Four Seasons (Bamford) Limited

The Old Vicarage

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 28 July 2016 and was unannounced.

The Old Vicarage is registered to provide accommodation for people up to 38 who require nursing or personal care including people who are living with dementia. At the time of the inspection there were 26 people living at the service.

On the day of our inspection there was a registered manager in place. 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.

People told us that they felt safe. The risk of harm for people was reduced because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered managers would deal with any concerns that they reported.

Medicines were safely administered and stored.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices. Staff received an induction, training and supervision.

People had access to external healthcare services.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and could describe how people were supported to make decisions.

People received sufficient to eat and drink and had a choice of meals.

Staff did not always respect people's privacy and dignity.

People told us staff were kind and caring. Staff were aware of people's support needs and their personal preferences. People and/or their relatives were involved in the development and review of their care plans. People were encouraged to be independent.

People had the opportunity to take part in a variety of activities inside the service. Daily records were up to date and gave a good overview of what had occurred for that person. Complaints were dealt with in a timely manner.

The registered manager was supportive, approachable and listened to people, relatives, external professionals and staff. People and their relatives were involved or had opportunities to be involved in the

development of the service. There were systems in place to monitor and improve the quality of the service provided.

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 felt safe and staff understood how to protect people from harm.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff received an induction, training and supervision and felt supported by the management team.

People's nutritional and health needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not always respect people's privacy and dignity.

Staff were aware of people's support needs and their personal preferences.

People were encouraged to be independent and supported to contribute to decisions relating to their care.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to take part in a variety of activities

inside the service.

Care plans gave guidance to staff on how to support people.

Complaints were dealt with in a timely manner.

Is the service well-led?

Good

The service was well led.

People who used the service, relatives, staff and professionals were positive about the leadership of the service.

The registered manager was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

The Old Vicarage

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 28 July 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. 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 home, what the home does well and improvements they plan to make.

We contacted commissioners (who fund the care for some people) of the service and Health Watch Nottinghamshire to obtain their views about the care provided about the service.

Prior to the inspection we spoke to a health care professional. During the inspection we observed staff interacting with the people they supported. We spoke with nine people, three relatives, two care staff, one maintenance staff, one domestic staff, one activities coordinator, the deputy manager, the registered manager and a health care professional.

We looked at the care records of three people and the recruitment records of three members of staff. We also looked at other records relating to the management of the service such as policies, procedures and audits.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel really safe here." Another person said, "They [staff] make sure only people who are supposed to come in the home are allowed. That's good. Even my [relative] has to sign in[the visitors book]." A third person said, "I like living here, I don't have to worry about anything." One relative said, "Yes [family member] is definitely safe." Two health care professionals told us people were safe. One health care professional said people were, "Very safe."

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm and told us they would report any concerns to a member of the management team, the police or CQC where appropriate. Staff were confident a member of the management team would deal with any concerns should they report any.

The service had safeguarding policy and whistle blowing policies and procedures available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. All the staff said that they would not hesitate to use the policies if required to do so.

Procedures were in place to protect people in the event of an emergency, such as a fire. We saw how regular checks and routine maintenance of the homes environment and equipment ensured people were protected. We saw there were safety checks in place for all lifting equipment such as hoists and water temperatures.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments completed and reviewed for risks associated with people's mobility, skin, nutrition and continence. We saw that a person's airflow mattress was set at the correct level as stated in their care plan. This meant that the risk of them developing a pressure sore/ulcer was reduced. There were also individual risk assessments associated with behaviours that challenge people and others. Detailed information and guidelines were in place to show staff how to support people whose behaviours challenges others and what actions need to be taken to alleviate the situation or the persons behaviour.

There were sufficient numbers of staff to keep people safe. People told us there were enough staff. One person said, "They [staff] are really easy to get on with and will do anything for me. I just have to ask." Another person said, "They [staff] pop in and see me often even when I don't call them." All members of staff we spoke with felt there were sufficient numbers to meet people's needs and to keep them safe. A health care professional said, "I never feel [the service] is understaffed." During the inspection we observed staff attending to people's needs. Staff were very busy but worked collaboratively to ensure people's needs were met as quickly as possible.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on people's dependency levels.

Any changes in people's dependencies were considered to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of identity. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm.

People's medicines were managed safely. All the people we spoke with were happy with how they received their medication. One person said, "They [staff members] are always asking me if I am ok and if I say no, they get me [required medicine]".

We observed one member of staff administering medicines safely to people. The members of staff checked medicines against the medication administration record (MAR), explained to the person about the medicine they were being given. They waited patiently until the person had taken the medicine and then returned to sign the MAR.

Staff told us and records demonstrated that they were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed, that they received a yearly medicine competency check. This ensured they were safely administering medicines. We checked the MAR's for three people. These records were accurately completed. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies. We did a sample stock check and found two boxed PRN medicines had different amounts of tablets to those recorded on the MAR's. We discussed this with member of staff member administering medicines and the medicine could not be accounted for. The registered manager agreed to look into this immediately.

Medicines were stored safely and in line with requirements. We found cupboards and refrigerators used to store medicines were locked. The temperature of storage areas and refrigerators were monitored daily and were within acceptable limits. This ensured that medicines remained effective. Audits were carried out by the registered manager to assess if medicines were being managed safely.

Good

Is the service effective?

Our findings

People we spoke with had mixed views about the quality and quantity of the food. One person said, "They [staff] cook lovely food. Another person said "Sometimes the jug of water they leave me is not enough." One relative told us their relations "Definitely" gets enough to eat. A third person said, I have toast for breakfast but sometimes it's not enough." A fourth person told us they are only given packaged cake. They said, "Goodness knows why they [cook] can't cook cake themselves." Another relative says "[Relation] says their coffee is nearly always cold."

We observed lunchtime in the downstairs dining room. Tables were covered with clean tablecloths, condiments and a menu was available. Staff and the cook told us people were asked in the morning their meal choice for lunch. They were provided with two meal choices. Staff in the kitchen told us that alternatives were available such as a jacket potato or salad. A variety of different cold drinks were available People were offered drinks regularly throughout the day. People received their meals promptly. One person had an adapted plate so they could eat their meal independently. One person's care plan and nutritional risk assessment stated they were independent with meals but required only support with cutting up their food.

A person was asking for help several times and kept saying, "I don't know what to do." A staff member asked them if they were alright. The deputy manager came in the dining room to offer support. They gave the person reassurance and a choice of three different meals from the menu and alternatives not on the menu. Each meal was shown to the person before they choose which meal they wanted. The deputy manager supported them to eat and explained what they were eating. We found there was a calm atmosphere in the room.

There was a four weekly menu in place with a variety of food available. Staff were aware of people's specific dietary needs and each person's food was prepared in accordance with their support plan. For example, where a person's food needed to be of a softer consistency, to help a person swallow it. People were supported to drink where necessary and were offered drinks regularly throughout the day.

Staff told us, and records confirmed, that new staff received an induction which provided them with the skills needed to support people in an effective way. A variety of training had taken place. This included but was not limited to, safeguarding adults, customer care, first aid, and health and safety. Staff said they also had the opportunity to shadow experienced members of staff. Records showed that staff had the opportunity to read the services policies and procedures and meet people who used the services.

Regular supervision was provided and staff told us that they felt supported by their line manager and the registered manager. They said that they had opportunities to meet with their line manager to review their work and training needs. One member of staff said, "I feel very supported." Another staff member said, "If anything is bothering me I can go to [name of registered manager]."

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 application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered managers and staff had an understanding of the MCA and DoLS and eight DoLS applications had been authorised. People's care records showed that mental capacity assessments were in place for decisions such as finances, the use of bed rails and consenting to having their photo taken.

People and their relatives confirmed that people had their health care needs met by a variety of professionals such as an optician, GP, chiropodist and the stroke team. One person said, "I see my chiropodist when he comes here, my optician visits and my dentist. It's all taken care of." Another person said, "I get to see my GP whenever they [staff] think I am poorly." A third person told us of a hospital appointment they had soon. A Chiropodist was present during the inspection and was providing foot care to those people who required it. One person told us they were expecting some new glasses but had been waiting a while. We spoke to the registered manager who agreed to follow this up on the persons behalf.

Records showed that each person had a comprehensive assessment of their health needs and had detailed instructions for staff about how to meet those needs. For example one person who had diabetes had an annual check from their GP. Staff were proactive and sought advice appropriately about people's health needs and followed the advice of the health professionals. For example a speech and language therapist left guidelines on the use of a thickening agent and a fluid chart had been put in place for one person. Clear guidance was also available for staff on meeting people's physical health needs such as how to correctly use mobility aids.

Requires Improvement

Is the service caring?

Our findings

We received differing views from people about staff respecting their privacy and dignity. One person said during personal care, "They [staff] look the other way and they [staff] are very gentle with me." A relative told us staff respect their relations privacy and dignity. However, one person told us when they needed support with personal care a staff member said, "There is no way I am dealing with that [pointing] someone else will have to sort that out." Another person said, "The carers moan amongst themselves~they do it in the corridor, but they talk loud sometimes so I hear it all." During lunchtime we saw one person was being supported by a member of staff. The member of staff did not speak to the person and proceeded to give them their food. The person looked surprised and tried to take the spoon away. The member of staff continued to give the person their food whilst not explaining what they were being given.

We observed staff knock on people's door before entering, wait for a response, and then close doors behind them. On one occasion we heard a member of staff talking loudly to a person who was in the toilet. The toilet door was wide open and the member of staff standing in the corridor. This meant the member of staff was not respecting a person's privacy and dignity. Another member of staff told us they called a person a [derogatory name] because they talked a lot. During lunch a different staff member walked into the dining room and spoke to a colleague loudly across the room, "I'm going to feed [person's name]." We spoke to the registered manager about our concerns and they were surprised as they had not found such concerns during their observations and audits. They agreed to deal with them immediately. The registered manager told us one member of staff was given supervision immediately and booked on the next available dignity course.

Most people told us staff were kind and caring. One person said, "They [staff] are so nice to me. I don't ever want to leave." Another person said, "They [staff] are really good here. They [staff] always make sure I am okay and that I am not worried." A third person said, "They [staff] are so sweet to me." A relative said, "Very kind and caring." Two health care professionals agreed. One health care professional said, "The care is second to none." One person disagreed. They said, "The staff are lovely, but some of them are definitely more patient than others. They just get crotchety with you if you are slow. Like they have somewhere else to be."

During our visit we read several compliment cards given to the service. One person wrote, "Thank you for all the kindness and care you have given me during my stay." Another person wrote, "Thank you for all the help and support given to [relative] while [relative] was here."

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. One person had no close relatives and as such an independent mental health advocate (IMCA) had been provided to represent them and make specific decisions on their behalf..

Staff were aware of people's support needs and their personal preferences. When we asked two staff

members to tell us about a person, they were able to describe a person's care needs, likes, dislikes and sleeping patterns. One person said, "They [staff] know what they have to do and just get on with it."

Each person had a support plan which had been developed with the person, a relative or others who knew them well. People's care records identified family and friends important to the person's emotional and psychological well-being. Relative's views and opinions were sought in developing the person's support plan and they participated in people's reviews.

People told us they were supported to make independent choices. One person said, "They [staff] do let me do what I can for myself and then just step in if I get stuck." Another person said, "I can go to bed when I like."

The registered manager told us there were no restrictions on people being able to see their family or friends. We observed relatives visiting during the inspection.

Good

Is the service responsive?

Our findings

We received mixed feedback about activities that people took part in. One person said, "I like the activities here. I always join in and if I forget what is on they [activities coordinator] always come to find me and remind me. She's lovely." Another person said, "I love it out in the garden. We had a sing song out there last weekend and we all enjoyed it." A third person said, "Sometimes I join in and sometimes I don't, but I always get asked." Relatives told us their family members took part in bingo and a variety of other games. Two people disagreed. One said, "It would be lovely to go out more. It can get rather boring just sat in your room or in a chair so much." Another person told us there were not enough staff to take them outside in the garden." A third person said, "They [staff] are kind, they are just busy and don't have time to sit and chat." One person disagreed and said "I can always chat with a carer if I have a problem."

Staff we spoke with told us there were activities such as bowling, arts and crafts, darts and flower arranging. There was a lack of activities in the morning and for long periods people were just watching the TV. Two health care professional told us they had observed numerous activities during visits. After lunch a quiz took place which engaged nine people in a lively session. People were supported to take part and were smiling and laughing and clearly enjoyed the session. Staff kept people's attention and ensured they involved each person that wished to take part. A trophy was awarded to the winner. We observed the activities coordinator talking with people in the afternoon. However, throughout the inspection we observed little social interaction by members of the care staff even when they had the opportunity to sit and chat with people. A quarterly newsletter was available which listed upcoming activities from outside entertainers. There were also photographs of previous activities that had taken place such as the summer fayre.

People's care records were written in a person-centred way and developed with the person and their relatives. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. Information included peoples likes, dislikes, wishes and personal preferences which had been considered when support had been planned with them. One person had a fish tank in their room as it was something they were interested in.

People were supported in the way they preferred because staff had the necessary guidance to ensure consistent care. Daily records were up to date and gave a good overview of what had occurred for that person. Regular reviews and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs.

People's care records showed that detailed pre-assessments were completed before people moved to the service. The registered manager told us that this was important to ensure the service could meet people's needs. Staff told us that they had sufficient information about people to enable them to provide care and support to them.

Regular reviews of people's support plans and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs. We saw records that showed a pain assessment in place for a person who was unable to verbalise when they were in pain. A pain assessment is

used to identify when a person is in pain by other means for example facial expressions or displayed behaviours. This enables action to be taken reduce the person's pain.

The complaints policy was accessible for everyone. People and their relatives confirmed they knew how to make a complaint. The complaints record showed that complaints had been dealt with in a timely manner and in line with the companies policy.

Staff were clear and understood how they would manage concerns or complaints. Two health care professionals told us people had not raised any concerns during their visits.

Good

Is the service well-led?

Our findings

Staff understood the ethos and aims of the service and could explain how they incorporated these into their daily work. One member of staff said, "To give people as much independence as we [staff] can. We [staff] are here to promote independence." Another member of staff said, "To make sure people's needs are met, people are happy and their well-being is good."

All the members of staff we spoke with and the records confirmed regular staff meetings had taken place where they could discuss important issues. Staff told us they felt they were able to raise concerns and would be listened to by the registered manager. Records confirmed resident and relatives meetings had taken place but there was no evidence concerns raised were being addressed. For example, people raised concerns about a TV not working and clothes going missing but it was unclear if these issues had been dealt with in subsequent meetings. Relatives had the opportunity to receive the services quarterly newsletter by email if they so wished.

People who used the service, relatives and professionals we spoke with made positive comments about the registered manager. People told us the registered manager was approachable and stopped to speak to them. One person said, "The manager is always bright and bubbly". Another person said, "I am really not good at speaking up for myself but I really like the [registered] manager and I know I can ask her if I am unsure about anything." A relative said, "She [registered manager] is very approachable."

Relatives we spoke with made positive comments about the service. One relative said, "I think it's [service] very homely~like a proper home~it's a home from home."

A health care professional told us the registered manager listens to them when changes need to be made to people's support plans. Another health care professional said the registered manager was "Very adaptable."

Staff told us they felt the leadership of the service was good and made positive comments about the management team. One member of staff said, "If I've ever got any problems I talk to [Name of registered manager] and she talks me through it." Another member of staff said, "[Name of registered manager] is very fair." A third person said, "[Name of deputy manager] is hands on if needed. She doesn't expect you to do anything that she wouldn't do."

We saw that the management team was visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach them to talk and ask questions. One person told us the registered manager, "Is always popping her head round the door if she is passing."

The registered manager told us that they felt well supported in their role. They had regular meetings with their manager and felt they had the skills to provide effective leadership within the home. The registered manager told us their manager was, "Always at the end of the phone." If they needed to talk with them.

The registered manager was aware of their legal responsibilities to notify the CQC about certain important

events that occurred at the service. The registered manager knew the process for submitting statutory notifications to the CQC.

We saw records that showed a survey in 2016 had been completed by members of staff. Staff said they had the knowledge and tools to do their jobs and said they would recommend the home to people and relatives. However, members of staff had commented they did not have enough time to spend with people.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in a range of areas including medication, care records, maintenance, equipment and staff training and development. We saw records that showed daily and monthly audits took place by the registered manager to make sure the environment was clean, lights were working, beds were made, and chemicals were stored safely. The registered manager told us they undertook night time checks to make sure people were safe but these were not recorded. The registered manager said they would record them in the future.

Monitoring information was included in a computerised system, so that it could be analysed at the provider's head office. This gave evidence that the provider was monitoring the quality of the service.
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