

Four Seasons (No 10) Limited Uplands Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 24 and 25 April 2015 and was unannounced. At the time of the inspection there were 65 people using the service, who were older people some who had dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 20 May 2013 the service was meeting the regulations we inspected.

During this inspection we found two of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not have adequate staff to ensure they were kept safe. The service was not hygienically clean and free from odour.

Summary of findings

Staff were aware of the signs of abuse and what told us what actions they would take to manage an allegation of abuse. People had risk assessments and management plans in place to reduce the risk recurring.

People's medicines were managed safely and administered in line with the prescriber's directions.

The recruitment process used was robust; staff had support with training, supervision and appraisal to support them in their caring roles.

The registered manager was aware of their duties and responsibilities within the framework of the Mental Capacity Act (2005) and Deprivation of liberty Safeguards (DoLS). People or their relative were provided with information and support to enable them to consent to care and treatment.

People had meals which met their nutritional, health, cultural and religious needs.

People had their health care and support needs assessed when their care or health needs required this.

People were treated with dignity and respect by staff. People were cared for by staff that were skilled and had experience to carry out their nursing or caring roles and involved them in making decision about their care and how they wished to be cared for.

People had assessments and care plans which met their care and health needs which were routinely reviewed to reflect change in their care need. There was a system in place where people and their relatives could raise concerns or complaints that were managed appropriately.

The registered manager supports staff to provide a service for people which is fair, transparent and has an open culture. There is a registered manager in post who was aware of their responsibilities of their registration with the Care Quality Commission (CQC).

People and their relatives were encouraged to provide feedback about the quality of care formally and informally. The registered manager regularly assessed and monitored the service and developed an action plan where necessary to improve the quality of care people received.

You can see what action we told the provider to take at the back of the full version of the report.

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 not safe. People did not have the sufficient levels of staff to keep them safe.

The service had an unpleasant odour of urine on both floors.

Medicines were managed safely. Risk assessments and management plans were in place for people.

Requires improvement



Is the service effective?

The service was effective. People were provided with meals which met their needs.

Staff were aware of their duties and responsibilities within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were supported with regular training, supervision and appraisal.

People had access to healthcare when required.

Good



Is the service caring?

The service was caring. People were treated with dignity and respect by staff. People were cared for in line with their assessed care needs.

People or their relatives were encouraged to be involved in planning care which met their needs.

Good



Is the service responsive?

The service was responsive. The service responded to the changing needs of people. People and their family were consulted on the review of care needs.

Complaints were managed and responded to appropriately.

Good



Is the service well-led?

The service was well-led. There was a registered manager in post who managed the service who assessed and monitored the quality of service provided to people.

People and their relatives were encouraged to provide feedback about the quality of care and staff acted on them.

Good



Uplands Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 23 and 24 April 2015 and was unannounced. It was carried out by an inspector and a specialist professional advisor who had experience of care homes for older people.

Before the inspection we looked at records we held about the service, including notifications. We spoke with six people using the service, three relatives, the deputy manager, unit manager, three nurses, four carers and three domestic staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed 11 care records, looked at staff meeting minutes, staff rotas, training records, three staff records, 32 medicine records, 11 daily charts and records. We looked at other records related to the management of the home, including the maintenance records and the 2014 customer satisfaction survey. After the inspection we spoke with a health care from the local authority.

Is the service safe?

Our findings

People did not receive a service which was safe and met their needs as the service did not have a sufficient level of staff to keep them safe. People did not always receive their care on time. We observed that some staff were very busy supporting people with their personal care, breakfast or taking them to an activity, while other carers were less busy. People did not have support from staff to meet their care and support needs promptly. We noted that five people were still in bed when we completed our observations 12pm. We discussed these concerns with the unit manager. They looked at the daily allocation of people to staff for the day and identified that two people were in bed because of their choice and preference. We found that the other three people needed help with their care needs from staff but had not been supported.

People's needs were not always met because the service did not correctly assess the level of staffing required to meet people care needs. The care home equation on safe staff (CHESS) is used to assess the level of staff required in relation to the dependency of people living at the service. We found that the assessment of level of nursing care and carer hours provided for each person was not at the same level identified in the staff rota or what the deputy manager told us.

People did not have sufficient staff to meet their care needs. When we checked the staff rota we found that the level of staff was not at the service's required standard according to the organisation's staff assessment process. For example, we found not all shifts on the rota were covered by care or nursing staff.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were lived in an environment which was unhygienic environment increasing the risk of infection. The home had an unpleasant odour of urine. The smell of urine on the first floor was pronounced. We spoke to the housekeeper who worked on the first floor who told us that they found it difficult to remove the smell of urine on the carpeted floor and they had reported this to the nurse in charge. We spoke with the deputy manager who was unaware of the odour on the first floor they told us they would rectify these concerns. There had been a reduction in the number of

housekeeping staff working on the floors and in the laundry room. We observed the general cleanliness of the home in the communal areas and in people's bedrooms. We saw in one person's room that there had been a spillage of tea on the floor. We returned to the room an hour later and the spillage remained.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living at the service. One person said, "I have no worries here," and another person told us "I feel safe here." We found what people told us did not support what we found. Staff told us how they would manage an allegation of abuse and what actions they would take to ensure people were kept safe and inform an appropriate person in the local authority of an allegation of abuse. One staff member said, "I would absolutely inform the manager or local authority if I suspected a person was suffering abuse." The service had a safeguarding policy and staff we spoke with were aware of how to identify signs of abuse.

People received their medicines according to the prescriber's instructions. We spoke with the nurse in charge and observed people receiving their medicines and found that medicine records were up to date.

People had risk assessments in place and identified risks had management plans. For example, a person with deterioration in their mobility had an appropriate risk assessments completed. People who had been assessed as being at risk of pressure sore development had assessments, to determine the level of risk. Where a risk was identified an appropriate action plan was put in place. For example, a pressure relieving mattress with an assessment to determine the setting the mattress should be on and this information was recorded in people's care records. Staff made a referral to a tissue viability nurse for advice and support. We checked this was in place in care records and checked the mattress settings with the unit manager and these corresponded to the information we had.

Staff records contained an application form, interview notes, offer of employment letter, criminal records checks, qualifications, nurse's registration details with the Nursing Midwifery Council, where necessary, and induction information. Newly employed staff were supported by

Is the service safe?

experienced staff so that they were able to improve their skills, knowledge and experience of meeting people's care needs. There was an induction programme for staff and once completed this was ratified by senior members of staff.

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and experience to do so. Staff had an appraisal which provided them with the opportunity to identify their training and professional development needs in order to meet people's care needs. Staff had regular supervision so that they were able to discuss issues or concerns relating to their caring role and seek advice from their manager when required.

People who were reaching the end of their life were supported. The service had links to a local hospice and their staff which provided people with palliative care and staff with guidance on how to support people at the end stage of their life. The service did not have accreditation of the national Gold Standard Framework. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating center for all GSF programme, enabling staff to provide a gold standard of care for people nearing the end of life. The staff that worked at the hospice were working with the staff at the service to achieve the required standards. We saw that people at requiring end of life care had assessments and advanced care plans in place for them. Appropriate pain management was in place for them and reviewed by nurses on a regular basis.

People we spoke with enjoyed the meals that were provided. One person said, "The meals are good I enjoy them." Another said, "The chef is good and the meals he provides are always tasty." One person we spoke with told

us that the portion sizes were small. We discussed this with the deputy manager who told us that they would ensure people were asked if they wanted larger portions and with provided with them.

People had access to health care when the need arose. People received care from the GP when required; the GP visited the home twice a week and saw people that required it. People who required additional support with swallowing and speech were referred to the appropriate professional for advice, support and equipment to meet their needs. We looked at the care records for people with complex medical health needs. We found that people's medical conditions were assessed and appropriate support implemented to manage their condition. For example, when people required support for pain management this was implemented.

People were supported with making decisions when required. The registered manager was aware of their responsibilities within the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. Senior members of staff made applications to the local authority 'Supervisory Body' for an assessment within the MCA and DoLS. The service had received confirmation from the local authority that the applications had been submitted and a result provided to the service in writing.

People and their families were involved in making complex decision. Where a person was unable to make a decision due to reduced capacity, staff supported people to do so by presenting them with information they were able to use and in a format to improve their understanding to support them in decision making.

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, “The staff are very hard working.” Another person said, “Staff are really helpful.” The relatives we spoke with told us that staff were really helpful to their relative and they felt welcome when they arrived at the home. People said that staff involved them in their care and they relative was encouraged to do so. One relative said, “Staff made contact with me to discuss aspects of my relative’s care, I was involved in the planning when my relative could not do so for themselves.”

People interacted with staff in the lounge and dining room areas where people were sitting and relaxing. It was clear from the discussion and laughter in these areas that people were relaxed and enjoying the activities. People were encouraged to participate in the group exercises taking place. People were enjoying participating in the activities they were following the directions of the staff member and completing the exercise. People told us that they enjoyed the activities provided for them. One person said “The [staff member] gets me moving.” Another said, “[The staff member] is such fun.” People told us that the activities met their needs and helped to improve their well-being.

People were encouraged to be independent and take part in activities they were interested in and of their choice. We saw one person in their room listening to their favourite music. Another person liked to draw. We saw staff provide the person with materials to draw.

People’s needs were responded to by staff. We observed that when people used their call bells staff promptly answered the call bells and responded to their needs.

People were supported by staff to be as independent as possible. For example, one person was supported to go out of the home for a walk when they wanted to or when they wanted to have a cigarette. The person told us, “Staff are good here, I like to smoke and they go out with me when they can.”

Staff responded to people in a kind and considerate way. Staff were able to respond to people’s sudden change in care needs and were confident to speak with their manager for advice, so that people’s needs could be met.

People had information about them recorded in their care records which were stored securely. Staff had access to people’s care records which supported them to understand the needs of people and how to support them. Staff were aware of how to keep records and information about people confidential and these were stored securely and kept in a locked room. Staff had access to these when required.

Some people received care which met their end of life needs. We saw that records for people who required this support was regularly updated to reflect changing need or additional support required. We looked at three people’s care records which held details of what actions staff should take at the end of their life, where they wanted to be and who they wanted to be present at that time. Contact details of relatives and religious officiate were made available.

Is the service responsive?

Our findings

People were provided with information about the service and were involved in an assessment of their care needs before coming to live at the service. People's care needs were assessed, as well as their medical health needs, like and dislikes and their preferences. People were encouraged to provide information and contribute to their assessments so that staff could assess whether the service could meet their care needs. Assessments, care plans and risk assessments were developed from the information provided. People's assessments and care plans were reviewed and updated each month. People and their relative attended the review and contributed to it. Changes in care needs were documented and care records updated to reflect this.

People were encouraged to maintain relationships with their family and friends and people who mattered to them. During our inspection we saw visitors come and go as they wished. One visitor told us, "I come here at any time to see my relative staff are always happy and warm."

People and their relatives were invited to a residents and relatives meeting, this meeting was used for people to provide feedback and staff to give information. We saw minutes of this meeting held on January 2015. The manager requested feedback in regard to the change of menu planned and encouraged people and their relatives to make suggestions for meals. During this meeting relatives and people were encouraged to provide feedback, raised concerns or issues. We saw where an issue had been raised; the registered manager dealt with the query appropriately and provided a solution their query. For

example, relative raised a query regarding an appointment to a chiropodist and the length of the waiting time. The registered manager advised that the service was oversubscribed and a private chiropodist visited the home and contact details were provided onto people who wanted them.

People and relatives were encouraged to provide feedback to the manager. A person said, "staff do listen and make changes when I need it." One relative told us, "Staff are good they always listen to me and make changes if needed."

People and their relatives completed a customer satisfaction survey. It showed that most people liked the decoration of the communal areas and their bedrooms. People rated the variety and quality of activities provided in the home as good. There was some concerns raised about the meals provided and this was discussed with the deputy manager who had addressed these concerns with the chef.

They received a copy of the complaints policy. The service did not have any current complaints open. We looked at the previous complaint and saw that the registered manager had taken appropriate action to manage the complaint. The complaint was in regards to missing clothing. This was later found in the laundry room and returned to the person. The relative was satisfied with the investigation and response into their complaint.

People's bedrooms were decorated to how they wished. People displayed personal items within their rooms most rooms had photographs of their friends and family. People were encouraged to personalise their rooms as they wanted to.

Is the service well-led?

Our findings

People received a service which was well-led. There was a registered manager in post they were aware of the responsibilities of their registration with the Care Quality Commission (CQC). The registered manager sent appropriate notifications to CQC.

Staff told us their manager was supportive and listened to their needs. Staff had regular team meetings where they were able to discuss issues that related to their caring roles and service improvement. Team meetings were held daily and monthly, care staff met with nursing staff. We looked at one team meeting minutes from April 2015.

The registered manager supported staff to be open and transparent to improve the quality of care people received. Staff provided feedback about the service during supervision, meetings and on an informal basis with their manager. A member of staff said “People’s needs are my priority, they come first.” Staff were aware of the service’s whistle blowing policy. One member of staff said, “If I need to use the whistle-blowing policy I would.”

The service carried out a number of quality audits to improve the quality of care that people received. There were monthly medicine audits on each floor of the service to ensure that the medicine records reflected medicine stocks and emergency medicines available. The medicine audit of April 2015 found that there were no concerns with the management of medicines for people.

The registered manager completed audits on, infection control, pressure relieving mattress and cushions and bed

rail checks. There were no concerns with the way in which staff had checked and maintained equipment. We saw records were staff routinely checked on people every hour to ensure their safety. We found that the audit regarding infection control did not identify the gaps we identified during our inspection.

The service used various methods to assess and monitor the quality of care provided to people. This was in the form of daily team meeting with care, nursing, kitchen and domestic staff every morning. Issues from the departments were brought to these meetings and action plans developed to find a solution to issues raised.

Senior staff completed unannounced night visit in April 2015. They found that staff were carrying on their caring roles during the night shift and people were cared for appropriately in line with their care plan and needs.

Incidents and accidents were recorded appropriately. The manager investigated the incident and identified an action to be taken to reduce the risk of an incident recurring. These were discussed in team meetings and the manager used these as a learning tool for staff to identify and reduce risks for people.

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with an unhygienic environment. Regulation 12 (1)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing People did not have the required amount of staff to keep them safe or meet their care needs. Regulation 18 (1)