

Four Seasons (Bamford) Limited

Keresley Wood Care Centre

Inspection report

Tamworth Road, Keresley,
Coventry CV7 8JG
Tel: 024 7633 1133
Website:

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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



Overall summary

This inspection took place on 7 January 2015. It was unannounced.

Keresley Wood Care Centre is a nursing home which provides nursing care to a maximum of 44 people. Forty people lived at the home on the day of our inspection. The home operates on two floors. The ground floor accommodation consists of a lounge, a dining room, a larger lounge/dining room and bedrooms. The first floor has bedrooms only.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the registered manager was on a long term absence from the home and the provider had put plans in place to provide management cover. The deputy manager had been acting as the manager since December 2014.

The registered manager had not sent all the statutory notifications required to us. These are notifications to inform us of deaths and incidents that affect the health, safety and welfare of people who live at the home.

Summary of findings

Staff received support from the provider and acting manager to enable them to provide effective care to people. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), however we were concerned that the DNACPR and advanced decisions to refuse treatment did not meet the requirements of the Act.

There were systems in place to ensure the premises and equipment were well maintained. Not all emergency procedures were up to date or understood by staff.

People who lived at Keresley Wood Care Centre and the staff who supported them, thought people who lived at the home were safe. There were systems and processes in place to protect people from the risk of harm.

We saw people received a good choice of food and drink, and people's individual food requirements were well catered for.

People's health needs were well met. They were referred to the appropriate health care professional when concerns about their care and well-being were identified.

Staff treated people with kindness. Staff had a good understanding of people's needs and supported people with respect and ensured people's dignity was maintained. People felt comfortable in expressing their views to staff and were actively involved in day to day decisions in the home.

The provider employed an activity worker to support people with their activities, hobbies and interests. People had access to group activities, and the activity worker helped them with individual interests.

Staff had previously expressed concerns about the management of the home. At the time of our visit, this was being addressed by the provider.

You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was safe.

People told us they felt safe. Staff knew what action to take to protect people if they thought a person was not safe. The premises and equipment were well maintained. Staffing was sufficient to meet people's needs.

Good



Is the service effective?

The service was not consistently effective.

People received care and support from experienced and knowledgeable staff, although not all staff had received the induction training and refresher training in a timely way. They had access to other health care professionals when required. Advanced decisions and resuscitation orders did not comply with the Mental Capacity Act 2005. People were supported to have a balanced diet.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with kindness and compassion. They were involved in making decisions about their daily lives. People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received care which was responsive to their needs. Visitors were welcomed at the home. People's interests were supported by an activity worker. Informal and formal complaints were responded to.

Good



Is the service well-led?

The service was not consistently well led.

The registered manager, whilst working at the home, had not sent to the Care Quality Commission all the statutory notifications to help us monitor the deaths or incidents that affect the health, safety and welfare of those who lived at the home. The registered manager had recently taken long term leave from the home and the provider was supporting staff to act up in management roles and manage concerns raised.

Requires Improvement



Keresley Wood Care Centre

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 took place on 7 January 2015 and was unannounced.

Two inspectors conducted the inspection. Before the inspection we looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the

provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare. We also contacted the local authority commissioners to find out their views of the service provided.

We spoke with six people who used the service and four relatives and friends. We interviewed 10 staff (this included nurses, care workers, domestic, and maintenance and kitchen staff), observed the care provided to people and reviewed six care records. We also reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), medicine records, two staff recruitment records, and complaints, incident and accident records. We also spoke with a senior manager who attended the inspection and the regional manager.

Is the service safe?

Our findings

People who lived at Kersley Wood told us that they felt safe. One person said, “Yes I feel safe.” When we asked them what made them feel safe they said, “Having such folks as this one here.” At that moment a care worker entered the room.

We spoke with staff about safeguarding procedures. Staff were clear about their responsibilities to report these incidents to the manager. We asked the new acting manager to inform us of their responsibilities under safeguarding procedures. They understood the importance of acting on safeguarding information, but were not clear of their responsibilities to report the safeguarding allegations to the local authority safeguarding team. We were told by a senior manager the provider would ensure the acting manager was aware of their reporting responsibilities as part of their training to undertake the job safely.

Risks related to people’s care needs were identified and managed safely. Staff told us the nurses assessed the risks to people, and then informed them of any identified or potential risks. We looked at the care records of six people. Risk assessments were updated monthly to ensure any new risks were identified and acted upon. The home had the equipment necessary to keep people safe. For example, people identified at risk of skin damage had pressure relieving cushions to sit on and airwave mattresses to sleep on to reduce the risks. Those who were at risk when moving had the appropriate equipment such as hoists and slings to support them.

We saw staff did not always understand the risks in the building. For example, the door to the hairdressing room had been left open where bottles of shampoo and other products were easily accessible to people with confusion or dementia.

There were weekly fire alarm tests and fire evacuation practice had been undertaken by staff. However staff felt the training they had received did not fully equip them to safely manage a fire if one should occur. The senior home manager who attended the inspection acknowledged their concerns. They agreed to ensure staff had further fire training, and participated in a more realistic practice fire evacuation procedure. We looked to see whether people had personal emergency evacuation plans (PEEPS). We saw these were in some people’s rooms but not in others. These

are important documents because they give staff information about how they should evacuate people who have sensory impairments or physical disabilities. When asked, staff and the new manager were unaware of what the contingency arrangements were in the event of people not being able to return to the building once evacuated.

There were sufficient staff to meet people’s needs, however staff told us the increase in staffing was recent. They told us prior to December 2014 they had concerns about the safety of people living at the home because they felt there were not enough staff to meet people’s needs. One staff member told us, “In the summer there were inadequate staffing levels, the morale of staff was low.” Another said, “I love Keresley now there are enough staff to keep people safe.”

Relatives told us they previously had concerns about staffing levels but now felt it had been resolved. One person said, “There was an issue a couple of months back with staffing levels but now it’s pretty good.” Another visitor said, “Since things have gone on the staffing level has improved.

We found the new management team were using an updated staffing tool which took account other factors including the lay out of the building to ensure there were sufficient staff to meet people’s needs. Recent improvements in accessing bank or agency staff when staff were absent meant the rota was always covered and the identified staffing needs met.

We checked the administration of medicines at the home to see if they were managed safely and whether people received the medicines prescribed to them. One person said, “Yes staff give me my tablets they make sure you take it.” People told us they were given ‘as required’ medicines when they needed them. For example, one person said, “I tell them when I am in pain and they give me my tablets.” We observed the nursing staff administer medicines to people. They ensured they were giving the right medicines to the right person and took time to ensure the medicine had been taken.

We were told people had their medicines administered by staff except for one person who independently used their inhaler. This was confirmed by the person. We saw records which showed that staff had assessed whether it was safe for the person to use their inhaler without the support of staff.

Is the service safe?

We found medicines had been stored safely and in line with legal requirements. There were good systems in place to manage and dispose of unwanted medicines. We looked at

a sample of medicine administration records (MAR), and records for the administration of controlled drugs. We found the records accurately reflected the medicines taken and the number of medicines available to use.

Is the service effective?

Our findings

We asked people if they thought the staff had the skills and knowledge to meet their needs. One person said “Yes, I believe so. When I tell them I need help they immediately know what to do.”

Staff had been given training on induction when they first started working at the home to ensure they provided care safely and effectively. However, not all staff we spoke with received training such as moving and handling within the three day induction period. This meant when they were on the staff rota they could not undertake all tasks expected of staff. The senior manager confirmed this was not the provider’s practice and all staff should have received this training during their induction period. They told us they would ensure this did not happen again.

Staff told us they had received e-learning in areas considered essential, which included infection control and moving and handling people. We looked at the training records and found the provider had not provided practical training in moving and handling people to over 50% of staff. This is important because staff need to understand how to use the equipment with people safely and effectively to reduce the risks of accident and injury occurring. We spoke with the regional manager who confirmed they would be implementing practical moving and handling training for staff in January and February 2015.

Many people who lived at Keresley Wood had some form of dementia. Not all staff had received training to support people with dementia and told us this would be useful. The regional manager also confirmed they would provide staff with training in dementia care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people’s capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. There was no one living at Keresley Wood Care Centre who required a DoLS application.

Where people had been identified as having reduced mental capacity, the home assessed whether people could continue to make decisions for themselves and how they could be supported in doing so, and when decisions needed to be made on their behalf (or best interest).

We looked at whether people living at the home had advanced directives; a statement explaining what medical treatment the individual would not want in the future should they 'lack capacity' as defined by the Mental Capacity Act 2005 (MCA) or Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders. Where people had an advanced directive in place, we found the forms had not been completed in line with the MCA.

We asked people and their relatives what they thought of the food provided. One relative told us, “The food is good and [person] gets fluids.” We saw people having breakfast and lunch and that they had a choice of food. Staff responded well to people asking for additional food. For example, one person had eaten their breakfast but decided they liked the idea of toast and marmalade and this was given to them. At lunch time we saw people had a choice. People could see the choices of food available from the hot food trolley. The menu provided people with a range of meals which supported a balanced diet.

The cook informed us they had people living at Keresley Wood who required soft food diets, mostly because of health reasons such as swallowing difficulties. They also catered to the specific nutritional needs of people where they needed a specific diet for example diabetic or gluten free. We saw people on a soft food diet had their food pureed so they could still distinguish the colours and flavours of each item of food on their plate.

We saw staff provided one to one support to people who needed assistance with eating. Staff supported people to eat at the person’s pace and took their time. Records confirmed that referrals had been made to professionals such as dieticians when staff were concerned about a person’s weight loss.

People’s day to day health needs were being met. One person told us, “Yes, they do get the doctor if I need one”. A relative said, “They have had the doctor in a couple of times for my relative. Sometimes I have requested it.” Staff told us that if they thought people need additional health care they would inform the nurses. Records that showed

Is the service effective?

out of hour's doctors had been contacted when necessary. On the day of our visit a chiropodist was visiting the home. They were complimentary about the care provided to people at the home.

We recommend the provider seeks current guidance to make sure the completion of 'attempt to resuscitate' forms are in line with the legislation.

Is the service caring?

Our findings

People told us they were well cared for and their needs were met. One person told us, “The staff are very good, I am content, the staff are caring.” Another said, “Staff don’t just provide care, they always ask. I have no problems with the staff they are caring. “A relative told us, “When I leave [person] I don’t feel worried, staff come across as very caring, I have never met a bunch of people who are so dedicated.”

One member of staff said, “We try to be friendly and make them laugh.” Another staff member said, “The people come first, they are our priority.” Another member of staff told us they would not work at the home if they felt people were not cared for. They told us, “I wouldn’t work here and I’d make sure everyone else knew about it as well, the carers here are outstanding.”

We observed staff were kind and considerate and worked to ensure people were well cared for. One person had a hospital appointment booked. We saw staff trying their best to ensure the person’s appointment was not put at risk by the delay resulting from a taxi not arriving on time.

Staff had a good understanding of people’s needs, wants and preferences. Staff knew where people liked to sit, what they liked to eat, and what they enjoyed. For example, one person believed a toy to be real. Staff understood this, and because it made the person happy, staff supported this reality for the person. We also observed staff ensure a person had their hearing aid in and that it was working to ensure the person could hear what staff were asking the person.

We saw one person regularly asked staff what time of day it was. Staff responded calmly each time reassuring them and reminding the person of the time and what this meant. For example, “It is 9am it is breakfast time.”

Staff ensured people were actively involved in making decisions about their care and treatment. For example, people made day to day decisions such as whether they

wanted to eat their meals in the dining areas or in their own rooms, what clothing they wanted to wear, whether they wanted a health care professional to visit them, and whether they wanted to be involved in any activities. One person told us, “They give me choices of meals. I choose what I want to wear; I’ve got all my own gear.” A relative said, “They come in and ask [person] what they would like for their meals.”

We found there were no formal systems where people were involved in care planning, and whilst everyone at the home had a care plan most people we spoke with were not aware of this. However, one person said, “I know I have a care plan and know they changed it recently. I was so bad when I came in that my daughter sorted it.”

People told us that staff treated them with dignity and respect and one person said, “They are very good, you get to know them very well. They treat me with respect and yes they respect my privacy and dignity.” They confirmed staff did this by ensuring doors and curtains were closed when helping them with personal care. At meal times people were provided with clothes covers to protect their clothing and to maintain people’s dignity when eating their food.

We asked staff how they supported people to maintain dignity during personal care. One member of staff told us, “We would expect staff to talk to [people], draw the curtains, communicate, cover people up and do different sections of the body [so only the part being washed is exposed]”.

Relatives and friends were seen visiting the home at different times during our inspection. They told us there were no restrictions in the times people were able to visit their relations, day or night. The acting manager told us if a relation was very ill, they would give relatives the opportunity to stay the night with them.

Confidential information was kept securely. We saw care records were kept in the nurses’ station in lockable cabinets. Daily monitoring records were kept in the person’s own bedroom.

Is the service responsive?

Our findings

From our observations of people's care and from what people told us, the service was responsive to people's needs. We asked people whether they were engaged in any hobbies, activities or interests. One person said, "Sometimes they bring me a book to read." Another person said, "I love to read, they get books for me. I can't see very well so the books are large print." A visitor told us there had been a big improvement in activities since the activity co-ordinator role started. They told us that there had been bingo, singing, individual chats, skittles, bean bag and quizzes. We saw one person using the smaller living room listening to classical music because this was their preference.

The activities co-ordinator told us they had started this role in September 2014 and had previously been a care worker at Keresley Wood. They told us they provided group activities such as singing, and music sessions and also undertook individual activities with people. These included reminiscence chats, dominoes, and reading books. Another member of staff told us in the evening they might sometimes have spontaneous dancing with the people in the lounge which people enjoyed. People were supported to maintain their interests. We saw one person had a fish tank in their room because they liked to watch the fish. They also had newspapers on their bed which they were looking at.

On the day of our visit a vicar visited to provide a person living at the home with spiritual support. The activities co-ordinator told us they were taking a person to Mass at the local church because this was their preferred way of receiving spiritual support.

We spoke with people who were in bed in the afternoon to find out whether this was their choice. Through our discussions with people it was clear they wanted to be in bed. One person said, "I prefer to stay in my bed." Another person said, "I have not got out of bed, I don't want to. I've only been to the lounge and I wasn't impressed. I like being up here and being able to read most of the time."

Care records showed the home provided personalised care responsive to people's needs. For example, one person had a pressure sore when they came to the home. We saw that a wound care plan was in place and staff were following this. Another person had diabetes. A separate care plan was in place to ensure staff understood how to meet the person's needs as a diabetic. Short term care plans were put in place when people had temporary concerns such as chest infections.

We asked people if they knew how to make a complaint. One person said, "I have no cause for complaint. I would tell staff if I was unhappy." Another person said, "Yes I know how to make a complaint but there is not really anything that I am unhappy with." A copy of the complaints procedure was located in the reception area. A visitor said, "I have never put a formal complaint in about the home or manager but I know people have."

We had received a complaint from a relative of a person who had lived at the home. We asked the registered manager to respond to the person. We found this had not been managed in line with the provider's complaints policy.

Is the service well-led?

Our findings

We found the registered manager had not been working at the home since mid-December 2014 and was on extended leave of absence. The provider was supporting the deputy manager to carry out the registered manager's responsibilities.

The manager has a legal responsibility to notify us of any incidents that affect people who use services. The manager had sent us the required notifications of deaths which occurred in the home until August 2014 but no further notifications were received from then until December 2014. During the period the registered manager was working, we had not received notification of other incidents which affected the health, safety and welfare of people who lived in the home. We asked the regional manager to check and confirm whether we should have received other notifications. They confirmed to us that we should have and they would be sending us the required notifications. This was a breach of Regulation 16 and 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. This meant we did not receive information to help us assess whether action needed to be taken.

We saw good leadership from the nursing team. Care workers told us the nurses provided them with good support and knowledge about people's needs. They told us they received supervision from the nurses every month. We asked if they found this useful and they said, "Yes because we get good feedback for ourselves. If we are doing something wrong they will tell us."

The regional manager told us they would use the expertise from staff who worked in the company's 'Providing Excellence and Enriching Residents Lives' (PEARL) scheme to provide a high level of dementia care. They told us this was an accreditation scheme which had high benchmarks for the quality of care and dementia support given to people.

We asked staff whether the management of the home supported them and was open and transparent. Staff told us they had not felt supported in the past and morale had been low. However, they felt steps had now been taken to improve morale and their issues were being addressed. One staff member told us, "I'm confident things are going to get sorted."

We found that regional managers were working with the acting manager and the staff group in the registered manager's absence to support staff with their training needs, to improve the morale of staff and to ensure the continued safe running of the home.

Recent quality assurance checks undertaken by staff and management showed the provider had identified areas where improvements were required and were working to ensure these were met. For example, one audit showed that records did not always fully inform what staff had to do if a person was at risk of choking, and another showed that some of the bumpers for bedrails were torn and were therefore an infection control risk. The audits showed that action was being taken to rectify these areas to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services
Diagnostic and screening procedures	The registered manager did not notify us of all the deaths of people who lived in the home.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
Diagnostic and screening procedures	The registered manager did not notify us of other incidents that affected the health and wellbeing of people who lived in the home.
Treatment of disease, disorder or injury	