

# Four Seasons (No 9) Limited

## Cypress Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

### About the service

Cypress Court is a care home providing personal and nursing care to 40 people at the time of the inspection. The service can support up to 60 people, in one adapted building across two floors. The home is located in a residential area, close to shops and local amenities.

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

People felt safe living at Cypress Court. Staffing levels were sufficient to meet people's needs, however were set above assessed levels due to the level of occupancy. Risks were assessed, however we found that one person's pressure relieving equipment was not set correctly placing them at increased risk of skin breakdown. Staff received training, and procedures were in place to protect people from abuse and avoidable harm. People's medicines were administered safely by trained and competent staff. Checks were carried out to ensure that Cypress Court was a safe place for people to live.

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.

People's needs were assessed and regularly reviewed to ensure the service could meet them. Staff supported people to maintain their health and well-being with access to a range of health and social care professionals. People had access to the equipment they needed to be supported effectively.

We observed a warm atmosphere within Cypress Court and caring, friendly relationships between staff and the people living there. People were treated kindly and with respect, their privacy was respected. People were able to have their say and said they were listened to.

People had opportunities to experience a range of activities and most people were satisfied with what took place. Staff knew people's needs, likes and dislikes well. There was a procedure to deal with complaints and people knew who to speak with if they had concerns. Complaints received had been dealt with appropriately.

Since the last inspection the registered manager had reflected on their role and taken opportunities to learn and improve the quality of the service. They were aware of areas that required further improvement and the need for improvements to be sustained. People and staff told us the registered manager was approachable and that they were listened to. The effectiveness of audits to monitor the quality of the service had improved. A feeling of teamwork had developed between the management and staff adding to the improved positive culture within the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 31 August 2019) and there were multiple 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 we found that sufficient improvements had been made and the provider was no longer in breach of regulations. Although improvements were noted, the service remains rated requires improvement. The service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the 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 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 carried out by an inspector, a specialist advisor 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. The specialist advisor was a nurse.

#### Service and service type

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

#### Notice of inspection

This 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 and reviewed the latest Healthwatch report. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, a nurse, care workers, activity co-ordinator and the chef. We also spoke with a visiting professional.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment. 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 and spoke with the regional manager regarding fire safety.

# 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 there was limited assurance for ongoing and sustained improvement in some areas.

### Assessing risk, safety monitoring and management

At the last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed placing people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that, although further improvement was required, sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Risk were assessed and plans in place to mitigate. However, one person's pressure relieving mattress was not at the correct setting and there was a discrepancy in relation to the frequency for pressure relief. Although we found no evidence of harm, this placed the person at increased risk of skin breakdown. We discussed this with the registered manager who took action to address and ensure all mattresses were correctly set and records were amended.
- Maintenance and health and safety checks were carried out at managerial and provider level to ensure Cypress Court was a safe place for people to live.
- On two occasions, members of the inspection team were let into the building without being asked for identification and were left in the reception area. We discussed this safety concern with the registered manager who reminded staff of expectations. On the second day safe procedures were followed.
- Systems were in place to monitor people's weight. Appropriate action had been taken in the event of any concerns.
- There was a system to record handover information. In the sample reviewed we found information requiring follow up had been actioned.

### Learning lessons when things go wrong

At our last inspection we recommended the provider reviewed their accident/incident process to ensure they could demonstrate lessons learnt in line with current guidance consider current guidance. The provider had made improvements.

- Accidents/incidents were recorded on an electronic system with details of follow up actions recorded. There was managerial and provider oversight to identify any themes, identify measures to prevent reoccurrence and capture learning.

### Using medicines safely

- Medicines were administered, stored and managed safely by trained and competent staff. We checked the stock of four medicines and found all to be correct.

- On the first day of inspection we found there was no separate storage for specimens and that destruction pots for some medications were not used in line with manufacturer's instructions and were over-filled. We discussed this with the registered manager who ensured action was taken to address.
- Protocols were in place for medicines to be taken 'as required'.

#### Staffing and recruitment

- We observed sufficient staff to meet people's needs in a timely manner. Staffing levels were currently set above the number calculated by the home's dependency too due to meeting staff's contracted hours.
- Staff felt staffing levels had improved. Comments included "(Manager) takes everything into consideration. In my opinion it is better than in the past" and "Staffing levels are very good"; "At the moment yes (sufficient staff), but we don't have full rooms."
- People also felt that staffing levels had improved. They said there had been "Very few, only just enough to go round" but things had improved in the last six months. Overall people were satisfied with how quickly staff came to help when they needed them. They said, "Oh yes" and "Sometimes you have to wait a little bit, but they do their best, they are pretty good."
- Safe recruitment procedures were followed to ensure that only suitable staff were employed. The use of agency staff had reduced. Agency staff protocols were in place and induction records available.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe. Comments included, "Everyone is around. Doors are locked at night and they're around checking on you" and "Oh yes, it's the way you're treated, the way they run the place."
- People were protected from the risk of abuse by staff who had received appropriate training and were aware of the procedures to follow.
- Staff felt able to report concerns and that they would be dealt with. They said, "I would feel able to report straight away. The security of the residents is the most important thing to me" and "I'm confident it would be dealt with."

#### Preventing and controlling infection

- The premises were visibly clean and tidy.
- Staff received training and were aware of the measures to take to prevent and control the spread of infection. A new infection control lead was to be appointed following the departure of the previous link person.

We recognised that action had been taken to address the previous concerns. Due to the need for on-going and sustained improvement in areas such as staffing levels and risk management we have rated this key question as Requires Improvement. We will check improvements at our next planned comprehensive inspection.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to provide care and treatment with consent of the relevant person. This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that sufficient improvements had been made and the provider was no longer in breach of this regulation.

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.

- People's capacity to make decisions was assessed appropriately and those made on their behalf were made in their best interests.
- There was a system in place to apply for DoLS authorisations and to monitor renewal. We reviewed two authorisations and found that associated conditions were being met.
- People told us, and throughout the inspection we observed, that staff sought people's consent. People's comments included "Yes, straight away, they always ask."
- A sample of care plans reviewed evidenced that where they were able, people had signed to consent to their care.

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

At our last inspection we recommended the provider considered current guidance to assist people living with dementia to be familiar their surroundings.. The provider had made some improvement.

- The registered manager had introduced some signage. However, further improvement was required in this area. Although some signage had been introduced, for example to identify bedrooms, they were all the same, therefore would not help a person's orientation to their own room. We discussed this with the registered manager who was to revisit this area.
- People had access to the equipment they needed to be supported effectively.

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

- People's needs were assessed before they received a service to ensure they could be met and were kept under regular review. The registered manager informed us that he had taken learning from recent experience and reflected on his decision making around admissions to ensure the stability of the service was maintained.

Staff support: induction, training, skills and experience

- Staff had access to a wide range of training in relevant health and social care topics. There was a system in place to monitor when training was due and overall compliance was at 95%.
- New staff carried out an induction which prepared them for their role. A staff member commented "I've had a lot of support in my CHAP (Care Home Assistant Practitioner) role."
- Staff had opportunities to discuss their ongoing learning, development and views during regular supervision sessions and annual appraisals. Staff said the sessions were useful, they commented "(Name) will ask if there is any training I want, if I feel happy and have the support I want" and "They ask how you'd like to improve."

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

- We received contrasting views about the quality of food served. Comments included, "It's OK. They can't suit everyone"; "Today it was fine, it was hot, it's not always"; "It's always cold and they don't change it enough" and "I had a nice pork dinner yesterday but in the evening it was only sandwiches."
- The chef and staff were aware of people's specific dietary needs which were detailed within nutritional care plans and staff supported people who needed assistance discreetly.
- There was a choice of options and people were asked where they wanted to eat their meal.

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 by staff to maintain their health and well-being with access to appropriate health and social care professionals.
- People told us staff contacted professionals in a timely manner when they needed them. They said, "I couldn't believe how quick" and "Straight away."
- A visiting professional told us that they had no concerns with the home and that staff followed their advice appropriately.

# 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

- We observed a warm atmosphere within Cypress Court with caring, friendly relationships between staff and the people living there. One person told us "We have good banter."
- People told us staff were kind and treated them well. They said, "They spoil me, they are good to me"; "Some are really kind"; "Very affectionate, really nice" and "Most are very good." A relative commented "There's no real empathy when a resident needs something", however added that things were improving.
- Policies provided guidance to staff to ensure people were treated fairly and without discrimination including those with characteristics protected by law. Care plans reviewed reflected people's diverse needs and how they would be met.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. They told us "They always knock when they go into a room. If I want to I shut my door" and "They close the door when they're changing you and would stop anyone coming in."
- Confidential records were securely stored.
- People were supported to maintain their independence as far as they were able. One person said "I'm very independent. If I can do it I will, but I'm not afraid to ask."

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

- People told us that they felt listened to. One person said "They're better than they were. Much better now" and another commented "Yes (they listen) and they always act."
- The registered manager had introduced a successful relative's committee with opportunity for ongoing feedback about good practice and areas which could be improved upon.
- Future plans included the development of a service user committee to provide another avenue for people to express their views.
- We observed warm and friendly interactions with people being asked what they would like to eat and drink, where they would like to sit or move to and if they needed any help.

# 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.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the registered manager reviewed how they communicated outcomes from complaints raised so people felt confident their concerns had been listened to and addressed. The registered manager had made improvements.

- There was a procedure in place to handle and respond to complaints. Complaints received had been recorded and responded to appropriately.
- People told us they knew who to speak with if they had any complaints and felt able to raise any concerns. Comments included, "The manager is always here. I've never had to (complain) and hope I never will"; "I have complained, but not about anything major" and "I would know who to speak to."

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

- People told us they were able to make everyday choices about their care. Comments included "You're never pushed into anything."
- Staff knew people well and were knowledgeable about individual's support needs, likes and dislikes. Each person had an individualised care plan which was regularly reviewed.
- People were supported to maintain relationships with family and friends.
- Activity areas were available on both floors and the service employed two activities co-ordinators. A wide range of planned activities and outings had taken place. Some activities took place on a group basis and some during 1:1 sessions.
- Most people were satisfied with the activities which took place. Comments included, "They do them in the lounge, every afternoon there tends to be something" and "The activities are good."
- However, one person's records noted that they were often asleep when the activity co-ordinators 'popped in'. There was no record that staff returned at a later time. On other occasions planned group activities were declined. The person's activities plan had been reviewed regularly from February 2019 with no evidence of consideration to new activities that may be enjoyed or the most appropriate time.

End of life care and support

- At the time of the inspection no-one was receiving end of life care.
- Compliments had been received about end of life care including 'Your support during her last few days will

always mean the world to me. I seriously cannot thank you all enough.'

- People's future wishes for end of life care were not always incorporated into care planning. The registered manager explained care plans were implemented when a person's condition deteriorated, and end of life care was delivered. However, they confirmed that this was an area that needed to be reviewed and would be incorporated into their future improvement 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.

- People's communication needs were considered and incorporated into their care plans.

# 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 there was the need for ongoing and sustained improvement in some areas.

At our last inspection the provider had failed ensure that systems were either in place or robust enough to demonstrate good governance. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that sufficient improvements had been made and the provider was no longer in breach of this regulation.

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

- Since the last inspection the registered manager had reflected on their role, understanding of responsibilities and how to ensure admissions were safe. Also, how they would make improvements to the quality of the service and achieve compliance with regulations. They were aware of the need to demonstrate sustained and ongoing improvement.
- The registered manager spoke openly about areas they had reflected on and explained, "Having a deputy has made a massive difference" and "I have really learned in the last 12 months. It is now where I could say I've got an understanding of what it means to be a home manager. I have learned management skills, how to monitor and how I should be taking decisions". The improvements noted evidenced that this learning had been put into practice.
- People felt that Cypress Court was well-led and that they had noticed improvements. They told us "He's very nice"; "It is not so bad as it was before, it's much better now" and "It has improved over the last few months."
- The registered manager had informed CQC about important events which had happened within the service and the previous rating was displayed as required.
- Quality assurance systems had improved with audits carried out by the management team and at regional level. Audits were now effective, and actions identified had been addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed a positive atmosphere. Staff told us morale had greatly improved. Comments included, "There has been a big improvement. Staff are working more as a team"; "I am proud to be part of the team. I feel happy every time I leave work knowing we've done something good" and "There is good teamwork." However, one staff member expressed concern following a recent head office restructure which they felt had not been communicated to them very well and had resulted in uncertainty.
- People also felt the atmosphere was positive describing it as "happy", "very good" and "friendly".
- Staff told us that the management team were fair, approachable and that they listened. Comments

included, "They are always there to listen"; "You are able to have your say, things change and you are listened to"; "If I am unsure about something I don't feel stupid going down to ask him" and "If we have an idea to improve or a concern we can discuss them with him."

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives were provided with opportunities to discuss their views of the service during regular meetings, quality surveys and via an electronic tablet.
- The registered manager had introduced new initiatives to drive improvements and improve the quality of the service such as the relative's committee, weekly drop in session for staff and the planned development of a resident's committee.
- People were treated fairly and without discrimination.

Working in partnership with others

- The service worked well in partnership with other agencies. The registered manager told us that they had appreciated the support and guidance provided by external professionals.

We recognised that action had been taken to address the previous concerns. Due to the need for on-going and sustained improvement in areas such management and leadership we have rated this key question as Requires Improvement. We will check improvements at our next planned comprehensive inspection.