

Four Seasons (No 9) Limited

Cypress Court

Inspection report

Broad Street
Crewe
Cheshire
CW1 3DH

Tel: 01270588227
Website: www.fshc.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Cypress Court is a residential care home providing personal and nursing care to 54 people aged 65 and over at the time of the inspection. The service can support up to 60 people across two floors, each of which has separate adapted facilities. One of the floors specialise in providing nursing care.

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

Not all people had the necessary risk assessments or care plans in place to ensure they were receiving safe care and treatment and handover records were insufficient to demonstrate staff could support people safely.

Audits were ineffective at picking up the issues we identified during the inspection and the registered manager did not have sufficient oversight of people's needs. We also found that improvements the provider was required to make following the last inspection had not been made.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Some people had not had their ability to consent to the care they received assessed and DOLS applications had not always been made.

Systems were in place to record accidents, incidents and complaints. People told us however that they didn't feel that actions were always taken to improve and we have made recommendations that the registered manager reviews how these systems demonstrate outcomes and lessons learnt.

We have also made a recommendation for the service to consider how it improves the environment for people living with dementia.

We saw staff treat people with kindness and respect and most of the people we spoke with told us staff were caring, however some people told us they felt rushed with their care. People had the necessary referrals and input from health professionals where required.

Staff were recruited safely and had received the training necessary to do their job. However, the service was reliant on agency staff to provide nursing care.

Activities in the home had improved, this was being further developed by the activity team.

Health and safety systems including and regular checks were in place.

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 requires improvement (published 06 November 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations. This is the second consecutive inspection when the home has been rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified continued breaches in relation to safe care and treatment, governance and how the provider ensures care is being delivered with the consent of people at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Cypress Court

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 completed by one inspector, a specialist advisor who was a nurse 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

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

The service had a manager registered with the Care Quality Commission. This 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 first day of the inspection was unannounced. We informed the registered manager of the second day we would be visiting because we needed to be sure that they were available to support the inspection.

What we did before the inspection

Before the inspection we looked at information which the Care Quality Commission held about the provider. This included previous inspections and information we had received from members of the public. We also contacted the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, regional manager, nurses, senior care workers, care workers and the chef. We also spoke to two visiting professionals.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas, quality assurance and care records.

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 as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This included the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- One person did not have sufficient risk assessments or care plans in place. This resulted in the person being placed at unnecessary risk of poor care.
- Handover information did always not contain sufficient information to enable staff to support a person safely.
- One person had experienced weight loss. We saw they whilst they had been referred to a dietician, there was no monitoring of their food or fluid intake which was essential information needed for the dietician to offer appropriate advice and support.
- We also found one person's records were not consistent in ensuring they had been provided with adequate oral care.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found thickening fluids inappropriately stored in an open kitchen area. Thickening fluids are prescribed to people who experience difficulty swallowing or who are at risk of choking. This was raised with the manager and we saw that action had been taken to address this.
- We did however find some improvements had been made since the last inspection.
- The service followed good practice ensuring that transdermal patch sites were rotated and appropriate records maintained.
- There was a system in place to manage controlled drugs and medication was only administered by staff who were trained and competent.
- Risks to the environment were assessed and regular health and safety checks were in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There was a safeguarding policy in place and a record of all incidents and accidents including when the registered manager had notified the CQC and the local authority.
- People told us they felt safe living at the home.
- Reflective practices were completed following medication errors and there were records of investigations undertaken following incidents however we couldn't always see the outcome or what lessons had been learnt.

We recommend the registered manager reviews their accident/incident system to ensure they demonstrate lessons learnt in line with current guidance.

Preventing and controlling infection

- Staff did not always follow systems to control the risk of infection. We saw staff were not always using gloves and aprons when carrying soiled clothing or bedding to the laundry. This was raised with the manager and on day two of our inspection visit this had improved.
- We also found a stained shower curtain in a bathroom. We raised this and checked on day two and found it had been replaced.
- Staff received training in infection control and the registered manager had recently introduced mattress audits to ensure these were clean and suitable for use.

Staffing and recruitment

- We received mixed responses from people and staff regarding staffing levels. One relative told us, "There's not enough staff on and there always seems to be a big turnover of staff. There always seems to be new staff all the time. You can go hours and not see any staff". One person living at Cypress Court told us, "I'm not really sure if there are enough staff on duty, the call bell is usually answered quickly". Another relative told us, "Yes there's enough staff on duty, they are excellent".
- During the inspection we observed call bells being responded to promptly.
- We reviewed rota's which showed that staffing levels were sufficient however there was a reliance on agency nurses for day time care. We discussed people's comments regarding staffing levels with the manager and regional manager who told us they were working on systems to ensure staff were deployed more effectively across the home dependent on peoples care needs.
- Systems were in place to ensure that staff were recruited safely before being offered a job. This included checking nursing qualifications.

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.

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

At our last inspection the provider had failed to provide care and treatment with consent of the relevant person. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- One person did not have an assessment of capacity completed to ensure they had consented to the care being provided. The registered manager had also not made an application for this person to be deprived of their liberty when care records stated they expressed a wish to leave.

We found no evidence that people had been harmed however, the provider failed to ensure care was only provided with people's consent. This placed people at risk of harm. This was a continued breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did see however that other improvements had been made. Where people could consent, we saw they

had signed their care plans.

- We sampled one person who had an authorised DoLS with conditions attached and we confirmed that these conditions were being met.

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

- Cypress Court supported a number of people living with dementia. We discussed with the registered manager improvements were needed to the environment. There was no dementia friendly signage to help people living in the home. We also found there were no photographs of people outside of bedrooms to help people recognise their own rooms.
- We observed however that people were able to decorate and personalise their own bedrooms and that people had the equipment they needed to be supported effectively.

We recommend the provider consider current guidance on dementia friendly environments to assist people living with dementia to be familiar their surroundings.

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

- One care plan had an assessment in place however the registered manager had not ensured that appropriate care plans had been developed in a timely manner. Other care plans however, did have assessed needs clearly identified and there were care plans in place for staff to follow.
- Where appropriate these included guidance from professionals and were based on best practice.

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

- We received mixed feedback about the support people received and the quality of the food at Cypress Court. One person told us, "I need assistance with my food but they nearly always rush me". Another person told us, "The food is too much of the same thing, you get enough but there's no variety. Everything seems a kind of stew, and too much mash potatoes".
- We also however, received positive feedback from people including, "The food is alright, nicely cooked, it's good quality", "It's nutritious and there's a choice" and "The portions are fine and I never felt hungry".
- We observed people being supported to eat and drink in the dining room. Staff were courteous and polite, and people were supported to eat at their own pace.
- We read in care plans that some people chose to eat in their bedrooms and there were facilities for residents and relatives to store and access drinks and snacks.
- Care plans detailed nutritional needs including when people required modified diets.

Staff support: induction, training, skills and experience

- Staff received the necessary induction and training they needed for their roles. We saw evidence that additional diabetes training was being arranged. Staff told us they felt they had training they need to do their job well.
- People told us they felt staff were well trained. One person told us, "Yes I think the staff have the necessary skills and experience to meet my health and care needs. They seem to work well together, I've never heard them arguing. They all appear to know what they are doing."
- A relative told us, "I'm happy with the staff in here, I would say they have the skills and experience necessary".

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

- People were supported to access healthcare and appointments were made when necessary. One person told us, "There's no problem in seeing a doctor, I've had new teeth, new glasses and there's a chiropodist

coming in".

- We spoke to two visiting professionals who spoke positively about the staff and told us that appropriate referrals were made. One told us that there had been some issues in the past regarding staff following guidance but this had improved.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Through this inspection we received mixed feedback about the care people received. Some people told us they felt rushed during meals and they had to wait for care to be provided.
- We spoke with a number of relatives following the first day of the inspection who had raised specific concerns about care. These concerns were reviewed on the second day of inspection. We found improvements were required in the recording of meals being offered and care plans were not always completed.
- However, we also received positive feedback. One person told us, "I like the staff that look after me. They are very kind, if I am upset, they always pop in and help me. They always treat me with respect and listen what have to say. They are really good to me".
- One relative told us, "I've no complaints, they always treat Mum with respect. I'm always made to feel welcome. You can visit anytime".
- There was an equality and diversity policy in place and we saw evidence the registered manager met with activity staff to discuss new people and any specific cultural needs they may have and how these would be met. Care plans also detailed any religious needs. In one care plan, a person had requested holy communion each week.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that protected privacy and dignity. One relative told us, "[Staff] are careful to protect her privacy. There is a care plan being sorted out, I think there is a meeting next Wednesday".
- We observed positive interactions. One lady had difficulty eating a sweet and staff immediately attended and offered appropriate support. We observed another person telling staff they were cold. A member of staff immediately went and got them a jumper to wear. We also observed one person struggling to hold their drink. Staff recognised this straightaway and brought a more suitable cup for the person to use.
- We observed the senior carer administering medication on the ground floor and saw them being discrete when asking residents if they required pain relief.
- Staff were able to describe how they would protect a person's privacy and dignity by keeping a person covered and keeping doors closed when providing personal care.
- Care files were securely locked away. On the first day of inspection we did see handover information on the nurses' desks. We raised this with the staff and they were immediately removed and secured away.

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 remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There was a system and policy in place to manage complaints. There was a detailed log of formal complaints received and the actions taken and there was an electronic feedback system in the main reception area where people could rate their visit. This information was captured centrally by the provider.
- People told us however that they didn't feel that their complaints were listened to or acted upon and they didn't always receive feedback following a complaint. One person told us, "I'm not frightened of making a complaint, in fact I have complained to the [registered] manager but he doesn't take much notice, I feel like I'm fobbed off."

We recommend the registered manager reviews how they communicate outcomes from complaints raised so people feel confident their concerns have been listened to and addressed.

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

At our last inspection the provider had failed to provide person-centred care. This was due to a lack of activities and limited opportunities to bathe. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- Staff were supporting people to complete 'My life' booklets where people could keep photographs and cards to capture personal histories. These were still in development however we saw some that were completed. They were person centred and a nice way for staff to learn about people and what was important to them. In particular these were helpful when caring for people living with dementia.
- There was an activity board in place in the reception area, the activity staff were in the process of ensuring the same information was visible on units through additional information boards.
- We saw a gym session taking place in the ground floor lounge. Prior to the session, people were entering the lounge and asking what time it was due to start. We were also told of one person being supported to complete a long distance 'virtual bike ride' with the support of the gym instructor and we saw pictures of the places that celebrated key milestones of the 'journey'.
- No concerns around bathing were raised during this inspection.
- The care plans of people who had lived at the home for a long time were person centred and included a

'My Choices' booklet which was a document detailing peoples likes, dislikes and personal preferences.

- We still found however that further improvements were needed. One person told us, "I think there should be more activities here". We also read some "My Journal's". These are booklets stored in bedrooms where activities are recorded. Some of these were not fully completed.
- New people living at the home did not always have the 'My Choices' document sufficiently completed in a timely manner although key information was recorded in specific care plans.

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.

- Care plans contained detailed information about people's communication needs including when people wore glasses or hearing aids to assist communication.
- The provider was able to make information available in alternative formats on requests such as braille and large print.

End of life care and support

- End of life care was considered through the care planning process. Care plans identified were people had Do Not Attempt Cardio Pulmonary Resuscitation orders (DNACPR) in place and, where people wished to discuss religious or care preferences, this was included. Anticipatory care medication was also available to ensure they were cared for in a pain free manner.

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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. They had also failed to establish or operate effectively systems or processes to ensure compliance with the regulation. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Cypress Court has a history of being in breach of regulations. Following an inspection in 2017 the service was rated inadequate and placed in special measures due to multiple breaches in regulations. At the last inspection some improvements had been made and the service was removed from special measures however it remained in breach of a number of regulations. Some of the same areas of concern have been identified at this inspection.
- Quality management systems were not effective and the registered managers oversight of the service was poor. The provider had a range of audits in place to monitor the quality of care provided called a 'Quest for Quality Toolkit'. Despite this, the systems followed by the registered manager had failed to pick up the concerns we identified through this inspection.
- The toolkit included an 'At a Glance' document. This document supported the handover form and provided staff with key information about people's care needs. This was not kept up to date and we were informed by the registered manager there was no formal system for updating the document which meant new residents needs had not been recorded. This meant that handover records were insufficient to ensure that people's needs and preferences were being met.
- Risk assessments and care plans had not been completed for all new people receiving a service and this had not been identified by the registered manager.
- Daily governance systems such as a daily walkaround completed by the registered manager had failed to identify inconsistencies in people's care records and where assessments under the MCA were required.

Systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives gave mixed feedback about how well the service engaged and involved them. Some relatives were satisfied with arrangements in place, however, others expressed concern. One relative told us, "No, I do not consider the home to be well managed, [the registered manager] is not visible and just sits at the desk. We have mentioned issues to [the registered manager], but nothing gets followed up. I would not recommend this place."
- In other areas of this report, people told us they don't feel their views are listened to.
- There were records of resident's meetings and staff meetings displayed.
- The service worked in partnership with other agencies. Care records showed input from a range of professionals including GPs, speech and language therapists and opticians.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The registered manager did not ensure that people's consent was sought before providing care.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered manager did not ensure people had risk assessments and care plans in place to ensure people were receiving safe care and treatment.
Treatment of disease, disorder or injury	

The enforcement action we took:

We have issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered manager did not have sufficient oversight to ensure people's needs were being met.
Treatment of disease, disorder or injury	
	Audit systems were not effective in identifying where improvements were needed.

The enforcement action we took:

We have issued a warning notice.