

Derwent Care Limited

Four Ways

Inspection report

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Stanley,
DH9 0NT
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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 

Overall summary

This inspection took place on 14 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. Four Ways Care Home was last inspected by CQC on 27 September 2013 and was compliant.

Four Ways is located in the town of Stanley, County Durham. The service comprises of three adjoining terraced houses each with their own distinctive design and layout. It provides residential care and can accommodate up to 13 people who have a learning disability. On the day of our inspection there were 12 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with CQC 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. The service was in the process of changing registered provider.

People who used the service were complimentary about the standard of care at Four Ways Care Home and were asked about the quality of the service provided. We saw

Summary of findings

staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

We saw the home was clean and tidy with no unpleasant odours.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. At the time of our inspection visit, DoLS were in place for people who required them however DoLS notifications had not been submitted to CQC. We discussed this with the registered manager and this was addressed on 17 September 2015.

We found evidence of mental capacity assessments or best interest decision making in the care records. Staff were following the Mental Capacity Act 2005 for people who lacked capacity to make particular decisions and the registered manager had made applications under the Mental Capacity Act Deprivation of Liberty Safeguards for people being restricted of their liberty.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home and within the local community.

All the care records we looked at showed people's needs were assessed before they moved into the home. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were reviewed regularly.

We saw staff used assessment tools and kept clear records about how care was to be delivered and people who used the service had access to healthcare services and received ongoing healthcare support.

The layout of the buildings provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Good



Is the service effective?

The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to a choice of food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to healthcare services and received ongoing healthcare support.

Good



Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People were supported to maintain links with family and friends and were protected from social isolation.

Good



Is the service responsive?

The service was responsive.

Care plans and risk assessments were in place where required.

People who used the service had access to a range of activities in the home and within the local community.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

Four Ways

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted

professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with four people who used the service and five relatives. We also spoke with the registered manager, administrator, handyman and four staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits and policies.

Before the inspection, the provider 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. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

People who used the service told us they felt safe. Four Ways is located in the town of Stanley, County Durham. The service comprises of three adjoining terraced houses each with their own distinctive design and layout. We saw the home was clean and tidy with no unpleasant odours.

En-suite bathrooms, Communal bathrooms, shower rooms and toilets were clean, suitable for the people who used the service and contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. We looked at three staff records and saw they had all completed infection control training.

Equipment was in place to meet people's needs including a hoist, wheelchairs and stairlift. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw windows were fitted with restrictors to reduce the risk of falls.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

We looked at the provider's accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw regular fire drills were undertaken, a fire risk assessment was in place, fire fighting equipment was serviced regularly and emergency lighting was tested monthly. We looked at the provider's business continuity management plan. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details.

We looked at people's personal emergency evacuation plans (PEEPs). These described the emergency evacuation procedures for each person who used the service. This

included the person's name, room number, impairment or disability and assistance required. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at three staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the registered manager and looked at documentation. The registered manager told us that the levels of staff provided were based on the dependency needs of the people who used the service and any staff absences were covered by existing home staff. We saw there were five members of care staff on a day shift. Night shift comprised of three staff. We observed plenty of staff on duty for the number of people in the home. The registered manager also told us that she was in the process of consulting staff about the introduction of waking nights in order to meet the changing needs of the people who used the service

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the provider's medicines policy which covered all key aspects of medicines management. We discussed the medicines procedures with a member of staff and looked at records. The home used a monitored dosage

Is the service safe?

system with medication supplied on a twenty eight day cycle. The member of staff told us there were no problems with the pharmacy service and if emergency drugs were required they could be readily obtained, including out of hours. We saw medicines were stored appropriately. We looked at eleven medicines administration charts (MAR). We found all the charts had photographic identification and there were no discrepancies identified.

A “Doom Kit” was in use for the disposal of refused or contaminated medicines. Disposal records were in place that demonstrated compliance to procedure in returning unused medicines to the pharmacy. Appropriate

arrangements were in place for the administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. No clinical fridge was in situ in the home however the registered manager told us that one would be supplied by the pharmacy if needed. We saw that medicine audits were up to date and included action plans for any identified issues. All staff had received appropriate training to administer medicines. A person who used the service told us they could ask for pain relief if needed and they were supported to take their medicine. This meant that the provider stored, administered, managed and disposed of medicines safely.

Is the service effective?

Our findings

People who lived at Four Ways Care Home received care and support from trained and supported staff.

We looked at the training records for three members of staff. The records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, fire safety, medicines, health and safety, safeguarding, infection control, food hygiene and first aid. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Health and Social Care. In addition some staff had completed more specialised training in for example, equality and diversity, dementia awareness, stoma care, continence products, diabetes, oral health, challenging behaviour and NAPPI (non-abusive psychological and physical intervention). We also saw evidence of further planned training for 2016.

We saw staff received supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We also saw evidence of group staff supervisions which addressed concerns, feedback and any learning the registered manager wanted to share in a group forum. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw a copy of the provider's DoLS policy, which provided staff with guidance regarding the Mental Capacity Act 2005 and the DoLS procedures. At the time of our inspection visit the registered manager had submitted eleven DoLS applications to the local authority. Three authorisations had been received for people who required them however we saw that CQC had not been notified. We discussed the statutory notification requirements of DoLS with the registered manager. She admitted this had been an oversight and agreed to submit them as soon as

possible. We checked and saw evidence dated 17 September 2015 to support this had been done which meant the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Relatives we spoke with told us they had been involved in best interest decisions for people's health, care, support and end of life wishes. We also saw staff training in the Mental Capacity Act and Deprivation of Liberty Safeguards was booked for 28 September 2015.

We looked at a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. We saw that consent forms had been completed in the care records we looked at for involvement and development of the plan of care. Most of these had been signed by the people who used the service or their relatives.

People had access to a choice of food and drink throughout the day and we saw staff supporting people at meal times when required. We observed staff chatting with people who used the service. The atmosphere was calm and not rushed. We found nutritional intake was monitored in people's care records and from the staff records we looked at, most of them had completed training in food hygiene and nutrition.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of involvement from external specialists including the GP, consultant psychiatrist, occupational therapist, physiotherapist, community learning disability nurse, speech and language therapist, dentist and optician. We also observed the registered manager taking a person for a doctor's appointment to check their diabetes was under control. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Four Ways. Relatives told us, “It would be sad day if [Name] was ever moved from Four Ways”, “I have no concerns regarding [Name’s] care” and “When [Name] was in hospital the service had provided support staff at their bedside during the day and overnight for seven and a half weeks”.

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help. We observed a person giving the registered manager a hug.

All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. Throughout our visit we found staff chatted to people and included them in conversations and decisions about their day. Relatives told us, “The service has been proactive is organising a car and a wheelchair for [Name]”.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people’s rooms and closing bedroom doors before delivering personal care. This meant that staff treated people with dignity and respect.

People were encouraged to make their own daily decisions wherever possible. A person we spoke with told us, “I can go to bed when I like”, “I go to the gym twice a week. It used to be three times but I like my lie-in on Saturdays” and “I have been shopping and bought a sandwich for my lunch”.

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people with their behaviours and understood people’s individual needs. For example, a member of staff told us “I know if [Name] has a water infection as their mouth will appear dry”. We also observed the registered manager encourage a person have some peaches as they had been reluctant to eat and was losing weight.

We saw the bedrooms were very individualised, some with people’s own furniture and personal possessions. Staff supported people to maintain links with family and friends and we saw in some people’s bedrooms there were many photographs of relatives and occasions. Relatives told us “[Name visits us weekly and stays over for a few days at Christmas” and “Staff bring [Name] to a nearby garden centre so that I can meet up with them”. This meant people were protected from social isolation.

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the resident’s needs. A relative told us “[Name] has been really content and is always well turned out”.

We saw people were provided with information about the service in a ‘welcome pack’ which contained an overview of the service, activities, meal arrangements and complaints process. Information about safeguarding, local health and social care services and complaints was also prominently displayed on a notice board in the main entrance. We also saw copies of the home’s newsletter in the reception area and on the notice boards. It included service updates, the complaints process, activities, recipes and puzzles.

Is the service responsive?

Our findings

We looked at care records for three people who used the service. It was not always clear from the care files examined what was active, or what was archived, care plan information. We discussed this with the registered manager. She told us, “The care plans that are more relevant are in the person centred files and the more detailed information was in the holistic care plan files”. She also told us that care plans were in the process of being rewritten and how she was arranging for night staff to review people’s care plans and rewrite. The staff we spoke with supported this.

We saw people had had their needs assessed and their care plans demonstrated regular monthly review although evaluation, in the majority of cases, was repetitive and lacked any contemporary needs assessment. Risk assessments had been completed. This meant risks were identified and minimised to keep people safe. However the evaluation took the form of a repetitive statement stating there had been no change.

There was positive use of visual communication cards/ pictures within care plans and colour stamps to demonstrate discussion with people who were challenged with communication. Care files also showed that positive behaviour support plans were being developed which would identify how to measure people’s behaviour and any interventions required.

Care files showed people’s personal care needs had been addressed, for example, in relation to showering/bathing, oral hygiene, shaving and nail care. Some care plans did not demonstrate a proactive approach to people’s needs. For example, a person was experiencing difficulty sleeping. Their care plan was primarily based on monitoring sleep rather than identifying any proactive interventions to promote sleep.

People had their allergy status recorded on care plan documents and there was evidence of specialist assessment tools being used. Weight monitoring was consistent and where risks had been identified for weight loss action had been initiated. The use of Body Maps was apparent where they had been deemed necessary.

Health Action Plans and Hospital Passports were in place to assist people with communication difficulties and challenging behaviour to access external services. We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. This meant the service ensured people’s wider healthcare needs were looked after.

We saw activities were discussed in ‘resident’s and relatives meetings’ and ‘weekly activity planners’ were located in people’s bedrooms. The service had its own transport to facilitate outings. We observed staff ask people if they wanted to go out for the afternoon and saw some people went for a drive to the coast. During our visit we also observed some people watching television in one of the lounges and some listening to music in the conservatory. One person was watching their favourite dvd in another lounge, whilst two people were doing arts and crafts, with another person playing board games with a member of staff in a dining room. Two people told us about their holidays and showed us the photographs in their bedrooms.

A person who used the service told us “It’s [Name’s] birthday in a couple of days and all the houses will get together for a party”. One relative told us “[Name] goes for rides to the seaside” and another told us “Staff have encouraged [Name] with their interests. [Name] has got a velvet art craze at the moment and staff have been everywhere to get it for them. They always get [Name] what they need”. We observed the person colouring the velvet art during our visit. This meant people had access to activities that were important and relevant to them.

We saw copies of the easy read complaints policy on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the care quality commission, if the complainant was unhappy with the outcome. People we spoke with were aware of the complaints policy. A person told us they felt comfortable going to the manager with any worries. A relative told us “If [Name] was unhappy I would be telling the manager” and “I have never had a problem. They have been great with [Name] and us”. We saw the complaints file and saw that there had been no complaints. This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 6 November 2011. The registered manager told us about the proposed changes to the registered provider and the ongoing consultation process with staff to introduce waking nights.

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. A member of staff told us “I love working here”. A person who used the service told us the registered manager was “Lovely”.

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We looked at the quality checks that took place within the home. We saw the checks undertaken by the registered manager on the 15 June 2015 included the experience of people, staffing, premises, menus and refurbishment plans. We also looked at the checks undertaken by the provider on the 29 June 2015 which included the environment, emergency procedures, first aid, welfare facilities, electrical safety, security, transport, waste disposal and equipment. Where issues had been identified an action plan had been developed and monitored until complete.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us that the registered manager held meetings with them on a monthly basis and felt their views

were listened to and acted upon. A relative told us, “I have been invited to the meetings but I want [Name] to give her their own opinion and speak for themselves”. We saw the minutes of the meeting held on the 13 July 2015. Six people attended and discussion items included menus and activities.

We observed comment cards and a suggestion box available in the main entrance for people who used the service or their relatives to post comments, complaints or compliments. This showed that staff had taken steps to ask people to share their views.

Staff we spoke with told us they had regular staff meetings. We looked at the minutes of the meeting held in September 2015. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included the proposed changes to the registered provider and the introduction of waking nights for staff. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. We looked at the providers Data Protection Policy dated March 2015 which provided guidance to staff on data protection and confidentiality. We saw all records were kept secure and maintained and used in accordance with the Data Protection Act.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Assessments were due to be reviewed. Examples of these risk assessments included lone working, fire safety and pregnant workers. We observed staff signatures on these documents to confirm that staff had read them.