Four Seasons 2000 Limited

Hopes Green

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

Summary of findings

Overall summary

The inspection took place on the 4 and 9 May 2016 and was announced.

Hopes Green is registered to provide accommodation and care for up to 50 people some of whom may be living with dementia. There were 49 people living at the service at the time of our inspection. The home does not provide nursing care.

A manager was in post and was going through the process to become a registered manager with the Care Quality Commission. 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. The manager was supported by a deputy manager to ensure the daily management of the service.

People told us the service was a safe place to live. The registered provider's recruitment procedures ensured that only suitable staff were employed. People were supported by staff that had the skills and experience needed to provide effective care and there were enough staff to help keep people safe and meet their needs. Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Medication was managed and administered safely and people received their medicines as prescribed.

Assessments of people's capacity were carried out in line with the Mental Capacity Act 2005 (MCA). The manager and staff understood and complied with the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS).

Staff knew people well and understood how to meet their care and support needs. People and, where appropriate, their families were fully involved in the planning and review of their care; care plans were person centred and were regularly reviewed. Staff promoted people's independence and encouraged people to do as much as possible for themselves.

Staff were kind and caring and treated people with respect and dignity. People and their relatives told us they were happy with the care and support they received. People's nutritional needs were met and people were supported to maintain a healthy and balanced diet. People were supported to access health and social care professionals and services when needed.

People living and working in the service had the opportunity to say how they felt about the service provided. Their views were listened to and actions were taken in response. There was an effective system in place to respond to complaints and concerns.

There were a number of effective systems in place to regularly assess and monitor the quality of the service. The manager was able to demonstrate how they measured and analysed the care and support provided to people to ensure the service was operating safely and was continually improving to meet people's needs.

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.

The provider had systems in place to safeguard people who used the service.

Risks were appropriately managed to ensure that people were kept safe.

Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure staff were suitable to work in the service.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were cared for by staff that were well trained and had the right knowledge and skills to carry out their roles and responsibilities.

People's rights were protected as the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed.

People were supported to eat and drink sufficient amounts and people enjoyed their meals.

People were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

People were treated with respect and compassion and their dignity and privacy was respected.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People were supported to access religious support.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised.

Care plans and risk assessments were reviewed regularly to ensure they reflected people's current care and support needs. Care plans provided clear guidance for staff to ensure people's care and support needs were met.

The provider had effective arrangements in place for the management of complaints.

Is the service well-led?

Good

The service was well led.

Staff felt supported and valued by management.

Effective quality assurance systems were in place and were used to improve the service.

There were processes in place to seek the views of people who used the service and those acting on their behalf. Feedback was used to improve the service.

Hopes Green

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 4 and 9 May 2016 and was unannounced. The inspection team on the 4 May 2016 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 care service. On the second day of this inspection on the 9 May 2016 the inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We 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.

During our inspection we spoke with 12 people who used the service, five relatives, eight members of staff, the manager, the regional manager and a healthcare professional. We looked at a range of records including seven people's care plans and records, six staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. Comments included, "I feel very safe here;" and, "I definitely feel safe here I couldn't live on my own." Relatives also told us they felt confident their relatives were safe. One relative said, "It's good to know [person] is in a very safe place." Another said, "[Person] has been here about four years and is safe and well looked after, absolutely 100%."

There were systems in place to protect people from the risk of harm and abuse. The service had safeguarding and whistleblowing policies in place and staff were aware that they could report any concerns to outside authorities for example the Care Quality Commission (CQC) or to social services. Staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protected from harm. Staff were able to identify the different types of abuse and what action they would take if they witnessed or suspected abuse. One staff member told us, "We need to ensure people are safe and no one can abuse them in any way. If I suspected anything I would report straightaway to the manager". Another said, "I would report any concerns to the manager, deputy manager or senior. If I felt no action was being taken I would go to the regional manager or to CQC." An 'Ask Sal' poster was displayed on the communal noticeboard. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

Risks to people's health and safety were well managed and staff had the information they needed to support people safely. Risks to people's individual safety such as mobility, moving and handling, pressure sore management and nutrition and hydration had been routinely assessed. Where risks had been identified management plans had been developed which contained detailed actions for staff to take. Staff were aware of people's individual risks and how to help people in a safe way. One member of staff told us, "Risk assessments are important. We have to ensure residents are safe and there are no risks to them or to others. I spoke to [name of former registered manager] about [name of person] as I thought an additional risk assessment needed to be carried out when they were using their wheelchair [independently]. This was done and the [person] knew the risk assessment was in place to help keep them safe and prevent them from injuring themselves." During our inspection we observed people being supported in a way that kept them safe; for example where people had mobility issues or were at risk of falls staff were seen walking with them to ensure they were safe.

People lived in a safe environment with appropriate monitoring and maintenance of the premises and equipment which was ongoing. There were procedures in place to identify and manage any risks relating to the running of the service such as legionella testing, hoist maintenance, the environment and dealing with emergencies. The service had systems in place for effectively reporting, recording and monitoring accidents and incidents. All incidents and accidents were recorded on the registered provider's central database and were monitored by the manager, regional manager and the registered provider's health and safety team. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence.

Staff recruitment procedures were robust and thorough. The recruitment procedure included processing

applications and conducting employment interviews, seeking references, ensuring the applicant provided proof of their identity and right to work and carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. A recruitment checklist was used to ensure all elements of the recruitment process had been completed. The recruitment records we looked at confirmed appropriate checks had been undertaken.

There were sufficient staffing levels to meet people's needs and people received care from a consistent staff team. The manager told us how they used a dependency tool to assess staffing levels to ensure there were enough staff to support people and meet their individual needs. People and their relatives told us they felt there were enough staff and that they did not have to wait long for support. Comments included, "I don't wait long they're fantastic," and, "I have to wait for five minutes but never more than that, depends on how busy they are." Staff told us there were enough staff on shift to meet people's needs and they did not feel rushed or task focussed. One member of staff said, "There's enough staff 9 times out of 10, we do get the odd days when staff call in sick. We try not to use agency and get another member of staff to come in." Another member of staff said, "Generally there's enough staff, the seniors do help out for example if we are helping people who require two staff. [Name of manager] is very good and has said if you need any extra help to go to her, she doesn't just leave us." The sample of rotas we looked at reflected sufficient staffing levels. Throughout our inspection we observed staff supporting people in a timely way and sufficient staffing levels to meet people's individual needs.

People's medicines were managed safely. We carried out a random check of the medication system and observed a medication round. We also reviewed five medication administration records (MAR) and found these to be in good order. There were appropriate arrangements in place for the ordering, storing and administration of medication. Staff designated to administer medication had received appropriate medication training and had their competency checked regularly. The manager carried out regular audits of medication to ensure that people were receiving their medications as prescribed and safely.

Good

Is the service effective?

Our findings

People were supported by staff who were well trained and supported. Staff told us, and records confirmed, they had received an induction when they started working at the service. This included an introduction to the home, shadowing other staff, getting to know people, health and safety procedures, training and reading the registered provider's policies and procedures. The manager had introduced an 'inductor mentor scheme' to support all new staff during their induction. Staff told us, and records confirmed that they had received relevant training to enable them to provide safe, quality care to people. One staff member told us, "I feel I've had enough training, I like training and updating my knowledge. I would raise, at my supervision, any further training I would like to do." A relative told us they felt confident staff were sufficiently trained; they said, "I do feel staff have had the right training to meet [person's] needs. I have no concerns whatsoever."

Staff told us they felt supported and valued by the manager. Although staff did recall receiving supervision from the previous registered manager, there was no evidence on some of the records we looked at that these meetings had taken place nor was there evidence of appraisals for staff. We discussed this with the manager who informed us that she had devised a supervision and appraisal matrix. The matrix was displayed in the manager's office so that she could check staff were receiving regular supervision and appraisal. This meant staff would have a structured opportunity to discuss their responsibilities and to develop in their role.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff understood the key principles of the MCA and had received training on the MCA and DoLS. Records showed that people who used the service had had their capacity to make decisions assessed. The manager was aware of their responsibilities with regard to DoLS and, where people had been deprived of their liberty appropriate applications had been made to the local authority for a DoLS authorisation. Staff understood the importance of consent and described to us how they gained people's consent to their care and helped people to make choices on a day to day basis. One staff member said, "People may not be able to tell you what they want but they can sometimes show you in other ways for example nodding or smiling. Sometimes to help people make decisions I use flash cards so they can communicate what they want to do." During our inspection we observed staff asking people how they would like to spend their time, helping them to make choices and giving them time to respond before giving assistance. This told us people's rights were protected.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. We saw

that fresh fruit was available in the lounges and people were regularly offered drinks. Daily menus were displayed in the dining rooms and staff helped people to make choices by showing them 'plated up' meals. People told us they were given a choice of meals and were able to choose an alternative meal option if they did not like what was on the menu. Comments included, "The food here is really nice;", "The food is really lovely especially the puddings;" and, "I like the food here. They could do with a chicken curry once in a while but its mostly tasty food." A relative told us, "The food has improved 100% since [person] first came here. Now its proper well cooked food, the Sunday roasts are really good. They know [person's] tastes and give extra mashed swede as they know they like it." On both days of our inspection we observed the lunch time meal and saw that staff encouraged and supported people to eat their meals. The chef also visited each dining room to talk to people and ask whether they had enjoyed their meal. Where required people's dietary needs had been assessed and their food and fluid intake and weight had been monitored to ensure that their nutritional intake kept them healthy. The manager told us, and records confirmed that she held weekly meetings with the chef where people's nutritional and dietary needs were discussed. Where appropriate, actions were put in place; for example people who had lost weight were offered regular snacks and had their food fortified to increase their caloric intake.

People were supported to access healthcare services as required such as hospital appointments, GPs, district nursing team and chiropodists. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. A relative told us, "They are always quick to get medical help for [person] if they need it and always call us and keep us informed. Everything is recorded [in care file] I have no concerns whatsoever." A healthcare professional told us that staff sought their advice and guidance and, where appropriate, made referrals in a timely manner.

Although the environment on the first floor was not designed to promote and enhance the well-being of people living with dementia, the manager told us she was committed to creating a dementia friendly environment. There was no signage to help people to move around the service and identify areas easily. We saw one person asking where the dining room was and a member of staff had to accompany them to show them the way. The manager told us she had identified this as an area which required improvement and was in the process of arranging for appropriate signage to be put in place. They also told us that some remedial works had been completed and that they had arranged for the purchase of appropriate equipment and materials and that there would be 'themed' areas within corridors. The regional manager told us that the registered provider was rolling out a dementia framework to ensure all its services achieved accreditation status for dementia services. He told us that the service would be part of the second phase of the roll out which is expected to take place later in the year.

Good

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people. People and their relatives were complimentary about the staff. One person told us, "The staff don't go the extra mile here, they go the extra 10 miles." Other comments included, "Staff are lovely they really are.", "Most of them [staff] are very nice, one or two aren't so nice as the others but you can't get on with everyone in life."; and, "Staff are very good I cannot complain, I ask for anything and they help me out." A relative told us, "The staff are lovely here, really friendly. My [person] cannot hear too well and when they are sitting in the chair the carers kneel down to their eye level to talk so they can hear, I think they're great." Another relative said, "I'm here every other day and think the carers look after [person] very well, all the girls are always caring and friendly." In March 2016 the service won the registered provider's ROCK award in recognition of the care and kindness provided at the service.

People told us that staff treated them with dignity and respect. Throughout our inspection we saw people and staff were relaxed in each other's company. There was free flowing conversation and exchanges about people's wellbeing and how they planned to spend their day. Staff were not rushed in their interactions with people and took time to listen closely to what people were saying to them. Staff spoke to people with kindness and respect giving reassurance where needed and addressed people by their preferred names. We saw a 'Dignity Tree' in one of the lounges where each leaf of the tree had a quote from people living at the service of what they thought dignity was. The manager told us the service promoted dignity and staff were encouraged to be dignity champions. A dignity champion is someone who believes being treated with dignity is a basic human right. This demonstrated the service was committed to ensuring people's dignity was respected and promoted.

People's privacy was respected and we observed staff knocking on people's doors before entering their room and closing doors prior to personal care being provided. Staff promoted independence and encouraged people to do as much as possible for themselves. One person told us, "I needed a lot of help when I first came here but now I'm much more independent and can do things for myself. They [staff] help me with the little things I cannot manage like washing my back." Another person said, "My rollator is a godsend as it helps me to be able to go to the toilet on my own and go for a walk and stretch my legs." The service ensured people had access to mobility aids which promoted their independence.

Staff were knowledgeable about the individual needs of people and were able to tell us about people's likes and dislikes as well as information about their personal histories. People's personal backgrounds included information of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. One member of staff told us, "You get so much information from just talking to people and they get so much joy when someone asks about their life before they came to the care home, it can be easy to forget people had a life before they went into a care home and that they were young once." A relative said, "[Person's] carer asked me the name of the dog in this [family] photo and she went on to explain that she speaks to [person] about the photos on the wall and wanted to include the dog in their conversations."

People were supported to express their views and to be involved as far as possible in making decisions about the care and support they received. They also had the opportunity to provide feedback on the service at monthly resident meetings and through the registered provider's Quality of Life programme where people provided feedback on all aspects of the service via an IPad touchscreen computer located in the main foyer of the service. The manager told us that she had delivered a presentation to people and their relatives about the Quality of Life programme to explain the importance of feedback and how it helps the service to continue to be responsive to people's needs.

Information on advocacy services was displayed on the communal notice board. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The manager told us that no one currently required support to access advocacy.

People's diversity needs were respected and included in their care plan. People were supported to access religious support and a weekly service was held in the main lounge of the home for those who wished to attend.

People were encouraged to maintain relationships with friends and families. There were no restrictions on visiting times and relatives confirmed that they could visit at any time and told us they were always made to feel welcome by staff.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Each person's needs had been fully assessed before they moved into the service to ensure their needs could be met. Where possible, people and their relatives had been involved in the assessment process. Information from the pre-assessment was used to inform and develop people's care plans. For people who had been referred to the service by the local authority the initial assessment completed by the local authority was also used to inform the individual's care plan.

Care plans included information relating to people's specific care needs and how they were to be supported by staff and were reviewed monthly. Staff told us there was sufficient information in the care plans to enable them to meet people's needs. The service had a 'resident of the day' scheme where staff made sure the person had extra individual care and attention; their care plan was also reviewed to ensure all the information about their needs was correct and up to date. People were involved as much as they were able to in the review of their care and, where appropriate, relatives were also involved in the review process. One relative told us, "I am fully involved in care planning and am always given a copy of the care plan for my comments." Where a person's needs had changed staff were made aware of these through the daily heads of service stand up meeting, staff handover meetings and individuals' daily notes. This showed us that staff had up to date information which ensured people received the care and support they needed to meet their needs.

Most of the people living at the service were supported to follow their interests and take part in social activities however, a number of people who lived on the first floor told us there were not enough meaningful activities within their immediate environment they regarded as home. Comments included, "I prefer downstairs, there's nothing to do up here."; "I don't get out enough. I went downstairs this morning to do a quiz and see the music [entertainer] but there's nothing up here" and "You don't really socialise with other people other than at mealtimes." The service had a dedicated arts and crafts room and employed a personal activities leader (PAL) who was responsible for organising and running activities. The PAL told us they did not attend any internal or external meetings to enable them to have the opportunity to network and share good practice in the provision of appropriate activities for people living with dementia and told us the manager was in the process of identifying suitable training courses for them to attend.

Weekly notices were displayed informing people of the scheduled activities taking place. At the time of our inspection these included the weekly church service, gardening club, reminiscence, music, residents meeting, bingo and a quiz. There were also regular poetry sessions and during our inspection the manager received confirmation that a poem written by a person living at the service had won the registered provider's regional 'World Poetry Day' competition. The person had won vouchers to spend in the service and the manager told us they would speak to the person to get their ideas on what to spend the vouchers on and then take these to the next residents meeting. Photos of people participating in various activities were displayed in the entrance foyer. People were generally positive about the activities that were available. The PAL told us, "I really enjoy my job, if I can make one person smile it makes me happy. When they ask 'what are we doing today [name]?' the fact they have remembered my name and associate me with activities is

fantastic. If I go home knowing someone has gained something even for a moment that makes my day."

The registered provider had a complaints policy and procedure in place. People and their relatives told us they felt confident to raise any concerns or issues. One person told us, "I like [name of manager] she is very nice and I would tell her if I had a complaint, I think she would listen to me." Another person said, "The new manager has told me if I have any complaints to tell her." A relative said, "[Name of manager] has an open door policy and we can see her at any time which is reassuring. I would see her if I was not happy about anything and I feel I would be listened to." The service had received 11 complaints in 2015 and three in 2016 and records confirmed these had been dealt with appropriately and responded to quickly.

Good

Is the service well-led?

Our findings

There was a manager in post who had started her employment with the registered provider in January 2016. The manager had submitted an application to the Care Quality Commission to become a registered manager. The manager was supported by a deputy manager in the day to day management of the service. The manager was very visible within the service and knew people well. All the people and relatives we spoke with told us that the manager and staff were approachable and listened to any concerns they had.

The service had a clear vision and set of values and staff shared the manager's and registered provider's vision and values to provide good quality care. Through our discussions and observations it was evident that management and staff were committed to ensuring people received the best care possible, focussing on people's abilities rather than what they cannot do. One member of staff told us, "There have been loads of improvements since [name of manager] has been here; she has got the ball rolling. Upstairs needs to be more dementia friendly and she's getting things done and will be doing a complete overhaul which will suit people better."

People were cared for by staff who were well supported. Staff told us both the manager and regional manager were approachable and supportive and that their views were sought and listened to. Staff were clear about their roles and responsibilities and told us the manager operated an 'open door' policy and was always available for support and guidance if they needed it. Staff told us they felt valued and morale was good. The manager had introduced a supervision and appraisal matrix which ensured staff would receive regular supervision and appraisal, providing them with an opportunity to discuss their practice and development. Regular staff meetings were held where staff had the opportunity to discuss a variety of issues including any changes to the running of the service. Feedback from staff covering the period 4 February 2016 to 4 May 2016 showed that 44.16% of staff strongly agreed and 55.84% of staff agreed to the statement that they trusted their manager to do the best for them and for the home.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits such as pressure sore management, health and safety, medication, infection control and care plans. The registered provider also carried out regular audits and the regional manager told us that the outcomes of audits and performance of the registered provider's services were discussed at board level on a weekly basis. They said, "Our quality assurance has improved ten-fold and we deal with any issues before they become an issue and impact on effective care."

The manager sought the views of people using the service through day to day interactions with people, at monthly resident meetings and relative meetings. Minutes from these meetings confirmed people had the opportunity to share any concerns about their care, discuss activities and general day to day management. In addition to the 'open door' policy the manager held monthly 'manager's surgeries' where people could speak to her confidentially. People's, relatives and staff views were also gathered through the use of the registered provider's Quality of Life Programme. Feedback was analysed and actions, where required, were

put in place to address any issues. There was a 'You Said, We Did' notice board in the foyer which provided information on the actions taken by the service following the feedback received.

The manager told us she received good support from the regional manager who visited the service at least once a month. The manager attended the registered provider's managers meetings and would be arranging to attend local provider forums. Attendance at these meetings provided an opportunity to network with colleagues and other providers, share good practice, discuss challenges and keep up to date with changes in the care sector. The manager also researched websites such as the National Institute of Excellence (NICE) and CQC to obtain guidance relevant to the management of the service.