Four Seasons (Bamford) Limited

Holbeche House Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 19 and 20 January 2016 and was unannounced.

At our last inspection in May 2015, we found that the provider was not meeting three of the regulations associated with the Health and Social Care Act 2008 which related to safeguarding people from abuse and improper treatment, good governance and failure to notify the commission of abuse or allegations of abuse. Following the inspection we told the provider to take action and make improvements. The provider sent us an action plan outlining the actions they had taken to make the improvements. During this inspection we looked to see if these improvements had been made and found that they had.

Holbeche House Care Home provides accommodation for up to 49 people who require nursing or personal care. The home is split into two units. The general nursing unit and a unit for people living with dementia which was referred to as Littleton House. At the time of the inspection, there were 38 people living at the home.

The home had a manager who had been in post since December 2015 and was currently applying for their registered manager status. A registered manager is a

Summary of findings

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 living at the home told us that they felt safe and they were supported by staff who knew them well. Staff had receiving training on how to recognise different types of abuse and were confident that if they raised any concerns, appropriate action would be taken.

Medication records were not always completed in a consistent manner and it was difficult to demonstrate that some people had received their medication as prescribed.

Staff felt well trained to do their job and supported by the manager, but had not been able to access the online training facility for two months in order to update their skills and knowledge.

Staff obtained consent from people before they provided their care, but had a mixed understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink enough to keep them healthy and were offered choices at mealtimes. Staff were aware of people's individual dietary needs. People were supported to access a variety of healthcare professionals to ensure their health care needs were met.

People told us the staff in the home were kind and caring. Relatives told us they found the manager and staff group to be supportive and approachable.

Staff were aware of people's likes and dislikes and what was important to them. They were aware of how to respond to people, what interested them and influenced their behaviour. There were a number of activities planned for people to be involved in on a daily basis.

There were a number of quality audits in the home which were used to improve the service but the medication audit had failed to identify the concerns raised during the inspection.

People living at the home, their relatives and staff alike all thought the home was well led and spoke positively about the manager and staff group. Visitors to the home felt welcomed and always listened to.

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 consistently safe.

Medication administration records were not always completed in a consistent manner and it was difficult to demonstrate that some people had received their medication as prescribed.

People told us that they felt safe and that they were supported by staff who knew how to keep people safe from harm.

Staff were safely recruited to ensure their suitability and prevent people being placed at risk of harm.

Requires improvement

Is the service effective?
The service was not consistently effective.

People were supported by staff who felt well trained to do their job.

Staff knowledge regarding people's rights and depriving people of their liberty was inconsistent.

Staff had not been able to access the on-line training facility in order to develop their skills and knowledge.

People were supported to have enough food and drink and staff understood people's nutritional needs.

Requires improvement

Is the service caring?
The service was caring.

People told us they were cared for by staff who were kind and caring.

People felt listened to and were supported to make their own decisions.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People were cared for by staff who were aware of their likes and dislikes and how they liked to spend their day.

People were supported to take part in group or individual activities.

People were confident that if they had any concerns or complaints that they would be listened to and acted upon.

Good

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

Audits were in place to review the quality of the care received but medication audits had failed to identify concerns raised during the inspection.

People had access to only two working bathrooms in the home as work remained outstanding on the four other bathrooms.

People told us they thought the home was well led and spoke highly of the manager and the impact she had on the service.

People, their relatives and staff all felt supported and listened to by the manager.

Holbeche House 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 19 and 20 January 2016 and was unannounced.

The inspection was conducted by one inspector.

We reviewed information we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We also spoke with representatives from the local authority who purchase care from the home.

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 to us.

We spoke with five people living at the home, three visitors, the manager, three members of nursing and care staff, the activities co-ordinator, two housekeeping staff and the chef.

We looked at the records of five people, two staff files, training records, complaints and compliments, accidents and incidents recordings, seven medication records, quality audits and action plans.

Requires improvement

Is the service safe?

Our findings

At our previous inspection in May 2015 we found the provider was failing to investigate and report allegations of abuse in a timely manner. On this our most recent inspection we found evidence to show that where incidents of concern arose, the provider took appropriate action and they were reported, investigated and acted upon.

Staff spoken with told us they had received training in how to safeguard people from harm and how to recognise for signs of abuse. All were aware of how to raise a safeguarding concern and the process to follow. A member of staff told us, "I would report it to the nurse in charge and document it. I would also report it to the family as they have to know what's happened". We saw that where safeguarding concerns had come to light, they had been raised immediately and the appropriate actions taken and lessons learnt.

All people spoken with told us that they felt safe and supported by staff who knew how to keep them safe from harm. One person told us, "They [staff] are nice girls, they check on you and others. Make sure you're alright" and another person said, "I definitely feel safe here". All relatives spoken with told us they felt their loved ones were kept safe, one relative told us, "[Relative] is safe here, staff know her really well" and another added, "I can go away knowing [relative] is safe and settled".

We looked at the medication administration records [MARS] for seven people. We could not be confident that for some people their medical conditions were being treated appropriately by the use of their medication, as in some cases we found the amount given and marked on their record did not tally with what was in stock. We were unable to evidence whether or not these medications had been given. We saw that for one person that there was a large amount of stock of a particular medication and different containers had been opened and used. This meant that the ordering of medication in this particular case had not been managed effectively and audits had not identified the need for this person's medication to be reviewed.

We saw that for some medication that was to be prescribed 'as or when required' protocols were in place but gave very little guidance to staff as to in what circumstances the medication should be administered. Staff spoken with were able to describe to us the circumstances in which these medications should be administered (for example if someone was agitated and in distress) but the lack of clear guidance meant this people were at risk of having this medication administered inconsistently.

We saw that people's MAR held up to date photographs of people and information regarding any allergies they may have. Where people required medication in the form of a patch, body maps were in place indicating where these should be placed in order to maintain their effectiveness and we noted that this guidance was being followed.

We discussed medication management with the manager. They told us that at that time, the responsibility for booking in and overseeing medication was shared by a number of staff in the home. Although medication audits had been taking place, they had not identified some of the areas highlighted by the inspector. We saw that prior to the inspection, the manager had also identified some concerns regarding the medication audits the provider had requested and in response to this the manager had created her own separate medication audit. By the end of our inspection the manager had identified a member of staff who would lead on medication ordering and processes. We also saw that instructions were issued to staff to ensure they followed new guidance with regard to the recording and administration of medication in the home.

People spoken with told us that they received their medication on time and that if they required any pain relief, they only had to ask and staff arranged this for them. One person told us, "I'm lucky, I don't get much with in the way of headaches but they will give me paracetamol if I do". We saw that one person was supported to self-medicate. They told us, "I was fully involved in this arrangement and it suits me very well". We noted that this arrangement was reviewed on a regular basis to ensure that the person was happy for it to continue. We saw that medication was stored securely and appropriately and within the correct temperature ranges.

Staff were able to describe to us the types of risks people were exposed to on a daily basis and how those risks were managed. Risk assessments were reviewed and updated on a monthly basis or sooner if there were changes noted in a person's needs. Where accidents and incidents took place, they were documented and investigated and where

Requires improvement

Is the service safe?

appropriate lessons were learnt. For example an incident occurred with one particular person which prompted staff to investigate their care needs further and additional medical intervention was sought.

The manager showed us that she had created two 'grab' boxes, one for each unit. Their purpose being to save time in the case of emergencies. They contained basic items for first aid plus additional items that the manager had identified would be useful that were usually kept in the treatment room. They told us, "It saves time; staff don't have to find the keys and go to the treatment room" and staff spoken with confirmed this.

People told us they felt there were enough staff in the home to meet their needs and had no concerns about the staffing levels. One person told us, "They were late getting me up once and apologised to me, they said 'Sorry, we've got a bit of a flap on this morning' but it wasn't a problem". A relative commented, "I don't think you can ever have enough [staff] but they do quite well with what they've got". A member of staff told us, "Yes there's enough [staff]. We work as a team – if we are short or if someone gets sick, we cover ourselves and try not to use agency staff because they don't know the residents". We discussed staffing levels with the manager and saw that they were assessed based on people's dependency levels. There remained one staff nursing vacancy that was currently being covered by existing staff. The manager told us, "We're really pleased, we haven't used agency staff since November 2015. We are one home, so staff help out across the units".

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they started work.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A relative told us, "They [staff] told me about the DoLS – we had a best interests meeting – they've kept me fully informed". We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where there were DoLS in place, best interests meetings had taken place and the correct paperwork had been completed. Staff had a mixed understanding of MCA and DoLS. Staff understood the principles of obtaining consent, but were not fully aware of DoLS and what it meant in practice. Some staff required prompting on the subject and training records showed that less than half of the staff had received training in this area. Staff told us that they were confident that people were not unlawfully restricted and were able to describe to us instances of how they gained people's consent prior to supporting them. However, the manager had told us that applications were in place to deprive 20 people living in the home of their liberty and staff spoken with were unable to identify the majority of these people. This meant that the manager could not be confident that all staff were working within the principles of the MCA as not all staff had received training or were aware of those people who were lawfully deprived of their liberty.

People told us that they considered that staff working at the home were well trained and knew how to do their job. One person told us, "I find them [the staff] very good" and another person said, "I am very impressed with the dedication of the staff they are constantly working hard". Relatives told us they felt that staff were well trained and they were confident that they knew how to care for their loved ones.

Staff told us they felt well trained to do their job and spoke positively about the support they received from the manager. One member of staff described to us how the manager was supporting them in a new role. They told us, "I've been here a long time, but since [manager's name] became manager I've felt more motivated". Staff told us they received regular supervision and support and benefitted from an induction which prepared them for their role, prior to commencing in post. We saw that staff were expected to access online training on a regular basis. However, a number of staff told us and the manager confirmed that the system had been inaccessible for a few months. One member of staff told us, "The e-learning is very good but the last few months I haven't been able to get on it. I've chased head office and they are sorting it out this week". We saw that the manager had also identified this and had been chasing the provider for a solution and that staff were now able to access the training.

We saw that there were a number of communication systems in place to ensure information was passed between shifts in a timely manner. One member of staff commented, "When you've been on holiday you need to see what's been happening, we have a diary handover sheet with information for each resident and how they have been. Communication works well, it really does, it's really helpful".

One person told us, "The food is alright, you even get a choice at breakfast!" and another person said, "The food is very good, there's a great variety of choice on offer". We observed that people were supported to have a nutritionally balanced diet and adequate fluids during the day. We saw that a variety of hot and cold drinks were made available during the day and at meal times. At lunchtime we observed people were offered a choice and their meals were plated up according to their individual preferences. We spoke with the chef and observed that there was written information available regarding people's dietary needs and individual likes and dislikes. The chef confirmed that care staff would keep him up to date to ensure people's preferences were taken into consideration at mealtimes.

Requires improvement

Is the service effective?

People told us that if they felt unwell, they were able to ask to see their doctor. One person told us, “They’ll get the doctor out if I need to see them” and a relative said, “They will get the doctor out whenever [relative] needs it. [Manager’s name] is very good like that”. Another relative confirmed they were always kept up to date with any changes in their loved one’s health and added, “The doctor comes in weekly and the specialist skin nurse visits. The staff do hourly checks on [relative] to make sure she’s ok”. People told us they were supported to access other health care professionals in order to promote good health and wellbeing, such as the optician, dentist and chiropodist and we saw evidence of this in people’s care records. Staff were able to describe to us people’s specific health care needs. We saw that when one particular individual was identified at being at risk of choking and weight loss, appropriate advice and guidance was sought and a referral was made to the Speech and Language Team (SALT) in order to meet the needs of the individual. We saw when one person returned from hospital their care records and risk assessments were updated immediately to reflect the change in needs and the nurse on duty was able to provide a full account of how the change in needs would be managed.

We noticed a number of improvements to the environment had been made since our last inspection. New carpets had been purchased and the lounge area in Littleton house had been redecorated and features added to make it a more homely environment for the people living there. We saw that work was still ongoing and the manager and staff were moving forward with their plans. However, we saw that the mural on the wall, which was not designed for a dementia care unit, was still in place. The manager immediately made arrangements for it to be painted over and this was completed before the end of the first day of the inspection. We also noted that at the last inspection four bathrooms were out of action, leaving only one bath and one shower for the whole building. This work had still not been completed, despite assurances that it would be a priority. We saw evidence where the manager had obtained quotes for this work and had continually chased the provider for the work to commence but despite this, the work was still not done.

Good

Is the service caring?

Our findings

People spoke positively about the staff who supported them and described them as kind and caring. One person told us, "I absolutely love this place, I don't want to leave" and another person told us, "The staff are very kind and considerate". A relative told us, "I have to speak as I find, they always appear kind and caring". Another relative told us how touched they were by one member of staff who told them they had sat with their loved one when they were on their break. They told us, "We thought that was very nice – they didn't have to do that – such a nice thing to do". Relatives told us they were confident that staff knew their loved ones well, one relative told us, "Mom can communicate by using the expressions on her face and staff can read her expressions well".

People who preferred to stay in their rooms, or were nursed in bed, told us all staff stopped to say hello and check on them. One person told us, "Whoever is passing the door, they always shout in and check I'm ok". They also told us, "They [the staff] check on you at night as well, they'll say 'aren't you asleep yet?! I'll get you a cup of Horlicks'". We observed that when staff walked through the communal areas, or passed people in the corridors, they took the time to speak to them or have a chat and we saw that people were comfortable in the company of the staff who supported them.

People told us that they were always made to feel welcome when they visited and that they could visit at any time. One visitor told us, "Staff are always pleasant, will get you a cup of tea when you arrive, everyone is very friendly" and a relative said, "I'm always made to feel welcome".

People told us they felt listened to and that they were involved in the planning of their care and support needs.

One person said, "They told me all about it [their care plan] and keep me up to date with it". People told us that they were able to choose when they got up and went to bed and who they wanted to deliver their care. One person commented, "They asked me if I wanted a male or female carer and I told them I wasn't bothered".

We observed where people experienced difficulty in communicating, efforts were made by staff to ensure people were able to understand what was being said to them. A member of staff told us, "[Person] has poor hearing, you have to make sure you speak loudly, but slowly and if necessary repeat what you are saying".

A person told us, "I love doing things with people that I can help out with" and went on to describe how staff supported them to retain their independence. We observed staff encouraging people to eat and drink independently and staff told us they would only support people to do things they could not do.

People told us they were treated with dignity and respect and we observed this. One person told us, "They are very respectful". We observed at mealtimes that where people were supported to eat their food, staff talked to them whilst providing this support. We saw that staff took their time and went at the pace of the person they were supporting. Staff spoken with described to us how they maintained people's dignity when providing personal care, for example by ensuring curtains were closed and by covering people with a towel. A member of staff said, "I always make sure I have three towels; two to cover the person and one to dry them.

We were told that one person in the home currently had an advocate, and staff spoken with were aware of advocacy services that were available and how to access them on people's behalf.

Good

Is the service responsive?

Our findings

People told us that they and their relatives were involved in planning their care prior to them moving into the home and records seen confirmed this. One person told us, "I was involved, I'm very happy with how they care for me". A relative told us, "We have been fully involved in [relative's name] care plan, they asked us lots of questions". We saw that reviews took place on a regular basis, one relative told us, "They invite us to relatives meetings as well but if I have anything to say I'd rather have a one to one meeting with staff and they do arrange that" and another relative said, "They have daily reviews, we speak to staff on a daily basis".

Staff spoken with were able to give a good account of the people they cared for and how they liked their care to be delivered and what was important to them. They demonstrated a knowledge of people that enabled them to support them the way they preferred. For example, one member of staff described what was important to a particular person and how when talking about this subject, it lifted their mood. A member of staff told us, "When new people come in they give us time to read the care plan to make sure we know people. We all get involved in activities as well, we are part of their family, so we will join in". Another member of staff told us, "You have a section of residents who like a bit of peace and quiet and like to sit in the quiet area. Then you have other residents who like to get more involved, like when the exercise man comes". We observed that people had access to a hairdresser who visited regularly and the home's hair dressing salon had recently been redecorated to make it feel like a regular salon and improve the experience for people visiting it.

People told us they were involved in a number of activities that interested them. One person showed us the adult colouring book they were completing, they said, "I do this because I choose to do it, I like to do my knitting as well". We spoke with the activities co-ordinator who was new to her role. She showed us the information she was putting together for each person living in the home, starting with an activity level checklist. She told us, "I'm doing a bit at a time for everyone, so that no-one gets missed out" adding, "I like the interaction with residents, it's a very fulfilling job". People confirmed that the activities co-ordinator had been speaking to them to discuss how they would like to spend their time. We observed her discussing this with one person who clearly enjoyed talking about their past working life and their family. We spoke with another person who we observed liked to walk around the unit. They told us, "I like to wander round and meet friends" and we saw staff stop and acknowledge them as they passed by. There were a number of photographs on display showing the variety of activities people had been involved in. A Winter Fayre had been organised and the monies raised were used to purchase a projector that could be used to project films on. A relative told us, "When I came last week they got a big screen out, drew the curtains and put a film on. Because the screen was so big everyone was able to see it, every little detail" and a member of staff added, "The movie days have been quite a big hit with the residents".

We saw that people were supported to maintain contact with family and friends. One person told us, "My family visit every day, and my friends from church came today". They told us that if family were unable to visit, arrangements were made for them to speak to them over the phone.

We saw that efforts were made on a daily basis to obtain feedback on the care provided from people living at the home and also any visitors. Relatives told us they had completed a number of surveys and had been invited to relatives meetings but had chosen not to attend. One family explained that they visited regularly and any information they required they were able to obtain on their visits. We saw letters that the manager had sent to families, in response to the last CQC report and the actions that the provider had put in place. The manager had sent a number of updates to relatives and people spoken with commented that they appreciated receiving this information. We also saw evidence of a number of compliments the staff and manager had received from relatives.

People told us that they had no complaints about the service, but were confident that if they did need to raise a concern, that it would be dealt with appropriately. One person told us, "If there was anything troubling me, I would go and talk to them [staff]" and another person said "I've never had to make a complaint". A relative told us, "I've never had to raise anything. If there was a problem they will always seek me out and keep me informed". Staff were aware of the procedures to follow if they received a complaint. A member of staff told us, "I would rather be told [about a complaint] so that we can do something

Good

Is the service responsive?

about it". We saw that where complaints had been received, they had been investigated in accordance with the provider's complaints policy and lessons were learnt where appropriate.

Requires improvement

Is the service well-led?

Our findings

At our previous inspection in May 2015 we found that monitoring systems in place were not effective and did not identify where quality and or safety were being compromised. On this our most recent inspection we found evidence that demonstrated there were a number of audits in place that identified areas for improvement or error. However, we did note that despite medication audits being carried out on a regular basis, they had failed to identify the concerns raised during the inspection. We discussed this with the manager. We saw that she had already identified that medication audits did not ask for information on levels of controlled drugs and had created her own audit to address this. By the end of our inspection we saw that the additional areas that we had identified were added to the new auditing system that the manager had created.

The manager told us that since she had been appointed in December 2015, she had created a number of quality audits and had put these in place to assist her in her role and we saw evidence of this. She told us, "I like to get in at 7.30 am every morning so that I can speak to the night staff and then I do my walk around". The manager described how she conducted visual checks on the environment and staff practice in order to ensure everything was 'as it should be'. She told us, "The manager has to have fingers in every pie, I need to know everything because if I don't how do other people?" The manager told us that she felt fully supported by the regional manager and was in regular contact with her. The manager was not yet registered with the Commission and was in the process of making her application to become the registered manager of the home.

At our previous inspection in May 2015 we found the provider was failing to notify the Commission of abuse or allegations of abuse. On this our most recent inspection we found that the provider had responded to the concerns raised and had completed the appropriate notifications in a timely manner.

People, visitors and staff alike, all spoke positively about the manager and told us they considered the home to be well led. The manager was described as 'efficient', 'supportive' and 'approachable'. One person said, "I know who the manager is, she listens" and another person said, "I know the manager, I like her, she listens to me". Relatives spoke positively about the effect the new manager had on the home. One relative told us, "It's a lot better since [manager's name] took over, she is very approachable, it's easy to ask her anything" and another relative said, "Since [manager's name] has been here it is more efficient, she is very much on the ball, she has the right personality that you want in that job".

Staff told us they felt very supported in their role and were aware of their roles and responsibilities. One member of staff said, "[Manager's name] is a lovely lady, she always listens to us, is supportive and takes on board what people have to say. She takes notice of things". We saw that regular staff meetings took place and staff confirmed they were listened to and were able to contribute to the meetings. We saw that where relatives had written in thanking the manager and staff for the care of their loved ones, the manager had displayed this for all staff to see with the added banner, 'keep up the good work'.

We saw the manager had made arrangements for staff to obtain additional qualifications in adult social care and customer service. A member of staff had been identified as training lead in order to ensure all staff were up to date with their training and also to act as link with other agencies who were able to provide additional training.

We discussed with the manager her plans for the home. She told us she wanted to put Holbeche House 'back on the map, in a good way' and was keen to support staff and get the best out of them. She told us, "I'm all for offering people the opportunity to get better and creating your best team". She had created new unit leader roles in the home and the working hours had been developed to meet the needs of the people living there. The manager told us, "The fact that unit leaders are here 44 hours a week means they know exactly what is going on – it's brilliant for the care side of things".

We saw that the manager had made a number of positive changes to the environment in order to make it more homely and welcoming for people living there and their relatives. However, there still remained only two working bathrooms in the building. We saw that the manager had obtained quotes for this work and had repeatedly chased the provider for agreement for the work to commence, but was still awaiting a response.

We saw that efforts were made to obtain regular feedback from people living at the home, their relatives and staff. Daily surveys were completed with a number of people and

Requires improvement

Is the service well-led?

the manager had arranged a number of different staff to conduct these surveys. The manager demonstrated to us the electronic system that was used to gather this information and the action plans it produced. Although there hadn't been any recent relatives meetings, the manager had kept relatives up to date by writing to them and speaking to them in person. She told us that she planned to arrange a meeting once the next inspection report was published in order to discuss the progress made by the home.

We noted that accidents and incidents were logged, investigated and followed up and where necessary care plans and risk assessments were updated to reflect any changes.

The provider had notified us about events that they were required to by law and had on display the previous CQC rating of the home.