Four Seasons Homes No 4 Limited

Dove Court

Inspection report

Albert Street
Kettering
Northamptonshire
NN16 0EB
Tel: 01536 484411
Website: www.fshc.co.uk

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Ratings

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

Overall summary

This inspection took place on 30 October 2014. Dove Court Care Home provides residential and nursing for up to 58 older people including people living with dementia. There were 58 people living at the home at the time of the inspection.

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.'

People who used the service felt safe. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse happening through ensuring staff had a good understanding of the issues and had access to information and training.

Summary of findings

The service ensured that people were cared for as safely as possible through assessing risks and having plans in place for managing people's care. However the measures in place to assess and manage the risks for people who required the use of bedrails were not always robust.

People said sufficient numbers of staff were available to them when they needed support and the suitability of the staffing levels was regularly monitored by the manager. The staff worked well with people and demonstrated knowledge and skills in carrying out their role. Robust staff recruitment systems were practiced and staff received training and support to ensure that they had the right skills to support people effectively.

Safe systems were in place for receiving, administering and disposing of medicines.

Throughout the inspection we observed staff interacting with people in a caring, respectful and professional manner. They knew and understood people's individual care and support needs and care was provided in ways that respected people's privacy and dignity.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main MCA these safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that the manager had knowledge of the MCA 2005 and DoLS legislation. They knew how to make a referral for an authorisation so that people's rights would be protected.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals.

People had individualised care plans in place and their healthcare needs were regularly monitored, and assistance was sought from the relevant professionals so that they were supported to maintain their health and wellbeing.

Robust systems were in place to assess and monitor the quality of the service. People's views were sought on a regular basis to identify improvements needed.

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 always safe.

Risk assessments were in place to safely manage risks. However the safety measures in place to effectively manage the risks for people who required the use of bedrails were not sufficiently robust.

There was sufficient staff available to meet people's needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely.

Requires Improvement

Is the service effective?
The service was effective.

Staff received training and supervision to support them in their role and give them the skills needed to care for people effectively.

People's rights were protected through the understanding and application of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to eat and drink well and told us that they enjoyed the food provided.

Good

Is the service caring?
The service was caring.

People and their relatives were positive about the care and support provided.

Staff understood people's needs and preferences and supported them in ways that protected their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were provided with suitable individualised care and social activities

People were able to raise complaints and concerns and staff understood the importance of listening to people.

Good

Is the service well-led?
The service was well led.

There was a registered manager in post at the service.

People had opportunities to give their views about the service and there were appropriate systems in place to monitor quality and safety.

Dove Court

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 30 October and 3 November 2014 and was carried out by one inspector 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.

Before the inspection we asked the provider to send us 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. This was returned to us by the date requested.

We contacted commissioners for the service to obtain their feedback on the service. We also reviewed the data we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection, we spoke with six people who used the service, three visitors and six staff, including care and nursing staff. We also spoke with the registered manager, the deputy manager and the area manager for the company.

We used the Short Observational Framework for Inspection (SOFI). SOFI this is a specific way of observing care to help us understand the experience of people who could not communicate with us verbally, due to their complex health needs.

We reviewed four people's care records, which included looking at individual care plans and risk assessments. We also reviewed records in relation to staff recruitment, induction and training and management records such as quality monitoring audit information.

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I have never had any cause to question my safety, I know that if I did I could speak with any of the nurses." The comments we received indicated that people felt safe living at the home.

Staff we spoke with confirmed they had received training on safeguarding people from abuse. They were knowledgeable about the different forms of abuse and knew how to report any concerns of abuse to their managers. They were aware of the 'whistleblowing' procedures, on reporting abuse to other agencies, such as The Care Quality Commission (CQC) and the local authority safeguarding agency, if the provider did not take appropriate action to protect people using the service. We found the provider had taken appropriate action in response to safeguarding concerns and investigations.

A visitor told us their relative was at high risk of falls and that the staff did everything they could to protect their relative from the risk of injury due to the falls. They said the staff kept them informed about any accidents in relation to their relative. However we found that safety measures were not always followed to appropriately protect all people from the risks of falls from bed. As alternative safety measures were not always considered for people at whom it was unsafe to use bed rails.

We found within one person's care file a bed rail assessment did not contain important information, such as the suitability of the equipment for the individual, in addition the person's name and the date of the assessment had not been entered. This meant the bed rails risk assessment was not sufficiently robust to fully identify the risks of the person receiving care that may have been inappropriate or unsafe. The registered manager addressed the area of concern immediately with the staff responsible for completing the assessments.

Risk assessments were in place to manage the potential risk to people's health. For example, the prevention of pressure sores due to poor health and mobility. They had considered the most effective ways to minimize the risks of skin breakdown.

Environmental risk assessments were in place and people had personal evacuation plans in place, in the event of an emergency. Scheduled maintenance contracts were in place for the testing of equipment and utilities and regular tests were carried out on the fire, heating, emergency lighting, gas, water and electrical systems.

Staff recruitment was managed safely and effectively. The provider carried out thorough recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out though the Government Home Office, Disclosure and Barring Service (DBS), which also included a Criminal Records Bureau (CRB) check. The staff we spoke with confirmed they had provided all the necessary documentation on their recruitment.

All new staff were employed subject to a probationary period and where staff had not fully met the expectations of their role additional support was arranged as needed to assist staff in achieving their learning and development goals.

A member of staff said there was a high staff turnover, they said it was important that people got to know the staff and vice versa. However they also said that new staff that had started working at the home came with a range of skills.

People told us there was sufficient staff to care for their relative's needs. One person said they had previously spoken with the registered manager about the staffing levels on the nursing floor and as a result the nursing staff levels had been increased from one to two qualified nurses on shift.

The registered manager confirmed they continually assessed and monitored the staffing levels to make sure there was sufficient staff on duty to meet people's individual needs. We saw within the minutes of staff meetings that staff were reminded to ensure they kept people's care needs assessments up to date to accurately reflect the level of dependency so as to ensure sufficient staffing levels were provided.

People received their medicines from staff that had received training to administer medicines safely. We observed staff administering medicines to 11 people and we sample checked the medicines administration record (MAR) charts. The MAR charts had clear guidance for staff detailing the medicines required for each person. This included medicines which had to be administered at a

Is the service safe?

particular time of day or in a certain way. The staff kept accurate records, when they had administered people's medicines. The medicines were stored securely and there were safe medicines disposal procedures in place.

Is the service effective?

Our findings

People said they thought that the staff knew their needs well and had the training in order to provide appropriate care. One person said, "Some of the staff are trainees, all the staff are very good and the nurses are very helpful." One visitor said, "I think on the whole [person's name] gets a very good service here, the staff seem to know people well."

Staff told us they had completed the provider's induction training programme upon taking up post. They told us when they first started at the home they worked alongside an experienced member of staff. The staff also confirmed they had completed 'refresher' training and training specific to meeting the needs of people using the service. One member of staff said, "I love working here, we have lots of training, we all work together as a team."

Staff told us they felt supported by the management and met regularly with their supervisors in private to discuss their work and training needs. We saw the dates for the staffs supervision meetings were planned in advance to allow staff to prepare things they wanted to discuss with their supervisors.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and is required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to ensure that people are looked after in a way that is least restrictive to their freedom. The manager knew how to obtain an urgent authority to request a deprivation of Liberty Safeguards (DoLS) and had submitted requests when it was necessary to restrict people's liberty to keep them safe.

The staff told us they had received training on the MCA and DoLS. They told us understood their responsibility to respect people's rights to make decisions. They were also aware of how to support people who lacked capacity by involving the person's representatives, such as family, friends or formal advocates in making 'best interest' decisions. Visitor told us they were involved in making decisions on behalf of their relatives who lacked capacity.

People told us they were pleased with care and medical support they received. The care records we viewed contained information on how healthcare needs were recognised, assessed and monitored. Health care professionals were called out in response to illness and changes in people's health conditions. We saw that staff acted on the advice from GP's and other health care professionals involved in people's care. The health care professionals we spoke with confirmed that referrals were made promptly.

People told us there was plenty of choice and variety in food at the service. One person said, "The meals are fine, its good basic home cooking, we always have a choice of two options and I know that vegetarian meals are provided." We looked at the menus that were planned in advance and included seasonal choices. We also saw that fruit and biscuits snacks were made available in between meals. One person said, "I can go to the Kitchen if I want to order anything, the staff are very friendly, we are on first name terms, they are very flexible there is no formality."

A visitor said the staff always offered them the choice of whether to assist their relative to eat their lunch. They said they sometimes provided assistance, but it was not an expectation to do so. Another visitor talked about the support their relative received during meal times they said, "The staff cut up the food and [person's name] eats very well."

We observed people having lunch in one of the dining rooms. Before the meal was served one person using the service assisted the staff setting up the dining tables and they went around offering drinks of cordials to people seated at the dining tables. The atmosphere within the room was relaxed and the meal was unrushed, people quietly chatted to each other at the dining tables.

We observed the staff regularly offer people drinks and they sensitively supported people who needed assistance to eat and drink in order to preserve their dignity. The staff ensured that each person had sufficient quantities to eat and drink and extra helpings and alternative foods were offered to people as needed.

People assessed at risk of not receiving sufficient amounts to eat and drink had daily records kept on the actual amount of food and drinks they had. The staff closely monitored their food and drink and reported any deterioration in their nutritional intake to the person's GP.

Is the service effective?

We saw that nutritional assessments were completed within each of the care files and referrals had been made to the speech and language and dietician services as required.

A visitor told us their relative had gone through a particularly difficult period when they had been unable to swallow food and drink and their health had begun to deteriorate. They said the staff worked well with their relative to help them to recover.

Is the service caring?

Our findings

The people we spoke with were very complimentary about the care they received at the home.

One person said, “The carers respect my rights, it’s a hard job to do and I don’t think that people can do it if they didn’t care.”

We observed that staff provided care for people with kindness and compassion. There was a relaxed atmosphere and people were seen to spend time socialising with each other and the staff. The staff were respectful when talking to people and we heard them call people by their preferred names.

One person told us they had asked for their personal care to only be provided by female staff and that their wishes had been respected. Another person said, “They [staff] look after me well, they make me feel at ease.” Another person commented that the staff made sure they were given privacy when having a shower and they always knocked on the door and waited for an answer before entering the room. We observed that the staff discreetly responded to people who required assistance with personal care. The staff were knowledgeable of people’s individual needs. One member of staff said, “I aim to ensure that all people living here are treated as individuals.”

We saw that visitors were made welcome; they confirmed there were no restrictions as to when they could visit their relative. One visitor said, “I visit at different times of the day, they [staff] have got to know me really well, my [person’s name] doesn’t always seem to recognise me anymore, I sometimes find this very difficult, but the staff are very supportive to me.” The visitors we spoke with confirmed the staff involved them when making decisions about their relatives care.

People were able to come and go inside and outside of the home, one person enjoyed taking themselves outside to have a cigarette, another person told us they regularly visited the local shop to buy their choice of daily newspaper. We saw that people’s individual choice about how they wished to spend their time was included in their care plan documentation and they spent their time according to their preferences.

Is the service responsive?

Our findings

One visitor told us their relative had only recently moved into the home. They said their relative was at very high risk of falls and due to their dementia could sometimes present behaviours that could challenge the staff and others using the service. The visitor said, "[person's name] has only been here for one month, [person's name] is slowly adjusting to life in a care home, the carers and nursing staff make a real effort to engage and communicate with [person's name]." We saw that staff had consulted with the community psychiatric nurse and the falls team, so that specialist support could be brought in to meet the person's complex needs.

The people we spoke with said they had discussed their care needs with the staff when they first moved into the home. They also told us that the staff discussed any changes in their care needs with them. People who lacked the capacity to formally discuss their care needs had the involvement of their representatives, such as, formal advocates, next of kin, family or friends in the planning of their care. We saw that the staff informed people's representatives of changes in people's health conditions. One visitor said, "I speak to the staff regularly, I know if there were any issues about my relative's care they would contact me." We noted that people's care records were regularly reviewed by the staff and updated as and when their needs had changed.

People were supported to take part in individual and social activities. People were asked on admission whether they wanted to share information with staff on their likes and dislikes, past occupations, hobbies and interests. Within people's care files there was a section called 'my choices my preferences' for staff to complete on admission or soon after. This was so that activities could be tailored to meet people's individual preferences. People spoke of carrying out individual activities according to their preferences, for example, one person said they liked to go out each day to buy a newspaper, one person said they liked doing the daily crossword in their newspaper, and another person said they liked to spend time in the garden during the good weather.

The home employed a person designated person to plan and carry out activities with people. The member of staff said, "I find my job very interesting, I'm in the process of helping people to make up their own 'themed reminiscence' boards made up from photographs and items of memorabilia." A social activities programme was also in place that included religious services, entertainers, musicians and singers and for social outings.

On the day of out inspection we saw that people were able to go out into the garden area independently. We spoke with a member of staff who told us the garden had recently been redesigned and that plans were in hand for people who wished to plant up some garden pots with bulbs ready for the spring.

A small group of people were seated at one of the dining tables with a member of staff making Halloween pumpkins. Some people were taking an active part in the activity, such as hollowing out the pumpkins and cutting out the face shapes, whilst others sat watching and joining in discussions.

People's choices were respected as to whether they wished to join in social activities or not. One visitor said, "Activities are provided but [person's name] chooses not to join in with the activities."

One person told us they were fully aware of how to raise a complaint, they said; "I would speak to the manager in the office if it was of trivial nature, if however not followed up but of substantial nature I would talk to the homes registered manager." They gave an example of how they had raised a concern about nursing staffing levels, with the outcome of the staffing levels being increased on the nursing floor from one to two nurses on each shift.

Information on how to raise a complaint was provided to people or their representatives on admission, so they knew what to do if they had any concerns. People told us they knew how to raise a complaint if they needed to. There was an effective complaints procedure in place and we saw clear records of complaints, investigations and their outcomes were held on file.

Is the service well-led?

Our findings

People who used the service, visitors and staff all confirmed the registered manager, the deputy manager and senior staff were approachable. We saw that the registered manager and deputy manager addressed all people by their name, which demonstrated they knew the people using the service.

The staff said the values and philosophy of the home were explained to them during their induction training. They said there was an open culture and they felt confident that if they raised any concerns with the manager and they would be acted on appropriately. They were clear about their roles and responsibilities. They said they enjoyed working at the home. One member of staff said, "I absolutely love my job, we all pull together and we work really well as a team."

The staff confirmed they received appropriate training to ensure they could meet the individual needs of people using the service. They also confirmed that areas for further development were discussed during their individual supervision meetings with their supervisors and that any further training was arranged for them as needed. We saw that thorough competency assessments were carried out, for example, medicines administration and knowledge assessments.

The staff knew how to raise any concerns about people's safety and they were also aware of the safeguarding and whistleblowing procedures. The provider followed the procedures for notifying the Care Quality Commission (CQC) of serious incidents and other incidents required to be notified by law. They also followed the procedures for reporting incidents of abuse to the local safeguarding authority for investigation. The manager also knew how to obtain an urgent authority to request a deprivation of Liberty Safeguards (DoLS) and had submitted requests when it was necessary to restrict people's liberty to keep them safe.

Staff meetings were held regularly. We saw that items on the agendas included, dementia and moving and handling training, the importance of keeping accurate assessments of people's dependency needs and monitoring records to highlight changes in people's health.

People told us that 'resident' meetings were held regularly. One person said the meetings were very open and that people were encouraged to express their views. One visitor said, "My views are listened to and responded to accordingly. The manager and the staff are very accommodating." One person said, "They [management] keep us well informed through holding the meetings, they are used as question and answer sessions, to address any concerns and how things can be improved."

A visitor said, "When looking for a home for my relative, they told me we could visit at any time, that way you see the home as it is." They also said, "The staff and management make sure visitors and relatives are cared for, it's important we are looked after too."

Robust quality assurance audits were completed by the manager, designated staff and the area manager on all areas of the service provision. These included areas such as care plans, risk assessments, medicines administration, staff recruitment, fire safety and environmental audits. Any shortfalls identified from the audits had improvement action plans put in place, with timelines for the improvements to be made.