Four Seasons Health Care (England) Limited

Euxton Park Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 19 and 21 June 2017. The first day was unannounced. There were 55 people living at the home at the time of the inspection.

Euxton Park is registered to provide accommodation and nursing or personal care for up to 63 people. The home provides care for older people and people who have a physical disability. There are two units within the home: one for people who require personal care and one for people who required nursing care. Care is provided on a 24 hour basis, including waking watch care throughout the night. All bedrooms at the home are single and some include en-suite facilities. There are a variety of communal areas, including well maintained grounds for the use of people who use the service.

There was a registered manager in place at the time of the inspection. 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 our previous inspection on 19 and 27 January 2016, we made recommendations that if implemented, could bring about improvements to the way services were delivered. These included further development in the way health care assistants were supervised, enhancement to the system of infection control audit, individual activities, and the development of one page profiles within people's care plans. At this inspection we found that improvements had taken place across all areas.

People felt safe living in the home and said they had no concerns about their safety. Staffing numbers were reviewed and assessed to make sure sufficient numbers of staff were available to provide quality care and support to people.

Medicines were managed safely. Staff were trained in medicines administration and had their competency checked annually which helped to prevent mistakes being made.

Staff were required to complete an induction and programme of learning so they had the knowledge and skills required to carry out their role.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lacked capacity to make important decisions themselves.

Healthcare professionals were actively involved and included in making best interest decisions for people who used the service.

People who used the service and their relatives spoke highly of the staff. They told us staff were kind and

caring and treated them with dignity.

A programme of activities was available to people. People could choose if they wanted to be involved in activities. If people didn't want to be involved then staff respected this.

The mealtime experience was pleasant. People were seen being offered choices and being supported to eat their meal in a dignified way. Food, snacks and drinks were readily available throughout the day and night.

There were systems in place to assess and monitor the quality of service provided and to make improvements to the service.

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.

People who used the service and their relatives raised no concerns about their safety.

Staffing numbers were sufficient to meet people's needs and the permanent staff team provided a consistent approach to care and support.

Medicines were managed by staff who had received training in how to administer medicines safely.

People's health and welfare were promoted through the use of infection control measures that were followed, audited and monitored,

Is the service effective?

Good

The service was effective.

People who used the service said staff were knowledgeable about their needs.

Staff were provided with regular training and were supported to complete qualifications.

People's rights were protected and promoted by staff who were aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People said the meals provided were good and they could choose from a number of different options.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives spoke positively about the staff and the care they provided.

People received good care and support at the end of the life, and

their needs and wishes relating to end of life care were appropriately assessment and respected.

Is the service responsive?

Good

The service was responsive.

People received person centred care that met their needs.

Social activities were provided for people which enhanced their well being.

People were able to talk to staff and raise any concerns they may have.

Is the service well-led?

Good

The service was well led.

We found a positive culture at the service was reported by all the staff members we spoke to.

The registered manager had management systems in place to regularly check the maintenance and safety of systems within the service.

Meetings were held where people who used the service, relatives and staff were able to give their opinions and be listened to.

Euxton Park Care Home

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 checked 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 unannounced inspection took place on 19 and 21 June 2017, and was carried out by one adult social care inspector, an expert by experience and a specialist advisor who had experience of supporting people who have nursing care needs. An expert by experience is a person who has personal experience of using or of caring for someone who uses this type of care service.

One the first day of our inspection we spent time talking to people at the home and their relatives, we reviewed five care plans, five personnel and training files, and a variety of documents relating to the management and operation of the service. On the second day, the adult social care inspector returned to the service, and spoke to a number of the care and nursing staff.

During our inspection we spoke with 15 people who lived in the home, 11 visitors, 2 members of the nursing team, 11 members of the care team, 1 visiting healthcare professional and two ancillary staff. We also spoke with one of the registered manager of the home, the regional manager and the regional training manager.

Before the inspection we reviewed the information we held about the service, including notifications of significant incidents that the registered managers had sent to us. We also contacted the local authority and local health care providers to obtain their views of the home.

Good

Is the service safe?

Our findings

People spoke enthusiastically about the staff at the service and told us they felt safe. Comments included, "No worries about it here" and, "If I ring my bell they come straight away."

We saw the registered manager and provider had taken a number of measures to reduce the use of agency staff, including a determined recruitment drive of permanent staff. People who used the service and their relatives said that they though staffing levels were very good at the home, and an inspection of the rota confirmed this. People said they did not have to wait for assistance for undue amounts of time.

All of the staff we spoke with told us they had completed training in how to identify and report abuse, and showed they understood their responsibility to protect people from the risk of abuse. They told us they had never been concerned about people's safety or wellbeing but said they would be confident to report any concerns. There were policies and procedures in place for safeguarding adults which were available and accessible to members of staff. Staff were able to demonstrate a clear understanding of safeguarding procedures and knew who to report to if they had any concerns. Information held within staff training records showed that staff had completed safeguarding training as part of their induction and this training was refreshed on an annual basis.

At our previous inspection in January 2016, we recommended that improvements be made to the way incidents were recorded. We found at this inspection that improvements had been made. Information held at the home showed that when safeguarding incidents or accidents took place, all the actions taken by the staff and the management of the home had been clearly recorded correctly and comprehensively For example, those actions taken in relation to the support and supervision of the staff members involved had been recorded. Following safeguarding incidents, we found records to show that the registered manager met with staff to debrief and explore system improvement and lessons learnt.

Staff were aware of the provider's whistle blowing procedure and told us they knew how to put this into practice if needed. Staff felt they were able to raise concerns and were confident they would be supported if they did so. Staff had been provided with information for whistle blowing helplines and contacts.

Risks to people's safety had been identified through appropriate assessment processes. Individuals' records held information for staff to follow that showed how to support people in a safe way. Where people were at higher risk, due to illness or complex needs, detailed plans of care were produced to guide staff on how to ensure the individual's safety and wellbeing.

All of the staff we spoke with told us they had completed training in how to support people in a safe way. They said they regularly had training in a number of areas including; moving people safely, fire safety, first aid and infection control. The home had a range of equipment for staff to use to assist people. During our inspection we saw that the staff on duty in the home used the equipment safely. They gave people guidance and explained what they were doing to reassure people as they were using the equipment.

The registered manager followed robust recruitment procedures before new staff were employed to work in the home. All new staff had to provide evidence of their conduct in previous employment and were checked against records held by the Disclosure and Barring Service, to ensure they were safe to work in the home. New staff members told us that they had to complete training and worked with experienced staff members before they worked alone with people. This helped to ensure new staff had the skills and knowledge to care for people in a safe way.

At our previous inspection on in January 2016, we recommended that improvements to the supervision of staff carrying out medicines administration be made. We found at this inspection on that improvements had been made. We saw staff records that showed staff involved in the administration of medicines (none nursing staff known as Clinical Health Assistant Practitioners (CHAPS) were routinely supervised, and that audits took place to help identify if errors had taken place. If errors had occurred, and there was a concern about a staff member's competency, then the registered manager had a system in place to provide further support and guidance.

People received the support they needed with their medicines. There were policies and procedures in place covering all aspects of the management of medicines. We observed a registered nurse preparing and giving medicines to people. We saw that this was done carefully, patiently and knowledgeably. We found that medicines administration records (MARS) were being cleared maintained and that medicines were safely stored. Medicines audits were undertaken and action taken if, and when errors or concerns were identified. This meant that people received their medicines safely and as they required.

At our previous inspection in January 2016, we recommended that improvements be made to the infection control audits system operated in the home. We found at this inspection that improvements had been made. Throughout our inspection we found all areas of the home clean and free of any malodour. Domestic staff followed thorough and comprehensive cleaning schedules, and the records showed that these were completed, and checked by the registered manager. People who lived in the home and the visitors we spoke with told us the home always looked and smelt clean.

We found that some people needed the use of specialist equipment such as hoists. These hoists were maintained on an annual basis, and if faults were reported or identified by the staff through visual inspection, or when operating them, then they were recorded and reported. The staff told us they carried out visual checks on the slings before using them, to make sure they were clean. They also said the slings were laundered regularly and were not used if they were not clean when inspected.

We looked at records relating to environmental and equipment safety, and spoke to staff about how they and the service responded to emergencies or untoward events. There was a system in place for assessing, recording and responding to environmental risks. This was primarily dealt with by the registered manager, deputy manager and maintenance team. The staff we spoke with understood the need to be vigilant, and report any new risks to the appropriate person, and take appropriate action to ensure people were safe.

We found that the registered provider had developed personal emergency evacuation plans (PEEPs) for people using the service. We found that the service's fire risk assessments were up to date, and reviewed periodically. We saw fire alarm tests took place weekly in line with the fire authority's national guidance. There were systems in place to regularly check the safety of equipment operated within the service. Information held within the maintenance records confirmed this.

Good

Is the service effective?

Our findings

One person we spoke with told us, "I am amazed at the standard of care staff. They go out of their way". We spoke with a visiting professional who said. "I think they do a fantastic job. They are very good at responding to people's requests, and always act in a well-trained and professional manner."

Information held within staff personnel files showed that new staff completed an induction programme which included shadowing more experienced staff and completing elements of the care certificate, which prepared them for their role and duties. Staff were given opportunities to develop professionally through regular training opportunities e.g. National Vocational Qualifications (NVQ) and on-going supervision sessions. Staff told us they felt supported by the management team.

All of the staff we spoke with told us they had completed training to give them the skills and knowledge to support people who lived in the home. The staff told us they had received training to meet people's needs and to provide care in a safe way. They said new staff were well supported to ensure they were confident about their role and how to provide people's care. We found that there were systems in place to identify when staff needed to repeat areas of training to ensure they maintained up to date skills and knowledge. Staff training figures were monitored carefully and when it was identified that any staff member's mandatory training was out of date, this was raised appropriately through recorded supervision. In addition to the service's core mandatory training programme, which included areas such as moving and handling, safeguarding and infection control, all none nursing staff were being encouraged to undertake nationally recognised qualifications in care.

There was a detailed competence framework in place for all none nursing staff who carried out any health care tasks. These staff members, known as CHAPs (Clinical Health Assistant Practitioners), had been required to undergo a comprehensive in-house training programme, which covered all the tasks they may be required to undertake. Each CHAP had a designated mentor, who was a registered nurse, who observed and assessed their competence to carry out each task Mentoring nurses were fully aware of their role in terms of delegating and monitoring the provision of health care within the service. We saw there were systems in place to regularly check the safety and quality of care being provided.

The registered manager had a policy for the supervision and appraisal of staff. Supervision is a planned and recorded session between a staff member and their manager. Staff told us that they saw supervision as an opportunity for them to discuss their performance, training, well-being and raise any concerns they may have with their manager. Staff also confirmed that appraisals took place, and involved the review of their performance, goals and objectives over a period of time. The records showed that these took place annually. All of the staff we spoke with said they felt well supported by registered manager and senior management team. One staff member said, "We don't just have formal supervision, we also have informal opportunities to speak with a nurse or the manager if we needed support or guidance." During our inspection we noted that the registered manager organised a group supervision with staff regarding effective interaction and communication, and dignity after she noted some shortfalls in staff practice. Staff had left a tray of food and thickening agents on a dining room table in front of a person who was unable to

communication verbally. They had not explained why this had been done. The registered manager took swift action to raise the awareness of the staff, in order to promote the dignity of the people in the home.

Some people who lived in the home were not able to make important decisions about their care. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered provider and staff had completed training to ensure they understood how the MCA applied to people who lived in the home and to guide staff to ensure they supported people in a way that met the principles of the MCA. This helped to ensure people's rights were protected.

Staff we spoke with demonstrated a good understanding of this area of care and support. Staff were able to tell us about how they asked for people's consent before providing care and the action they would take to support those who may not have the capacity to give consent. People's care plans contained a good level of information about their mental capacity and any support they required to make decisions. Where people were assessed as lacking capacity to consent to specific decisions, evidence was available to show that any restrictive practices had been thoroughly considered through best interests processes and that all the appropriate people, including relatives and external professionals, had been consulted through the decision making process. We noted that a communication workshop for staff had been organised in order to develop their awareness of communication with people who experienced dementia. The staff we spoke with said that they were looking forward to the training as they could see that if would benefit the people living at the home.

During our inspection we saw that people were given choices about their daily lives and the decisions they made were respected. The staff in the home gave people choices in a way that they could understand and supported people to express their wishes. Where it was identified that a person was being deprived of their liberty the registered manager had made the appropriate application to the local authority in line with legal requirements under the MCA.

One member of the inspection team joined people who used the service for lunch. The lunch time service was a pleasant occasion during which people enjoyed their meals in a relaxed and cheerful environment. We noted that staff were available to assist people throughout the meal and responded to people's requests in a prompt manner. People we spoke with told us they enjoyed the meals provided in the home. They told us they enjoyed a choice of meals and said drinks were provided as they wanted them. We saw that some people chose to eat in the communal dining areas and other people ate their meals in their rooms. Where people required support to eat, this was provided.

People's care plans detailed any nutritional risks and the care people required to maintain adequate nutrition and hydration. We viewed the plan of one person who was assessed as having a very poor appetite and who was very underweight. We saw that staff and a community specialist worked closely with the person to support them in maintaining adequate nutrition. We viewed the care plan of another person who had some swallowing difficulties and required a soft diet. We saw that this person's care was well managed

in partnership with community health care workers and their food and fluid intake and weight was closely monitored by staff.

When viewing daily care documentation we found one person's records of output via a urinary catheter were incomplete. We also found one example where important information regarding the safe amount of thickener to use in a person's drinks to assist them in safe swallowing was properly completed on the unit's handover notes.

The care records we looked at showed that people were assisted to access appropriate services to support their physical and mental health. We saw that this included access to people's local GP, specialist mental health services and dieticians and speech and language therapy services. People told us staff noticed when they were not feeling well and listened when they expressed any concerns about their health. There was good evidence to show that when people had wounds, such as pressure sores, these wounds were in the process of healing. Their care plans were extensive and informative. Photographs and measurements of wounds were being completed regularly and kept in the person's records, with clear descriptions of their ulcers. These showed good, consistent healing in all cases.

Good

Is the service caring?

Our findings

All of the relatives we spoke with told us that they were confident people were well cared for in the home. One person said, "My [relative] has been here for years, and isn't very well at the moment, but the staff do their very best to look after them. I couldn't ask for anything else to be done. They are wonderful and really know how to look after people very well."

We saw, and people told us, that the staff supported people to maintain their dignity and privacy. They ensured people were appropriately dressed, and staff supported people to maintain their personal appearance. We saw that the staff gave people choices about their lives and respected the decisions people made. They encouraged people to carry out tasks for themselves such as washing, dressing and eating, and gave people the time and support to do so. We saw that the staff made sure doors to private areas were closed when people were receiving support with their personal care. Some people required items of equipment such as mobility aids or adapted crockery to support them to be independent. We saw that the staff on duty knew the items people needed and ensured these were provided as they required.

We found that people's care plans contained individual communication plans, which included guidance on the ways they expressed themselves if they did not communicate verbally. People's confidential information was kept private and secure and their records were stored appropriately. The staff we spoke with knew the importance of maintaining confidentiality and had received training on the principles of confidentiality, privacy and dignity.

People at the home and the registered manager knew how to contact local advocacy services and the Independent Mental Capacity Advocacy service if they required independent support to make important decisions about their life. Information regarding advocacy services was available within the home.

Our discussion with staff showed that they were passionate about the provision of high standards in end of life care. Staff told us they felt honoured to support people at the end of their lives. The care records contained information about the care people would like to receive at the end of their lives, taking into account their healthcare needs, and who they would like to be involved in their care. Staff confirmed that they had received training in end of life care, and this was supported in their records. The training records also confirmed that the nursing staff had received training in the clinical aspects of this type of care. We spoke with one relative who said, "The staff are not only looking after my very ill [relative], but they are looking after me. I visit everyday, and they give me a lot of attention: they ask if I'm ok, and provide me with drinks and food, and if I need a little cry, they understand, and give me a hug."

Good

Is the service responsive?

Our findings

One family member told us, "As soon as we came in here it was like magic. I feel totally at ease. I don't feel that I have to check up on my [relative]."

The registered manager told us that people moving to the home received a comprehensive needs assessment before admission. We looked at the care files of a person who had recently moved into the home, and this was confirmed. The registered manager had obtained a summary of the assessments and care plans undertaken through the local authority care management arrangements, and staff at the home had devised their own care plan once the person had moved in. We could see that individuals were supported and encouraged to be involved in the assessment process. Information was gathered from a range of sources including other relevant professionals, and with the individual's agreement, their carer and others associated with their care and support.

Each person had a care plan. Care plans seen provided detailed information about the needs of the person, and contained one page profiles which enable staff to access a brief overview of someone's daily needs and preferences, as well as any risks relating to their health or wellbeing. We saw care plans were reviewed and updated when necessary. Relatives we spoke with conformed that they were invited to attend an annual review for their relative, which could be arranged at a mutually agreeable time. For example, plans included information about contact arrangements with people's families, their routines and regular activities. The care plans were person-centred and used 'I' statements to reflect people's needs and wishes. For example, "I need two staff to help me to have a bath." The plans covered a number of health and social care needs, including mobility, healthcare, medicines, nutrition and activities.

We saw that the planned activities were displayed on posters at the entrance to the home and on display boards around the home. Some people could not take part in group activities and we saw the staff provided individual activities to people in the communal areas or in their own rooms. Staff encouraged and supported people to engage in social and recreational activities. We saw that people's care records contained information detailing their interests and hobbies and people's relatives were encouraged to share information about their likes and dislikes, hobbies and interests. This enabled staff to plan activities to suit individual needs and preferences.

The registered manager explained that since our inspection in January 2016, she had developed a sensory room for people living at the home. We looked at this facility and found that it was a space for people to enjoy a variety of sensory experiences with staff, through craft activities and gentle stimulation of the senses through sight, sound, touch, taste, smell and movement, in in a controlled way. One staff member said, "We support a few people who have dementia, and sometimes if there are too many people in the lounge, or if the home is noisy, then they can use the sensory room, and it appears to calm them down. They seem to really enjoy using it." One person we spoke with said that they had used the room, and had enjoyed doing activities such as listening to music and looking at magazines. Everyone we spoke with told us that visitors were made welcome in the home. People told us their families and friends could visit them as they wished. This was confirmed by the visitors we spoke with.

The registered manager had a procedure for receiving and responding to complaints. We reviewed the complaints log, and found that that the registered manager had dealt with complaints appropriately. For example, the registered manager had made arrangements for healthcare staff to visit one person who had complained about not wanting to live at the home due to depression. A copy of the complaints procedure was displayed at the entrance to the home. This meant it was available to people who lived in the home and their visitors if they wished to make a complaint. People told us that if they had a concern, they would raise this with the staff on duty or with one of the registered managers. People told us that prompt action had been taken in response to any concerns they raised.

Good

Is the service well-led?

Our findings

We asked people for their thoughts on how the home was managed. People told us, "It's very well run, if you want something it would be there," "It's well run, they cope with things," "I would recommend this home, it's got good staff," "I would recommend people come and look before making up their own mind," "I would be comfortable with the idea of my friends and relatives living in this home" and "It's as good as it can be really."

Staff spoken with told us the registered manager had made improvements to the service. They said, "Things are much better since the new manager started. She's sorting things out and managing people that need managing. We get fewer complaints from people nowadays. The people living here have told us that the food is a lot better," "She [the registered manager]is very supportive. She comes in early and late, and checks things are right."

All areas of the service including care plans, environment, medication, dining experience, health and safety and information governance were audited. Audits were completed weekly, monthly or quarterly using an on-line quality of life system. We saw a selection of the audits completed which showed the service took action as a result of the outcome of audits in order to promote and sustain improvements to the service. The checks identified if there were any areas requiring attention and these were highlighted to ensure action was taken. For example, a care plan reviewed recently showed that one person's life history needed further input. Staff were allocated this, and a more thorough life history was produced, and staff could use it when talking to the person about their past and current interests.

Senior managers and the directors of the organisation also carried out regular unannounced visits to the service to gather people's views and to assess the safety and quality of the home. At these visits they spoke with people who lived in the home, their visitors and to the staff on duty. These visits gave people an opportunity to raise any concerns with a person in the organisation who was not responsible for the day-to-day management of the home.

People told us they knew the registered manager of the service and how they could speak to them if they needed. The registered manager was supported by nurses who were responsible for different areas of the home. All of the care staff we spoke with said they felt well supported by the nurses and the registered manager. We saw that the nurses were working alongside the staff on duty. This meant they were available to provide support to the staff and for people who lived in the home and their visitors to speak to as they needed.

Regular meetings were held with people who lived in the home to gather their views. People had also been asked to complete quality questionnaires to tell the registered manager what they liked about the home and any areas they thought could be improved. In the entrance hall there was an I-Pad available for people to use to leave comments.. Every week a proportion of people who used the service, their relatives, staff and visiting professionals were asked to complete a survey giving their views of the home. Every three months the results of the surveys were analysed and displayed on a board in the entrance hall of the home. This

showed the positive feedback and any areas of improvement required. When negative comments or issues were given the regional manager and the registered manager received an email informing them of this so that they were able to contact the person and try to resolve their concern. Two relatives spoken with said they had been asked to complete a quality assurance questionnaire, one had done so but the other had chosen not to. Following a number of concerns regarding the standard of food at the home, the registered manager discussed people's concerns with the catering staff, and as a result, the menus were changed to offer more choice, and a change in the catering personnel was made.

The registered manager was supported by the regional manager who visited the home regularly and each month completed a report of their observations. Staff told us they had staff meetings regularly where they were encouraged to voice any concerns they may have and make suggestions about how to improve service delivery. We saw minutes of staff meetings, items on the agenda included care practise issues, updates on people's health and well-being and training. Staff were recently alerted to give more attention to the relatives of people who were seriously ill. A relative we spoke with said they had seen a real change in the way the staff spoke to them, and they were very appreciative of this. Staff showed us the handover sheets and daily routine sheets which detailed which staff member was supporting whom and what else they were responsible for during their shift.

Providers of health and social care services are required to inform the CQC of important events that happen in their services. The registered managers were knowledgeable of the incidents that required reporting to the CQC and had ensured appropriate notifications were submitted in a prompt manner. This meant we had been able to check appropriate actions had been taken when incidents had occurred.

At our last inspection in January 2016, we found that significant improvements had been made to the way services were delivered. At this inspection in June 2017, we found that further progress had been made, and our recommendations regarding staff supervision, the recording of information, infection control measures and activities for people in the home had been acted upon.