







Four Seasons Homes No 4 Limited Marquis Court (Windsor House) Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 20 and 23 October 2014 and was unannounced. Marquis Court (Windsor House) provides care for up to 52 older people living with mental ill health and/ or with dementia. It provides nursing and personal care to people who live in three units, Tivoli, Chase and Heath.

There was a registered manager at the home. 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.

Summary of findings

At the last inspection in April 2014 we asked the provider to take action to make improvements to people's care and welfare, nutrition and monitoring the quality of the service. This action had been taken.

People were kept safe at Marquis Court. Risks were identified and minimised to help keep people safe. Staff were aware of signs of abuse and knew how to act if they had any concerns about people's welfare and safety.

People were supported to have their medicines as prescribed. Medicines were stored and administered safely.

Some people were unable to make certain decisions about their care. We saw that in these instances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People liked the food provided and had a choice of food and drink. People's nutritional needs were assessed and monitored to make sure they received enough to eat and drink.

The staff worked closely with health care professionals to support people to have their health care needs met.

We observed and people told us that staff were caring and compassionate. People were treated with respect and their dignity and their privacy was promoted. Staff knew people's individual preferences and these were acted upon.

We observed that people were provided with things to do but there were times when people were not engaged. We have made a recommendation about supporting people living with dementia.

The provider had an effective complaints procedure in place. People and relative told us that concerns were listened to and acted upon.

The provider took account of the views of people, their relatives and staff to improve the care people received.

People, relatives and staff told us that the service had improved since the manager had been appointed. People said she was visible, readily available and knew every person who used the service.

Systems were in place to check and monitor the care people received. Where shortfalls were identified these were acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Risks to people were identified and care was provided that kept people as safe as possible without imposing restrictions.

Staff were aware of signs of abuse and how to act if they had any concerns. This helped to make sure that issues of concern were acted upon.

Medicines were stored and managed safely. People were supported to have their medicines as it had been prescribed.

Good



Is the service effective?

The service was effective.

People were supported by staff that were trained and supervised to undertake their role.

People had their health and nutritional needs met.

Staff were following the provisions of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that people's rights were upheld and decisions were taken in their best interest.

Good



Is the service caring?

The service was caring.

People were treated respectfully and in a caring and compassionate way.

People's privacy, dignity and independence were promoted.

People were supported to make choices and decisions about their lifestyle.

Good



Is the service responsive?

The service was not consistently responsive.

People had things to do but there were improvements that were needed to ensure people's emotional well-being was being consistently well promoted.

People had plans of care that reflected their individual needs and were kept up to date.

Complaints raised by people and relatives were acted upon. Changes were made to the service as a result of complaints.

Requires Improvement



Is the service well-led?

The service was well led.

People who used and visited the service were asked for their views of their care and of the service. Their views were listened to and acted upon.

Good



Summary of findings

People and staff felt the service was well led. The manager was visible and had an open door policy.

Staff felt valued and encouraged to develop their knowledge and skills.

Marquis Court (Windsor 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 checked 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 20 and 23 October 2014 and was unannounced.

The inspection team included 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. The expert by experience had knowledge of people living with dementia.

Before the inspection we looked at information we held about the service including recent inspection reports and notifications. Notifications are documents sent to us by the provider to inform us about incidents that have occurred at the home. The provider was sent a Provider Information

Record (PIR) but due to administrative issues this was not returned before we undertook the inspection. We were able to see the information after the inspection. The PIR is a document that we ask the provider to complete to tell us about the service and the plans it has to improve and develop the service.

We spoke with two health care professionals and one social care professional before the inspection to gain their views about the service.

During the inspection we spoke with eight people who used the service, two relatives, nine care staff, the manager and the deputy manager. We spent time observing people being supported and completed a short observation framework inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of four people, the recruitment files of eight staff and a range of documents relating to the running of the home.

After the inspection we spoke with two relatives and a health care professional.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. We spoke with four relatives of people living with dementia. They told us they felt their family member was kept safe. One relative said; "I have not seen anything to worry me. I feel [relative] is safe here".

There were processes in place to protect people from abuse and to respond when a person may have been abused. We were aware from the notifications sent to us by the manager that the home was acting upon incidents of potential abuse and appropriately referred them to the local authority for investigation. Social care professionals we had spoken with confirmed that the manager was active in addressing any concerns that were raised. Staff we asked were aware of different types of abuse and the signs that abuse may have occurred. They were aware of their responsibility to act on concerns and told us they would report any concerns to senior staff members. This meant that incidents of abuse would be identified and acted upon to keep people as safe as possible.

Assessments were completed to assess risks to people. Plans were in place to minimise risks to people to keep them safe. We saw evidence of plans to support people moving safely, to reduce the risks of pressure ulcers and to reduce the likelihood of people having falls. For example one person was assessed as needing a hoist to move safely. We spoke with staff and they were aware of this need. We also observed care staff supporting people to use the hoist safely. Some people needed to be supported to change position to enable them to maintain a healthy skin. A sample of records we checked showed these were fully completed and people were being supported to move as often as their records said they should be. Care staff confirmed that people who needed this support received it.

The provider had an effective system in place to make sure that people were supported to live in a safe environment and that equipment was properly maintained. For example

records confirmed that equipment was regularly serviced and checked. A fire risk assessment was completed and regular tests took place on the fire alarms and emergency lighting. Plans were in place to support people to evacuate the home in the case of an emergency.

Four people we spoke with felt there were sufficient staff. One person we asked said; "Yes I do, because there's always someone to give me a hand". We spent time in each unit observing the care people received. We saw that staff were available to provide people with support and this was done in a timely manner. People were not waiting lengthy periods for attention and we saw there were times when staff talked and engaged with people. Care staff we spoke with told us that staffing levels had increased and that although there were times when it was very busy there were sufficient staff available to provide people's care. They confirmed that when there was a shortage of staff, the manager tried to get additional staff to cover.

Care staff we spoke with told us they went through a formal recruitment procedure that included checks on their character and previous employment. We checked a sample of staff files and these confirmed that there was a robust recruitment process in place.

We spent time looking at how the provider supported people to have their medicines. We saw that medicines were stored correctly. We observed a nurse administering medicines to people and this was done in an appropriate and safe way. Our checks on a sample of medication administration records (MAR) showed there were no gaps and when people refused their medicines a record was kept. Some people were prescribed creams and ointments. These were administered by care staff when they provided personal care. Records were in place that showed where and when the medicines were to be applied. Staff we spoke with told us the creams they applied and how these were recorded. This meant that systems were in place to support people to have their medicines safely and when they were needed.

Is the service effective?

Our findings

When we completed our previous inspection we had concerns that people may not have sufficient to eat and drink. We saw that on this inspection that the manager had addressed the issues. People we spoke with told they enjoyed the meals provided at the home and that they were offered a choice of food. One person said; "I like the food. I've no problems about that". Another said; "The food's always nice. I enjoy the meals". Records we checked confirmed that people's nutritional needs were assessed and evaluated every month. This identified that when people needed particular support to have sufficient to eat and drink this was provided. For example our observations showed people that needed a soft diet were provided with one. We also saw staff providing people with support to eat and drink. Some people needed to have their food and fluid intake monitored to check they were having adequate nutrition. We saw staff completing these records and when we checked a sample we saw these had been completed appropriately. These records meant that staff knew how much people had consumed and that they could take action if people did not have adequate to eat and drink.

People were weighed regularly and when there were significant weight changes these were acted upon. For example one person we checked had been appropriately referred to the dietician when a weight loss was noted. A choking assessment had been completed and when this showed concerns the person was referred to the speech and language therapy service for advice and support. We saw that this advice had been acted upon.

We observed that people chose where to sit and eat their meals and that people had the support needed to eat their meals. We observed that people had plenty to drink and there was a choice of meal. We saw that everyone in Tivoli unit had the same meal. We raised this with the manager who told us there was always a choice of meal but would check they everyone had been made aware of the choices. We observed that some people had specialist equipment to help them to eat independently. For example one person had adapted cutlery and another had a plate guard. We saw that the pureed meals were presented in an appetising manner with the elements of the meal presented separately.

Staff told us and records confirmed that staff received training and support to undertake their role. For example a

number of staff had completed basic dementia care training that included staff experiencing what it would be like to be dependent on carers. Two staff we spoke with said this training had had a significant effect on them and had made them alter the way they supported people. The observations we completed showed that care staff demonstrated an understanding of the needs of people living with dementia and gave them appropriate support. There was a programme in place training staff to respond to behaviour that challenged. A care staff we spoke with told us how they had learnt to use diversion methods to reduce people's anxiety. Some care staff were trained in continence care, nutrition and end of life care to become health care assistants to provide the nursing staff with support. Our discussions with one of these staff showed that they understood how to provide people's care in an appropriate manner and knew when they needed to involve a qualified nurse to provide additional support.

Staff were supported to undertake their role. They told us they received individual supervision that provided them with the opportunity to speak with a senior staff member about their role and about the people they cared for. Records confirmed there was a supervision schedule and all staff had received supervision in the last three months.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA). The MCA identifies the action that must be taken to support people to make decisions and to make sure when people cannot make decisions their rights are upheld and decisions are made in their best interest. We saw that people's capacity to make decisions was assessed and information was available showing the support people needed to make decisions. We saw that there was an assumption that people had the capacity to make decisions and saw people were offered choices about day to day decisions. Care staff were aware of the need to support people to make decisions and to act in their best interest. We also saw evidence that when people did not have the capacity decisions were made in their best interest and included the views of people who know them well.

There were some people subject to restrictions and had Deprivation of Liberty Safeguards (DoLS) authorisations in place. The DoLS provisions ensure that when restrictions are placed on people these are for their safety, are lawful and are undertaken in the least restrictive way. Checks we

Is the service effective?

made and discussions with care staff confirmed that the restrictions that were authorised were being followed.. Records showed that most staff had completed training in the MCA and DoLS. A

People were having their health care needs meet. One relative we spoke with told us that the staff were very proactive in supporting their family member who had difficulties with their vision. They ensured the person was referred to a health specialist and supported them throughout the process. Our discussions with health professionals confirmed that people were referred for

health care support and staff acted upon the health advice they were given. Records confirmed that people's health and well-being was assessed and monitored. For example people were assessed for depression and where this indicated concerns they were referred for professional support. Records confirmed people were seen by the GP when they were ill and also received specialist health care support. For example some people were supported by a community psychiatric nurse and by the psychological services.

Is the service caring?

Our findings

People were treated in a caring manner. All the people we spoke with were happy with the way staff spoke with them and treated them. One person said; “They’re lovely to me. They’re very good. I like them”. Another person said; “The girls are lovely when they are looking after you”. Relatives we spoke with felt that the staff were caring. One said; “I feel the staff are caring. It’s like a little family”. Another said; “I’ve seen how they [staff] interact with people. It’s very caring”. These views corresponded with what we observed. We saw many examples of staff supporting people in a caring and compassionate way. For example we observed one person being moved with a hoist. The care staff explained what was happening, were patient and reassured the person in a caring manner. We saw another staff member supporting someone who was upset. The staff member held the person’s hand and spoke in a soothing manner. These actions calmed the person. We also observed occasions when staff were patient and ensured people were not rushed.

People were treated with respect and their privacy and dignity promoted. One person we asked confirmed that their privacy and dignity was promoted saying: “Oh yes they do. They’re very good”. Another person said: “The staff are respectful, very nice and very courteous”. We observed that staff knew people’s preferred names and knew about their individual preferences. For example one person liked to wear jewellery and we saw that they were supported to

wear bracelets and rings. We saw at lunchtime one person was struggling to eat their meal. The care staff discreetly asked the person if they wanted help and this was provided in an unobtrusive manner. We also observed that care staff appropriately supported one person with poor vision to eat their meal. The care staff member explained where the food was in relation to the clock face. This enabled the person to be more independent. We saw people’s privacy was promoted when receiving personal care. Care staff we spoke with explained how they made sure that doors and curtains were kept closed and people’s privacy respected as much as possible whilst not placing them at risk.

We observed and staff confirmed that people were encouraged to make decisions about their care and lifestyle. For example one person told us; “I get up when I want”. Another person said: “Nobody has stopped me doing anything”. We observed that people who could not tell us about their experiences were provided with choices about their food and drink and about the things they did. We saw there was a limited use of non-verbal methods to support people to make decisions but plans were in place to address this through the use of, for example signage, symbols and pictures of food.

Relatives we spoke with said that staff involved them in decisions about their relative’s care. They told us they had provided information about their relative’s previous lifestyle to enable staff to provide support in the way they wanted and that reflected their previous lifestyle.

Is the service responsive?

Our findings

When we completed our last inspection people did not have adequate opportunities to take part in interesting things to do and people were sitting for lengthy periods with little stimulation. On this inspection we saw that improvements had been made particularly in Tivoli and Chase units. We observed staff interacted with people and people's senses were better stimulated. We observed some people painting and saw evidence that arts and crafts had been completed. We saw one person undertaking flower arranging and another person looking at a photo album of their family. Records of activities showed that people had taken part in reminiscence and pampering sessions, film afternoons and bingo and word searches. Some people had memorabilia boxes provided by family members.

In Heath unit we saw people had less to do. We observed some people sitting for quite lengthy periods with little to engage or stimulate their interest. We observed that there was limited interaction between staff and the people that lived at the home. We saw that one person was unsettled and was picking at their clothes. We asked if there were any sensory items and equipment on the unit for people to touch and hold. All that was available was a number of small plastic balls. When these were introduced to one person they spent time feeling and touching this. People living with dementia need to be engaged and stimulated to promote their health and well-being.

People told us they would feel comfortable and confident to speak with staff if they were unhappy or wanted to make a complaint. One person said; "If I wasn't getting care everyone would know!" Another person said when asked about making a complaint said; "I certainly would, There

are [staff] I could always speak to". Relatives told us they would have no hesitation in raising concerns. We saw that the provider had a complaints procedure and this was available to people and their relatives. Records of complaints were kept. We saw that complaints were responded to and acted upon promptly. We saw evidence that changes had been made as a result of complaints. For example as a result of one complaint the arrangements for providing hair care were changed. This meant that the manager was using the outcomes from complaints to improve the service.

Checks on care documents showed that an assessment was completed and plans were in place that identified people's individual needs. Records recorded people's individual likes and dislikes. We saw that people's care needs were reviewed monthly. People that were able told us that staff spoke with them about their care. Relatives also told us they were involved in discussions about their family members care needs. People said they were satisfied with the care they received. One person said; "I'm happy. I've nothing not to be happy for. I like it". Another person said; "It's pleasant". This meant that information about people's care was up to date and took account of people's views.

When we spoke with staff they were aware of people's individual needs. For example we observed that staff were fully aware of how to respond when one person became upset. They spoke with them about their family and previous lifestyle. Another person gained comfort from holding a doll. We saw that staff made sure this person had the doll. This meant that the staff were providing care to these people that met their needs.

Is the service well-led?

Our findings

When we completed our last inspection we found that Heath unit [WM1] was not well led. It was poorly organised and we were concerned that some people's needs may not be met due to the mix of people living on the unit. On this inspection we observed that the provider had made changes and the care for people had improved.

There was a registered manager who had been in post for one year. People that lived at the home, relatives and staff told us that the service had improved under the leadership of the manager. People and relatives said that the manager was visible and they saw her regularly on the units. They told us she was very approachable and sorted out any issues they raised.

All the staff we spoke with were positive about the manager seeing her as promoting good practice and working hard to improve the care people received. They told us that the manager was always available and that she had an open door policy. One staff member said; "She is brilliant. She has lifted the home. She's hands on and gets involved. She knows all the residents. We feel valued".

Staff told us that the manager encouraged and supported them to develop their skills and knowledge. We saw that several staff had been shortlisted for the regional finals of the national care awards following being nominated by the manager. The manager had been nominated by some of the care staff. This demonstrated that staff thought highly of the manager.

Staff told us they felt able to speak with the manager about any issues and were confident that that concerns would be acted upon promptly.

People were provided with opportunities to express their views about their care and the running of the home. There were relatives' meetings held and a customer satisfaction survey every year. This allowed the provider to receive feedback about the quality of care and to upon any concerns. We saw that minutes of these meetings and reports of actions taken were displayed on notice board in the entrance hall of the home. This allowed people and relatives to see the action the provider had taken in response to issues they had raised.

Records confirmed that audits and checks on people's care took place. For example we saw audits of medicines, plans of care, the dining experience, food hygiene and nutrition. Plans were in place when shortfalls had been identified. We also saw that the manager had an overall action plan that showed future plans to improve the service. This included improving the premises inside and outside and achieving PEARL, the provider's dementia care programme. This meant that the manager was working to improve the service for people who lived there.

Our records confirmed that the registered manager notified us of reportable events as required. We were informed of deaths that occurred at the service and incidents that resulted in a serious injury and of potential safeguarding incidents. This showed that they understood their CQC registration responsibilities.