

# Four Seasons Homes No 3 Limited

## Vale Court Care Home

### Inspection report

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### Ratings

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

### Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. The last inspection of Vale Court Care Home took place on the 16 July 2013 when it was found to be meeting all the regulatory requirements.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Vale Court is a modern purpose-built two storey home situated in the Whitby area of Ellesmere Port close to the

# Summary of findings

town centre. The home provides care for older people and for younger adults with a physical disability over two floors and is registered to take up to 56 people. On the first day of our visit there were 40 people living in the home.

The home manager was on holiday during our visit so the inspection was undertaken with the deputy manager and for part of the day with the regional operations manager responsible for the home.

This inspection took place over two days and during our visit we spent time in all areas of the home, including the lounge and the dining areas. This enabled us to observe how people's care and support was provided. The relationships we saw were warm, respectful, dignified and with plenty of smiles and laughter. Everyone in the service looked relaxed and comfortable with the staff. People told us that staff members always treated them with dignity and respect. Comments included; "Staff are good, could not get any better", "Staff are wonderful", "Staff are very good, I have a bit of banter" and "Very kind and respectful".

Arrangements were in place to protect people from the risk of abuse and the people living in the home. All the people we spoke to told us that they felt safe at Vale Court Care Home. Comments included; "Staff are good, could not get any better".

The care files we looked at contained the relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. Records were kept under review so information reflected the current and changing needs of people. Information was stored securely ensuring confidentiality was maintained.

Staff members we spoke with said that the registered manager was very approachable, as was the deputy manager. Throughout the inspection, we observed staff interacting with each other in a professional manner. Comments from staff members included; "The home is running well", "Runs well, there is a good team" and "The home is very caring and people are well looked after".

# 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.

Relatives that we spoke with told us they felt the service was safe and they had no concerns. Comments included; “My relative would be safe, well looked after” and “My mum is definitely safe in here. If I thought for one minute she wasn’t, I’d have her out the same day”.

The provider had effective systems to manage risks without restricting people’s activities. Risk assessments were detailed and kept up to date to ensure people were protected from the risk of harm.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were robust and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints. The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service effective?

The service was effective.

People had their needs assessed and staff understood what people’s care needs were. People staying at the service told us they were involved in decisions about their care and support and in choosing what they wanted to do during their stay. They told us they were happy with the care and support they received and felt their needs were being met.

People received enough to eat and drink and the menu was designed and adjusted to meet their dietary requirements. People’s health needs were monitored and they were able to access a range of health care services.

Good



### Is the service caring?

The service was caring.

People told us they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us that staff members always treated them with dignity and respect. Comments included; “Staff are good, could not get any better”, “Staff are wonderful”, “Staff are very good, I have a bit of banter” and “Very kind and respectful”.

Comments from relatives and friends included; “Staff are very caring towards her [their friend]”, “Wonderful and kind”, “Overall the care’s good here”, “I can only say my relative gets great care here and they always involve me with everything”, “Staff are discreet and respectful” and “The home is fantastic and the staff are great”.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed.

Good



# Summary of findings

## Is the service responsive?

The service was responsive

We saw that the on-going review of the risk assessments and care plans led to referrals to other services such as tissue viability and hospital visits in order to ensure people received the most appropriate care. A relative told us; “We’ve been referred to the hospital and a consultant comes here. They try and help her. I’m glad she’s here”.

We observed that staff members responded to any call bells very quickly which meant people needing assistance received this as promptly as possible.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Good



## Is the service well-led?

The service was well led.

Staff told us that the registered manager was very approachable, as was the deputy manager.

Throughout the inspection, we observed staff interacting with each other in a professional manner. Comments from staff members included; “The home is running well” , “Runs well, there is a good team” and “The home is very caring and people are well looked after”.

Staff were very positive about the management style and felt it was supportive with a positive and open culture.

The service had a robust quality assurance system in place with various checks and audit tools to evidence good practices within the service.

Good



# Vale Court Care Home

## Detailed findings

### Background to this inspection

The inspection team was made up of an inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We carried out the unannounced part of this inspection on 16 July 2014 when the lead inspector, specialist advisor and the expert-by-experience visited the home. The inspector returned to the home on 22 July 2014 to complete the inspection.

Before our inspection the provider completed a provider information return [PIR] which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted the local authority commissioning team and they provided us with information about their recent contact with the home. They told us they had no current concerns about the home.

The registered manager was on holiday during our visit so the inspection was undertaken with the deputy manager and for part of the day with the regional operations manager responsible for the home.

During our inspection we spoke with 13 people who used the service, 12 relatives and friends and a visiting representative from Cheshire West council. We spoke with the deputy manager, regional operations manager, the administrator and a total of 16 other staff members.

We looked around the home and grounds as well as checking records. We looked at eight care plans for the people living in the home and used these to track the way that these plans were put into practice. We looked at other documents including policies and procedures and audit materials.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 [MCA] was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

All the people we spoke with told us that they felt safe at Vale Court Care Home. Comments included; “Staff are good, could not get any better”.

Relatives that we spoke with told us they felt the service was safe and they had no concerns. Comments included; “My relative would be safe, well looked after” and “My mum is definitely safe in here. If I thought for one minute she wasn’t, I’d have her out the same day”.

The staffing rota’s we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty across the three units to meet the needs of the people living at the home on the day of our inspection.

On the first day of our visit there were two nurses, three senior carers, four care staff members and the activities co-ordinator on duty. In addition there were separate ancillary staff including an administrator, kitchen, cleaning and laundry staff plus the home’s maintenance person. The deputy manager was in addition to these numbers. We checked the rotas for the home and saw that this pattern of staffing was consistent throughout the week.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people’s ability to move around freely. The home had been awarded a five star hygiene rating by the local authority and we saw that the kitchen area was clean, tidy and well organised.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with had a good understanding of the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term ‘whistle blowing’ and each said that they would report any concerns regarding poor practice. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. One staff member told us; “We all know our responsibility for safeguarding and we don’t hesitate to report and record any safeguarding issue”.

Policies and procedures had been developed by the provider to guide staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was introduced to help ensure that these people’s rights are protected in a way that does not inappropriately restrict their freedom. The deputy manager informed us that a mental capacity assessment was undertaken if it was considered necessary and if applicable a DoLS application would be completed. These were only completed if the person was deemed to be at risk and it was in their best interests to restrict an element of liberty. The application would be submitted to the local social services department who were responsible for agreeing to any DoLS imposed and for ensuring they were kept under review. The PIR sent to us prior to the inspection stated that at the time of completion nobody had a DoLS in place.

The training records confirmed that the majority of the staff had completed training in safeguarding and the Deprivation of Liberty Safeguards, DoLS [this training included the Mental Capacity Act, MCA] and were kept up to date in this area. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

We saw that Vale Court had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. We saw that the home had a copy of the local authority’s policy and procedures for identifying, reporting and managing safeguarding incidents. The deputy manager was aware of the relevant process to follow. They would report any concerns to the local authority and to the Care Quality Commission.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. We checked our records and saw that they had done this appropriately when required. They had also notified the Local Authority safeguarding team.

We saw that risks to people’s health and wellbeing had been identified for areas such as falls, nutrition and pressure sores and measures were in place to manage these so the people who lived at the home were safeguarded from unnecessary hazards. These were being

## Is the service safe?

reviewed regularly. We could see that the home's staff members were working closely with the person and, where appropriate, their representatives. Relevant risk assessments were kept within the care plan folder.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care.

We looked at the files for the three most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they

were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation that the employee had completed a suitable induction programme.

# Is the service effective?

## Our findings

The relatives we spoke with made a number of comments regarding the effectiveness of the home; these comments included, “They involve me all the time in her care so I know what is going on”, “I know who to ask for and we have a named nurse” and “I know I can ask the staff if I think she needs anything checking or if I am worried about her. They’re easy to talk to anytime”.

We asked staff members about their training and they all confirmed that they were receiving regular training and that it was up to date. We checked a sample of training records and saw that staff had undertaken a range of training relevant to their role. This included moving and handling, administration of medicines and food hygiene. The provider used computer ‘e’learning for some of the training and staff were expected to undertake this when required. The regional manager explained that the training records were constantly monitored in order to ensure they were kept up to date. The staff members competency would be assessed through the supervision system and through the auditing of records such as medication and care plans.

The staff members we spoke with told us that they received support, induction, supervision and appraisal. The paper records we saw during the visit confirmed that whilst supervision sessions had been recorded for each member of staff they were not always being held on a regular basis. These would usually take place every four to eight weeks. We have discussed this with the home manager since the inspection and she has confirmed that supervision was up to date but the records were maintained on the computer system. They took place every eight weeks or more often if there was a need. Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

There was a four week rotational menu in place which provided a good variety of food to the people using the service. The catering staff member we spoke with explained that choices were available and special diets such as gluten free and diabetic meals were provided if needed. The chef explained that they met with anyone moving in to the home to discuss likes and dislikes and that

the senior staff told them if someone had any specific dietary needs. They went on to explain that although there was a menu in place a variety of other alternatives were available and that they tried to be as flexible as possible. They explained that a married couple in the home did their own menus and one person’s relative had adapted the menu to suit their family member’s personal preferences. We were able to see both of these and confirmed that this was the case. We received a number of comments from the people using the service and visitors about the food and drinks provided during our inspection, these included; “The food is good” and “If I ask for a drink in the night, no matter what time they would get it for me”.

We saw that the staff members monitored people’s weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. One relative we spoke with told us that their relative had, “Mega support from staff”. She told us that staff rang her with up to date information and that on admission to the home her relative had not been eating and staff had encouraged her to eat and her appetite had increased.

We saw staff offer people drinks and that they were alert to individual people’s preferences and choices in this respect. We saw that a record was kept of fluid intake and was maintained in people’s rooms when a risk of dehydration was identified.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. Visits from other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why. The plans were being reviewed regularly so staff would know what changes, if any, had been made.



# Is the service caring?

## Our findings

We asked people about the home and the staff members working there. Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us that staff members always treated them with dignity and respect. Comments included; “Staff are good, could not get any better”, “Staff are wonderful”, “Staff are very good, I have a bit of banter” and “Very kind and respectful”.

During our inspection we talked with relatives and friends who were visiting people who lived in the home.

Comments included; “Staff are very caring towards her (their friend)”, “Wonderful and kind”, “Overall the care’s good here”, “I can only say my relative gets great care here and they always involve me with everything”, “Staff are discreet and respectful”, “The home is fantastic and the staff are great” and “The staff have learned how to read her, so, if she’s in pain they know from her facial expressions what’s going on and then they give her what she wants”.

We saw that the people living in Vale Court looked clean and well cared for and those being nursed in bed looked comfortable.

We saw that staff members were interacting well with people in order to ensure that they received the care and support they needed. We observed that they took time to ensure that they were fully engaged with the individual and checked that they had understood. Before carrying out personal care or other tasks with the people using the service they explained what they needed or intended to do and asked if that was alright rather than assume consent. The staff members we spoke to could show that they had a

good understanding of the people they were supporting and they were able to meet their various needs. The relationships we saw were warm, respectful, dignified and with plenty of smiles and laughter. Everyone in the service looked relaxed and comfortable with the staff. Staff members also spoke to people informally and acknowledged them with a smile as they passed through the home and went about their daily tasks.

We saw that the staff were very familiar with the likes and preferences of the people who lived in the home. Comments from staff members included; “If you don’t have a heart for caring you can’t stay in the job”, “I come here to work because I enjoy it”. There were occasions when agency staff had to be used but one staff member told us; “We have access to various agencies but we like to try and fill any gaps in staffing with our own staff first. There is a lot of goodwill here and we’ll often come in to help out rather than use agency staff”.

We saw that personal information about people who lived at Vale Court was stored securely which meant that they could be sure that information about them was kept confidentially.

We were able to see some bedrooms during our visit, both during the tour of the building at the beginning of the inspection and during conversations with people in their own rooms. Those we saw were homely, personalised and comfortable.

The provider had developed a service user guide for anyone moving into the home. This gave people detailed information on such topics as daily life and social contact, involvement and information, care and treatment and how to make a complaint as well as practical information such as personal monies, fees and health and safety issues.

# Is the service responsive?

## Our findings

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. These had been completed wherever the person was at the time; this included their own home or another care setting such as a respite centre or a hospital. As part of the assessment process the home asked the person's family, social worker or other professionals, who may be involved, to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

The care files we looked at contained the relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to people. We saw that the home tried to obtain consent to care from the person themselves; if this was not possible because they had been assessed as not having capacity then they would ask the person's family or representative.

We saw that the ongoing review of risk assessments and care plans led to referrals to other services such as tissue viability services and hospital clinics in order to ensure people received the most appropriate care. A relative told us; "We've been referred to the hospital and a consultant comes here. They try and help her. I'm glad she's here".

We observed that staff members responded to any call bells very quickly which meant people needing assistance received this as promptly as possible, one of them told us, "We all work well together and help each other out".

Because of changing demand for the type of service required there were plans to develop a new 10 bedded dementia care unit; this would be located on the ground floor. The new unit required the re-configuring of the internal layout including the installation of a new bathroom and needed some people to move bedrooms.

The people living in the home and their relatives had been kept fully informed and consulted regarding this. One relative told us that her family member had been given a choice of room.

One of the staff members explained that as part of the development of the new dementia care unit the garden outside was going to be improved and made secure. During our discussions with the people living in the home one person said that as a retired landscape gardener he would like to be involved with this. We passed this on to the deputy manager during the first feedback session held on day one of our inspection.

The home employed an activities co-ordinator. They explained that their job was to help plan and organise social and other events for people, either on an individual basis or in groups. The people using the service were asked what kinds of things they liked to do during the assessment and care planning processes. We saw the events and activities that had been organised on display around the home. This included a 'Great British Tea Party' that was due to take place during the weekend after our visit. It was planned to appoint a second activities co-ordinator when the new dementia unit opened.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. The deputy manager explained she was not aware of any ongoing complaints and that there had been three complaints made since the last inspection that took place in July 2013. The records we saw confirmed that these had all been dealt with and closed. People were made aware of the process to follow in the service user guide that was given to them when they moved in to the home. There was also a complaints/comments book in the entrance area. We looked at this and the most recent comments were both compliments about the staff members working in the home. The people we spoke with had no complaints about the service. They said that they felt able to express their views about the service they received. One relative told us that they had had cause to complain in the past but that this was resolved within 24 hours. The manager had also told her at the time that if there were any further issues to discuss these immediately.

# Is the service well-led?

## Our findings

Staff members we spoke with said that the registered manager was very approachable, as was the deputy manager. Throughout the inspection, we observed staff interacting with each other in a professional manner. Comments from staff members included; “The home is running well”, “Runs well, there is a good team” and “The home is very caring and people are well looked after”. Staff were very positive about the management style and felt it was supportive with a positive and open culture.

The deputy manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. The home manager and deputy ‘walked the floor’ regularly in order to check that the home was running smoothly and that people were being cared for properly. We saw that the manager recorded their findings on a daily management report which included general checks on the building, cleanliness and whether the staff were appropriately dressed. This also included checks on the people living in the home such as whether the male residents had been shaved, if someone being nursed in bed had positional charts which were recorded properly and an accurate record of food and fluid intake kept. We saw copies of these during the inspection visit. In addition to this residents and families meetings were held periodically. We found that these meetings although minuted were not displayed for people to read; we suggested that it would be good practice for these to be made available for people to read and if they chose to do so make comments regarding them.

The Provider had a company quality assurance system available. The most recent survey of the home had been completed in September 2013. We looked at a copy and could see that it covered a variety of areas including care, the staff, communication, the food, hygiene standards and the building both internally and externally. This was an on-going process. Whilst the format of this audit did not include direct comments we were able to obtain some feedback via the complaints/comments process. Recent comments received included; “Staff are nice and caring. Excellent job in caring for patients and relatives” and “Staff are all kind and doing a very good job”.

The company had a corporate auditing system called ‘Datix’ throughout its homes. This required managers to report on a variety of areas at specific times during the month. These included audits on care files, food safety, the dining room, quality assurance, bed rails, hoists and slings, wound analysis, staff sickness, safeguarding, notifications sent to the Care Quality Commission and complaints. At the end of each month they then completed a monthly report which was then sent on to head office. The area manager and head office staff ensured these were being completed appropriately. If there were any issues identified following an audit, for example if a care plan required updating, then these would then be dealt with.

The regional operations manager from the company also undertook quality monitoring visits and spoke to the people living there on a regular basis. During these visits the regional operations manager also carried out an environmental checklist in order to ensure there were no building and maintenance issues. We saw the reports that had been completed following these visits which confirmed they were taking place regularly.

As part of the company auditing system a record for checking that the registration (Personal Identification Numbers) for any nurses working in the home were still in date was maintained. This is an annual process and registered nurses in any care setting cannot practice unless their registration is up to date.

The staff members had regular staff meetings. These enabled managers and staff to share information and / or raise concerns. We saw the copies of the minutes made during the inspection and the staff members we spoke with confirmed they were taking place.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately. We asked staff members if they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They all felt confident they could raise any issues and discuss them openly within the staff team and with the registered manager.

## Is the service well-led?

We found that information about the home was provided in the entrance hall and that this included the latest Care Quality Commission inspection report together with a service user guide.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire West's Council contract monitoring team. This

was an external monitoring process to ensure the service meets its contractual obligations to the council. During our visit a representative from the council's medicines' management team was visiting the home as part of this process. They told us that they were satisfied with the home's performance in this area and that the provider was receptive to their recommendations.