioural support clinician, a consultant psychiatrist, a member of staff from the medicines optimisation team and an occupational therapist. We also contacted a fire safety inspector from Northumberland Fire and Rescue Service.

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

We reviewed a range of records. This included three people's care records and medicines records. We looked at one staff member's file in relation to recruitment and staff training and supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated inadequate. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection, we identified shortfalls and omissions with the management of risk, the availability of certain equipment, fire safety and the maintenance of the premises. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection action had been taken to improve and the provider was no longer in breach of this regulation.

- Risks were now appropriately managed. Checks and tests were carried out to ensure the building and equipment were safe.
- People had access to equipment to support their health and wellbeing. We spoke with an occupational therapist who told us, "What is positive is that a lot of the referrals have been coming through the home manager like seating assessments... We have a good working relationship."
- There was a safe system in place to order, receive, store, administer, record and dispose of medicines. We identified minor recording shortfalls which the manager was addressing.
- A visiting professional told us that staff were very cautious about not "over medicating" anyone who displayed distressed behaviours. They said non-pharmacological strategies were tried first to reduce the instances of any distressed behaviours.

Staffing and recruitment

At our last inspection, we found there were not enough staff to safely support people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, action had been taken to improve and the provider was no longer in breach of this regulation.

- There were enough staff deployed to meet people's needs. Because of the suspension of admissions, occupancy levels were still quite low. Some staff raised concerns about staffing levels once the suspension was lifted and occupancy levels increased. The manager told us that staffing levels would be carefully monitored to ensure they reflected occupancy and dependency levels.
- Safe recruitment procedures were followed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. Staff were knowledgeable about what action they would take if abuse were suspected. Staff told us they had confidence that action would be taken if any safeguarding concerns were raised. One staff member told us, "If you saw anything [abuse] it would be stamped upon straight away through whistleblowing."

Preventing and controlling infection

- Safe infection control procedures were followed. Staff had access to and used gloves and aprons to help prevent cross infection.

Learning lessons when things go wrong.

- Lessons had been learnt since the last inspection. Management staff assured us that the improvements made would be sustained.
- Accidents and incidents were recorded and analysed. Action was taken if any trends or themes were identified to help reduce the likelihood of any reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection there were shortfalls in the provision of training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection action had been taken to improve. The provider was no longer in breach of this regulation. However, further improvements were required in this area.

- People were supported for by staff who were trained and supported. However, some staff were more confident and skilled than others when communicating and interacting with people who had a dementia related condition. Following our inspection, the manager wrote to us said that further training relating to dementia care had been organised.
- New staff received appropriate induction training, read care plans and shadowed experienced staff to ensure they had the skills to undertake their role.
- Staff were given opportunities to review their individual work and development needs through supervision and appraisal. Staff told us they felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection there were shortfalls in relation to meeting people's nutritional needs. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, action had been taken to improve. The provider was no longer in breach of this regulation. However, further improvements were required in this area.

- People's nutritional and hydration needs were met. However, improvements were required to ensure meal times for people living with dementia were a positive, social experience which promoted people's independence and involvement.
- Action was taken if there were any concerns with meeting people's nutritional needs. A dietitian informed us, "They do their own calorie boost drink and fortify foods and drinks well. We have had some good results with patients who have been referred to us."

Adapting service, design, decoration to meet people's needs

- Action was being taken to improve the design and décor to ensure it met people's needs. Many areas of the home had been redecorated since our last inspection. Improvements were ongoing to ensure the environment met best practice guidelines in relation to dementia care.
- Staff told us and our own observations confirmed that due to the layout of the building upstairs, staff were not always easily visible. Management staff were aware of this issue and were looking into ways to address this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good links to external health and social care professionals and visits or appointments were made when needed.
- People's healthcare needs were assessed by the home and their health was monitored by staff
- We received positive feedback from health and social care professionals who were involved in people's care. One visiting professional told us, "All the recommendations I suggest they do."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff sought to follow the principles of the MCA. They were not always clear however, on the rights of relatives in terms of decision making. The correct process had not been followed regarding one specific health decision. The manager told us she had written out to relatives again to request copies of any legal documentation relating to this area.
- Where people lacked capacity, we saw evidence best interests processes had been followed to ensure restrictive practices were only carried out as a last resort and in people's best interests. This helped protect people's rights.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care plans were formulated to document what actions staff needed to take to meet people's needs.
- Due to the suspension, there had been no admissions at the home since our last inspection. The manager explained that lessons had been learned from previous admissions which had not gone well. They explained that a more rigorous preadmission assessment process would be introduced to ensure they could meet people's needs once they moved into the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People generally spoke positively about the caring nature of staff. One person said, "I do like it here, the girls are good." Other people told us that due to personal preferences, they appreciated some staff more than others.
- We saw that staff on the ground floor were visible and interacted well with people. We heard one staff member say to a person, "We are a good team," the person smiled and replied, "Ahh yes, but that's only because I've got you." Upstairs in 'Wansbeck' staff were not so noticeable. They explained that the lay out of the building and the duties they needed to perform, meant they were not so readily available in the communal areas.
- Staff spoke in a caring manner about the people they supported and told us that they would be happy for a friend or relative to live at the home because of the standard of care provided. One staff member told us, "We care deeply [for people]."
- Staff were knowledgeable about people and their needs. One staff member said, "You know when something's not right – your gut instinct is there because you know them so well." This was confirmed by health and social care professionals. One visiting professional told us, "They are always knowledgeable about the residents."
- Staff respected people's privacy. We saw staff knocking on people's doors before they entered and speaking with them respectfully.
- Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Supporting people to express their views and be involved in making decisions about their care

- Care plans documented that people and where appropriate, their relatives had been involved in making decisions about their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we identified shortfalls with people's care plans. Care records were not always accurate and there was limited information about people's preferences, wishes, interests and life history. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Care plans were in place which documented people's life histories, likes and dislikes and how they liked their care to be provided. One visiting professional told us that the care records were, "much, much better"

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities programme in place. We observed however, that some people with a dementia related condition were not always encouraged or stimulated to join in with meaningful activities. There were only a few objects people could examine or explore in communal areas; although more were available on the second day of our inspection.

We recommend the provider reviews activities provision to ensure it meets best practice guidelines for those living with dementia.

Following our inspection, the manager wrote to us and said, "Staff have already been proactive in offering residents more meaningful activities so we will continue to develop this." She explained that discussions were already taking place to involve the home further within the local community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff followed the AIS. Care plans documented people's communication needs. The manager explained that if information was required in a different format, this would be organised and provided.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. There had been no complaints since the new manager had been in post.

End of life care and support

- People were supported at their end of life. A multi-disciplinary approach helped ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.
- Staff explained the importance of remembering and respecting people after they had died. They attended people's funerals to show people's relatives and friends how valued the person was to staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, an effective system to monitor the quality and safety if the service was not in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- At our previous two inspections, we identified breaches of the regulations. Compliance with the regulations had not been sustained and consistency of good practice had not been demonstrated. There had been four managers within the last four years. Staff recognised the instability which management changes had upon the smooth running of the home. At this inspection, management staff assured us that lessons had been learned and the improvements made would be sustained.
- There was a new interim manager in place. She had applied to become registered with CQC as a registered manager until a permanent manager was in post. Everyone gave positive feedback about her and the improvements which had been made. Staff explained however, that her position was only temporary and there would be further changes when a permanent manager was appointed. One staff member said, "We have a really good manager, we are trying to get her to stay." A new deputy manager had been appointed. Staff said she was very approachable and supportive.
- Audits and checks were carried out to monitor the quality and safety of the service. We identified several shortfalls with the dining experience and the provision of stimulating activities for some people living with a dementia. In addition, some staff were more skilled at communicating and interacting with people who had a dementia related condition. Audits and checks had not highlighted these issues.

We recommend the provider reviews their quality assurance system to ensure that it effectively monitors the experiences of people who are living with dementia to make sure make care and support is based on best practice guidelines.

Following the inspection, the manager wrote to us and stated, "The team have done so well in reflecting on their own practices and are genuinely committed to continued improvement...They are all excited to

develop and do the best they can to ensure the resident's receive kind care that is meaningful to each person-with the right leadership from management and the nursing/senior team they will continue to flourish."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems were in place to involve people, relatives and staff in the running of the service.
- Surveys and meetings were carried out. Feedback from these surveys and meetings was analysed and action taken if any issues were identified.
- Staff spoke positively about working at the home. One staff member told us they felt proud to work at the home. Another staff member who was retiring said, "I will lose part of my family when I retire from here." Several staff told us that there were sometimes issues with team work which the manager was addressing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management staff were aware of their duty of candour responsibilities.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care.
- The service had been receptive to working with external partners, for instance, the local authority and the medicines optimisation team to help drive improvements in the home.