Four Seasons Homes No. 6 Limited

Wyndthorpe Hall and Court Care Home

Inspection report

High Street,
Dunsville
Doncaster,
South Yorkshire,
DN7 4DB
Tel: 01302 884650
Website: fourseasons@fshc.co.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected Wyndthorpe Hall and Court Care Home on 17 August 2015. The inspection was unannounced.

Wyndthorpe Hall and Court Care Home provides accommodation and personal care and is registered for 44 people. On the day of the inspection 36 people were receiving care services from the provider. The home is comprised of two units, the Hall and in the Court.

The home was in the process of recruiting a registered manager and the home was being managed by the registered manager from another of the provider's homes on an interim basis.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

When we visited the home in December 2014 we found it was in breach of regulations ; Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control, Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines, Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment.

We found that the provider had continued a programme of improvement and changes had been implemented which satisfied previous breaches of regulation. Whilst this had a positive impact on the people who used the service we found some areas still required some improvement. The administration, record keeping and stock management of medicines needed to continue to be improved.

Care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person who used the service told us, "It's smashing, I have everything I need."

The provider had recruitment systems to ensure that new staff were only employed if they were suitable to work with vulnerable people. However, the systems were not always observed. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a formal quality assurance process in place. This meant that aspects of the service should be formally monitored to ensure good care was provided and planned improvements were implemented in a timely manner. We found that the audit s carried out did not always identify discrepancies and areas for improvement in relation to records.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People told us they felt safe and the provider had systems in place to protect them. Staff understood the provider's safeguarding and whistle blowing procedures and told us what actions they would take to make sure people were safe.

There were enough staff to meet people's needs and the provider carried out checks when appointing new staff to make sure they were suitable to work in the home.

There were sufficiently robust recruitment procedures. However, we found one instance in which the previous manager had not followed these procedures.

Whereas improvements had been made by the provider with regard to the management of medication in the home, we identified this as an area that required further improvement.

Is the service effective?

Good

The service was effective.

Care staff were trained in appropriate topics to care and support people.

People told us they enjoyed the food provided and we saw staff offered people choices.

Staff supported people to attend health care appointments and made sure their health care needs were met.

The provider met the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and patience and gave them the care and support they needed promptly and efficiently.

Staff supported people to take part in group and individual activities. Staff respected people's choices if they decided not to take part in planned activities.

Staff offered people choices about aspects of their daily lives, including what they ate and activities. Staff made sure people understood available choices and gave them time to make decisions.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People or their representatives were involved in developing and reviewing their care plans. The provider assessed each person's health and social care needs and the person and their relatives or representatives were involved in these assessments.

The provider had systems in place to gather the views of people using the service and others.

The provider had arrangements in place to enable people to raise concerns or complaints.

Is the service well-led?

Good

The service was well led.

Staff told us they found the managers and senior staff supportive.

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for care or attention.

The manager and provider carried out a range of checks and audits to monitor the service.

Wyndthorpe Hall and Court 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection 17 August 2015 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor. The specialist advisor was a qualified pharmacist and helped us to check medicines.

We spoke with five care staff, the covering manager, the unit manager for the Court and the area manager. We asked five people who used the service and two relatives for their views and experiences of the service and the staff who supported them.

We visited the service to look at records around how people were cared for and how the service was managed. We looked at the care records for ten people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed the information we held about the service, including the information in the PIR.

Requires improvement

Is the service safe?

Our findings

The people we spoke with who used the service said they felt safe in the home. One relative who was visiting their family member they told us they felt the home was safe and they had no concerns. Another person's visiting relative said the cleanliness in the home had noticeably improved recently.

At this inspection we found that the provider had addressed the concerns raised at the last inspection regarding infection prevention and control in the home. We looked at the bathrooms, shower rooms and toilets. All were clean, and had appropriate hand washing and waste disposal facilities and equipment. We saw the most recent infection control audit undertaken and this clearly identified areas of improvement and the actions necessary to achieve improvement.

We looked around the home and found it to be clean and it smelled pleasant. There was one area in the lounge of the Court, where we noticed a smell of urine. We discussed this with the unit manager and this was addressed at the time of the inspection.

Staff had purchased pictures and ornaments to try to make the bathrooms more homely, and the bathing experience more pleasant for people. However, we saw a need to repair and refurbish the bathrooms, shower rooms and toilets as these rooms looked stark, and the décor was tired. Some areas, such as tile trims, grouting, floor coverings and floor edging and trims were in poor condition and some minor repairs had not been carried out to a good standard. This made these areas more difficult to clean.

We saw that the kitchenette and the equipment in the kitchenette were clean. There were some areas, such as the floor edging and trims that were in in poor condition. In the Court there were areas of water damage on the ceilings and walls in the lounge and in one corridor. We were told that this area had a flat roof and there had been some leaks.

We discussed with the covering manager and the regional manager all of the rooms and areas identified as needing repair and refurbishment. We were told that these issues had been identified and action had been taken to address them. For instance, funding had been agreed for refurbishment and redecoration of the kitchenette and the bathrooms.

The covering manager told us there had been an improvement in the home maintenance arrangements. The handy person received support from the handy person and the gardener from a nearby home owned by the provider and were working together more. Consequently they were able to undertake larger projects with each other's help.

We found inappropriate items stored in a sluice room. This included a sofa, a hoist and two large radiator covers. We discussed this with the covering manager who told us this was due to storage space being short, linked to a major refurbishment of one area of the Court. They said that more appropriate places would be found to store these items as a matter of priority. They added that the sofa would be replaced.

We chose thee staff personnel files to look at, at random. All had completed written application forms, provided two written references and had been subject to a DBS check. We found that one staff member, who had been recruited when a previous manager was in post, had inconsistencies in the dates of employment they had provided on their application and those recorded on one reference. However, there was no evidence that this had been noted or that any action had been taken to address the issue. It was also evident that a decision had been made to accept an alternative, personal reference, from a work colleague of the applicant. However, no information had been recorded about what had led to this decision. We discussed with the covering manager and the regional manager the issues identified and they said they would undertake further checks to ensure the recruitment of this staff member was safe.

We spoke with the unit manager in the Court about the way people are safeguarded from abuse. They were confident in their role in protecting people from abuse and told us of an instance where they had been called upon to contact the local authority safeguarding team about an incident involving two people who used the service. They said all staff have good quality training in safeguarding people and the staff who were present confirmed this. They told us they were also confident that all staff in the team were aware of the safeguarding and whistle blower policies, and would report abuse and suspected abuse appropriately.

Overall the view of staffing levels was positive. The people we spoke with who used the service said there were enough staff to respond quickly if they needed anything. Some staff had left in a short period and this resulted in the

Requires improvement

Is the service safe?

need to use agency and bank workers to cover until new staff could be recruited. This was mentioned by one visiting relative, who said there had been a recent period, where there were not enough staff, and the staff that there were had been too busy and stressed. They added that this had now improved.

The covering manager and the regional manager explained the tool they used to make sure there were enough staff to keep people safe and to meet their needs. We were showed that assessments of people's needs were reviewed monthly and this information was central to calculating the numbers of staff needed, ensuring any changes in people's needs were taken into account in the staffing hours provided. The tool was flexible and other issues could be included, such as the design of the building, as part of the calculation.

Medication received into the home was recorded on the medication administration record (MAR) chart and there was a book to log medicines sent back to the pharmacy. The provider employed pharmacy technicians who supported the managers of the home and liaised with the supplying pharmacist to resolve any issues identified. It was observed that a large amount of stock was returned as waste each month, when the new supply was received and this was flagged with one pharmacy technician, to be discussed with the supplying pharmacist with regard to this being wasteful of NHS resources.

Medication was stored in two rooms, in the Hall and in the Court. We found medicines were stored appropriately and securely. The storage temperature was monitored regularly and had been recorded as being within acceptable limits. The room in the Court has been recently refurbished to include an air conditioning unit as the temperature in this room had previously been identified as too high to store medicines safely.

We checked all controlled drugs (CD) stocks and found them to be correct. Most records relating to CDs were in good order, although there were instances where the form of the medication, such as tablets or liquid had not been recorded.

The deputy manager was observed administering medication to people and using good practice. They were wearing a red tabard to indicate that they should not be disturbed. They approached the person in a calm and patient manner offering them a drink of water with their medicines. When they was satisfied the medicines had been taken they signed the MAR chart.

We discussed with the pharmacy technician a number of issues regarding the written guidance and records of people's medication and how they could be improved. For instance, PRN protocols had been provided to give guidance to staff. However, the 'reason for administration' sometimes lacked detail or had been left blank. The MAR chart for some people included written notes, such as, 'discontinued by doctor'. However, these entries had not been signed or dated by the staff member. The recording of the administration of Warfarin needed to be improved, as staff had not been consistent in their written records.

Some MAR charts from last month had gaps where they had not been signed and no written explanation had been given.

The provider's pharmacy technicians had recently identified some of the areas highlighted during our inspection and an action plan was being developed to continue the improvements required for the management of medication.

Good

Is the service effective?

Our findings

At this inspection we found that the provider had addressed the concerns raised at the last inspection regarding working within the The Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

One person's records we saw there was improvement overall, in that their assessments and care plans included much more information about their capacity to make decisions and about how staff should support them to make and communicate their decisions. This included a mental capacity assessment. Where the person lacked the capacity to make a particular decision, discussion had taken place to establish what the person would want. There was a record of a best interest decision made about their care and treatment. The best interest decision had been reviewed on a monthly basis to make sure that it remained in the person's best interests. Although it was evident that a lot of work had been put into improving the person's records in relation to the MCA, a lot of what was written was about the principles rather than the person themselves, and it remained unclear who had been involved in making the best interests decision.

The Mental Capacity Act 2005 includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so. As Wyndthorpe Hall and Court is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

The covering manager and regional manager told us that no one was subject to a DoLS authorisation at the time of the inspection, but that applications had been made and some authorised. It was clear from one person's file we saw that an appropriate application had been made with regard to them, under DoLS guidance and an outcome was awaited from the local authority and these showed that correct procedures had been followed to make sure people's rights were protected.

The covering manager told us that staff have training in MCA. They said there was further training planned regarding the MCA and DoLS, working with people living with dementia, person centred care and distress reactions.

We observed a mealtime in the Court and found there to be a nice, relaxed atmosphere. People sat in groups of three and four at the tables and some chatted with one another. There was quiet background music playing. Staff moved between tables serving the meals and offering support. Staff spoke quietly to each other and did not talk across the room or over people. They offered people choices and gave people time to make up their minds. The food looked and smelled particularly nice and most people chose the option of shepherd's pie and vegetables. The people we spoke with said the food was always of good quality and the staff we spoke with confirmed this. One person said they would prefer their food to be served on a warmed plate and we shared this request with the covering manager.

There was a menu on the wall of the dining area which included pictures and was large enough to been seen easily, to help people to know what the menu choices were. The tables were set, with nice table cloths, wine glasses and napkin holders. There was a choice of two juice drinks.

One person's care plan we saw said that because their ability fluctuated, they could sometimes eat unaided and sometimes they needed more support to eat. We saw that the unit manager spent a couple of minutes assessing how the person was. They took time to talk with the person and squatted at their side at the dining table, so they could gain eye contact and communicate effectively, giving the person plenty of time to respond. When they had assessed the support the person needed at that meal, they sat at the table with the person and supported them to eat their meal, chatting with the person and offering reassurance as they did so.

We saw that a small number of people, needed a high level of support from staff and they stayed in the lounge area to have their meal. We saw a staff member carefully explaining what was happening to one person, and describing their meal to them, before they started supporting them to eat their meal.

Good

Is the service caring?

Our findings

All the people we spoke with said the staff were caring. One person who used the service said the recent staff changes had, "Made no difference" to them as, "The care has been good all along." They added, "I get on famously with all of the main care staff and can ask anyone for anything."

One person's relative said the home was, "Fantastic" compared with other homes they had visited. They said the staff were calm, kind and, "Always there for people." They said the atmosphere when they visited was relaxed and people seemed very comfortable with the staff.

We sat and chatted with people in the Hall in the afternoon and staff brought trays for people, with their chosen drinks on. The people we sat with had trays with pots of tea, jugs of milk and sugar or sweeteners, depending on their choice. This was a nice way to serve people their afternoon drinks.

People' individual needs and preferences were included in their care plans. For instance, one person's care plan we saw included that, if they became upset when care was being given, staff should hold their hand and talk to them and this usually helped in calming them.

We spoke with staff about how they preserve people's dignity. One member of staff told us, "I am in their home so knocking on doors is important as is closing curtains during personal care."

The ten care plans we looked at had been written in a person centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, 'What is important to me', 'How to support me' and 'What people like about me.' It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

We observed staff interacting with people in a caring manner. For example, we observed a staff member helping someone to drink. They were calm, gentle and chatted to them to keep them alert and engaged so they drank a little more. When staff asked people if they needed to use the bathroom, they whispered in their ear so their privacy and dignity were maintained and other people did not hear the exchange.

Care staff we observed always asked people the level of assistance they required with a particular task. For example, we saw staff talking to one person about the assistance they may need during lunch. The person expressed that they did not require any help. The staff member told us, "Sometimes they want some help and sometimes they don't. It's important to ask and never assume."

People had unrestricted movement around the home and could choose to spend their recreational time in their room, the lounge or dining room. We saw a group of five people in a recreation room playing cards. One of them told us, "We come in here regularly as it's nice and bright and we look over the garden. It also has a bar if I fancy a tipple."

Good

Is the service responsive?

Our findings

All the people we spoke with who used the service and the other staff praised the activities coordinator. They said there was both, activities to join in with and one to one time spent with people. One person's relative said there was always something going on, and people were encouraged to maintain their hobbies and interests.

We saw some people chatting with each other in the Hall and the Court. We saw one person doing a large jigsaw, while others read the newspapers or watched the television. One person told us they liked puzzle books.

We spoke with the unit manager of the Court who was relatively new and keen to further develop the resources in the home for activities and reminiscence for people living with dementia. They talked about the best times of the day for engaging people in activities. We joined in with a bingo session in the coffee bar, with people who used the service and their visitors. There was a nice, lively atmosphere and evident that this was something people enjoyed. The unit manager told us that activities were geared to people's needs, both in groups and individually. They said for people who like quiet, the activities coordinator and the staff spent one to one time, chatting or doing activities such as manicures.

We saw the complaints record and no complaints had been recorded since the last inspection. We saw one compliment that had been received from a relative recently, about the way the home had cared for one person. People and their visitors told us they met with staff to talk about the care and support they received. One person said, "The staff are very helpful, they know what care I need." A relative told us, "I visit whenever I want to, it's never a problem."

Care plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written and developed with the involvement of the person or their representatives. Where possible people had signed to say they agreed to their plans.

People's care plans reflected their views and described how people should be supported with their, likes and dislikes. The plans also included information about what they could do independently and areas where they needed support from care staff. We saw staff supporting people in accordance with the assessed needs described in care plans. One person told us, "Some days I can and some days I can't do things but the staff are there when I need them."

Most care plans had been kept under regular review or as people's needs changed although four care plans we saw had not been reviewed for the month of July. Another person did not have any entries in the progress notes for the night of 10 and 11 August. It was therefore not possible to determine if this person had slept well or otherwise.

The provider had systems in place to gather the views of people using the service and others. One person told us, "We have residents meetings to discuss things." A relative told us, "Staff can be busy but there is an electronic system in reception for me to leave feedback."

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One person who used the service said, "I am happy but if I wasn't I'd let them know." Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. One staff member told us, "I know that I could raise any concerns with the manage."

Good

Is the service well-led?

Our findings

The previous registered manager retired and a new manager was recruited. However, they also left, just prior to this inspection. Several members of the provider's management and quality team had stepped in to support the new manager in working with the improvement plan arising from our last inspection and these staff remained involved. They were supporting the registered manager from another home run by the provider, who was covering the day to day running of the home.

The regional manager told us a new manager had been recruited and would start as soon as the necessary pre-employment checks had been completed.

One person's relative said the home was improving. They gave an example of the residents' and relatives' meetings that had been held recently and said, as a result they felt better informed. They said they would like these meetings to be held at different times to give people who worked in the daytime more opportunity to attend. We discussed this with the covering manager and regional manager who were keen to put the idea to use.

We saw that in the minutes of the residents' and relatives' meetings there had been some concerns raised about the standard of service offered by the laundry. The people we spoke with who used the service told us it really wasn't an issue for them, and the relatives we spoke with said there had been some improvement in this area.

The regional manager told us that questionnaires had been sent to stake holders approximately a year ago and at that time, there was little or no concern expressed and the feedback showed the home as well thought of. They added that when the new manager was in post, a more current picture of stakeholders' views will be sought.

The regional manager and covering manager told us of the system that was in place to assure the quality of the service. A number of audits were undertaken by members of the management team. For instance, there was a daily walk round by the manager to identify any issues, audits were undertaken of the care plans and other written records completed by staff and monthly audits were done to make sure the mattresses and any hoists and bed rails used were in good condition and safe. Spot checks were carried out on the medication kept in the home on a weekly basis and monthly medication audits undertaken. If any areas for improvement were identified from any of the audits undertaken actions plans were created to address these.

The regional manager told us that on Mondays they reviewed all feedback about the service and all action plans, to monitor and make sure there was progress with these.