

# Four Seasons Health Care (England) Limited

## Euxton Park Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Euxton Park is a residential care home providing nursing or personal care for 57 people aged 65 and over at the time of the inspection. The service can support up to 63 people. There are two units within the home, one for people who require residential care and one for nursing care.

### People's experience of using this service and what we found

Most people told us they felt safe and were supported by staff who knew them well. Recruitment was managed safely. There was mixed feedback about staffing levels. One person told us, "There are not always enough staff; you're looking for somebody [to support you] sometimes, and they're all busy." We discussed this with the area manager and made a recommendation around staffing. People were not overly complimentary about the food. Although a new chef had started at the service, there were still areas for improvement.

People told us there wasn't much to do at the service. One person said, "We don't have a lot to do; we keep saying we've nothing to do and it's awful being bored. The school children come in sometimes to entertain us and that's very nice, when it happens." However, a new activity coordinator had just started at the service and had met with people to discuss what they would like to do.

Staff treated people with respect and maintained their dignity when supporting them. Care plans were detailed and medicines were managed safely.

People told us they were happy living at the service. One person said that they "wanted to stay here forever and would only leave if they won the lottery." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff and people told us they liked the new registered manager and she was approachable. Staff told us morale was starting to improve and the registered manager had implemented various initiatives to recognise staff achievements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 28 July 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our safe findings below

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below

### Is the service caring?

Good 

The service was caring

Details are in our caring findings below

### Is the service responsive?

Requires Improvement 

The service was not always responsive

Details are in our responsive findings below

### Is the service well-led?

Good 

The service was well-led

Details are in our well-led below.

# Euxton Park Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Euxton Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the administrator, registered manager, area

manager, unit manager, nurse and care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse.

- People's views on staffing varied. Call bells were ringing regularly and although people on the residential unit told us these were answered promptly, experiences on the nursing unit were less than positive.
- Feedback from staff around staffing levels was also mixed. However, some staff felt this had improved lately. We raised this with the area manager who demonstrated the dependency tool and assured us they staffed the units higher than the dependency assessment levels.

We recommend that the provider consult with people around their experiences and regularly review staffing levels.

- Recruitment processes were safe.
- The registered manager carried out relevant checks to ensure new staff were suitable for the role for which they had been employed.

Using medicines safely

- Medicines were managed and stored safely.
- Staff were trained to manage medicines safely. We observed people received their medicines safely and medicine administration records (MARs) had been completed appropriately.

Preventing and controlling infection

- Infection control was managed safely.
- People were protected from the risk of infection and staff understood their roles and responsibilities. One person told us, "There are cleaners coming in and out checking [for cleanliness] all the time."

Assessing risk, safety monitoring and management;

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- Emergency procedures for keeping people, staff and others safe, were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.
- People's records were accurate, up to date and stored securely.

Learning lessons when things go wrong

- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff ensured people's needs were assessed. However, there was a focus on people's healthcare needs and personal and social histories were not captured in care plans. We raised this with the registered manager who explained that they were just in the process of introducing this through one page profiles.
- Staff regularly reviewed care plans and evaluated them. Staff were aware of good practice guidelines and used them to support the delivery of care

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported effectively with choice in a balanced diet. People we spoke with were not sure what they were having for lunch. We overheard a staff ask if a person enjoyed their lunch. They replied, "It was ok, what was it?" Desserts were mainly cold milk based desserts, such as yoghurt, ice-cream and mousse. There was a hot pudding alternative but this was not cooked properly. We raised this with the registered manager who told us that the home had a new chef and things were in the process of improving.
- People we spoke with had a lack of enthusiasm about the food. We observed people politely pushing the food away, despite staff encouraging them to eat. One person said, "The food's not good, but we don't like to grumble."
- The dining room was pleasant but the experience lacked social interaction and atmosphere. Although we observed some positive interactions, there was a lack of opportunity for staff and people to engage with one another.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments were decision-specific and consent forms were in place.
- There was evidence of best interest meetings or best interest decisions being made for those people who lacked capacity.



- The provider had submitted DoLS applications and were awaiting their approval.

Adapting service, design, decoration to meet people's needs

- The design and decoration of the service effectively met the needs of people using the service.

Staff skills, knowledge and experience

- Staff received effective training which gave them the skills and knowledge to carry out their duties safely. Staff received appropriate inductions.
- Staff had opportunities for supervision and appraisal. They told us they felt well supported by the registered manager and other senior staff. One staff member told us, "She's amazing, she's really on the ball. She has a positive attitude and I feel like I can talk to her about any issues. "

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to appropriate health and social care professionals and staff worked with other agencies to make sure people's needs were met.
- We saw evidence in care files to show professionals had been involved in people's care, such as GPs, dentists, opticians and speech and language therapists.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. One person said, "I feel very kindly looked-after, not that it's 'just a job'. The staff care for me as a person."
- Family members told us they were made to feel welcome, "The staff know me as well as [my relative]; they're very welcoming and make you drinks, even offer you meals."
- Policies and training were also in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were given choices about their care. We observed staff offering choices, enabling people to make their own decisions and responding to their preferences.
- Although people could not always recall if they were involved in care planning, relatives we spoke with confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. People were encouraged to remain as independent as possible and do as much as they could for themselves. Equipment and adaptations were in place.
- Staff engaged with people in a dignified way and we observed them knocking on peoples' doors before entering. One person said, "The door [to my room] is open by choice, while I'm in here, but the staff normally just give a knock before they come in."
- There was a dignity champion at the service and a dignity tree was on display, reinforcing the values of the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. Work was still ongoing around activities and this has not been embedded yet.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there wasn't much for them to do. One person said, "It's boring here in the afternoons – not a lot going on, and nothing to do. There was Bingo one afternoon per week until recently but that seems to have stopped. You're either sat in your room or in the hallway but there's nothing arranged as such." Another person said "The trouble is, everybody stays in their own room; we don't mix socially. There's a big lounge up here, we could use that more, I think."
- A new activity coordinator had only just taken over at the service. The previous part time activity coordinator had changed to a different role in the home. There were no records of what activities had been taking place and how people were engaging. We spoke with the new activity coordinator about her forthcoming plans. We discussed our concerns around the lack of stimulation with the registered manager who reassured us that activities would be made a priority.
- People confirmed that an activities meeting had taken place. One person said, "We couldn't go to the meeting but a person came and asked me what I'd like to do, where I'd like to go." On the second day of inspection we observed the activity coordinator lead an armchair exercise session with a small group of people. We were also aware that hand massages, nail painting and card games were taking place.

End of life care and support

- At the time of the inspection there was no one in receipt of end of life care. However, a discussion took place about the need for advanced care plans to ensure people's wishes are respected at the end of their life. We were advised that this was a current area of development.
- End of life policies and procedures were in place

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support based on their assessed preferences and needs.
- Staff had a good understanding of people's lifestyle, preferences and needs. Care plans were detailed and reviewed on a regular basis.
- People's needs, including those related to protected characteristics, were identified.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- Information could be provided in ways which people could understand, including large print.

- Staff knew people well and understood how they communicated. They knew how people expressed themselves, so recognised if people were in pain.

#### Improving care quality in response to complaints or concerns

- People told us that if they had any concerns they would speak to a member of staff. One person said, "I'd speak to [name of a staff member] if I had anything to complain about; she's very pleasant and I think she would take action if it was needed."
- We looked at complaints and found that these were being managed effectively. We became aware of one complaint following our inspection and could see that this had been managed in line with the company's policies and procedures.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led. The registered manager, who had not been in post long, was visible within the service. She had identified areas for development such as activities and meals and was responsive to the needs of people, relatives and staff.
- Staff generally felt well supported by the registered manager and supervisions were taking place. Staff told us morale was improving. The registered manager had introduced employee recognition initiatives. One staff member described her as "a breath of fresh air."
- Notifications of significant events such as incidents and accidents were submitted in a timely manner. The provider had quality assurance systems in place, such as audits and quality monitoring. These were used to identify areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Policies and procedures were available and accessible to support staff.
- The registered manager promoted an open culture, which helped to promote good outcomes for people. She had implemented an open surgery so people could raise any issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The management understood the duty of candour. They told us they were open and honest in response to any complaints and worked in partnership to make improvements.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People were engaged and involved in the service. Staff meetings were held and staff told us they could make suggestions for improvement.
- People were consulted. They were invited to residents meetings to discuss the quality of the service and care delivered.
- We saw thank you cards and compliments about the service from residents and family members.
- The registered manager worked with health and social care professionals to ensure people received effective support to meet their needs. Records showed they worked in partnership with social care teams to support safe care provision. Advice was sought and referrals were made in a timely manner by the registered manager.

