Four Seasons (No 10) Limited

Emberbrook 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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on the 23 June 2015 and was unannounced.

Emberbrook Care Home is a nursing home that is registered to provide accommodation for up to 68 people who may require nursing or personal care. Some people who reside in the home may be living with dementia. The service has four units arranged over two floors and each person has their own bathroom. On the day of our inspection there were 55 people living in the service.

There was a new manager in post who had started working at the service in May 2015. They were in the process of applying to be a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living with dementia did not always have a positive experience at mealtimes and equipment that would help them to eat independently was not always available. Staff did not always interact with people at mealtimes. Staff did not have a good understanding of the Mental Capacity Act 2005 (MCA) or the Deprivation of

Summary of findings

Liberty Safeguards (DoLS). Relatives we spoke to told us that staff were "Not trained enough in dementia" and we found that not all staff had received supervision with their line manager that would have enabled them to raise concerns or identify any training needs they may have. We have made a recommendation that staff receive additional and relevant training related to caring for people living with dementia.

People did not have access to activities that were personalised to them. People told us they were "Bored" and that the staff did not always have time to spend time with them. Relatives confirmed that activities were something that needed to be improved. Peoples care plans were not person-centred and there was limited information in them about people's life and history.

Where people had identified risks to their health these were not always managed well, particularly in relation to their skin. Staff did not always recognise the signs where people were at risk of developing pressure sores. We have made a recommendation relating to this aspect of people's care.

Staff did not always have a clear understanding of who they should contact if they wished to raise a safeguarding concern outside the service such as the local authority.

People told us that they felt safe living at Emberbrook Care Home and that the staff were "Vigilant". Relatives told us that there were enough staff available to keep their family member safe. Recruitment processes were robust and had been followed to help ensure that suitable staff were employed. People got their medicines on time or when they needed them. Medicines were stored securely and administered by staff who were trained to do so. Records relating to medicines were accurate.

People told us that the staff knew them "Well". People were referred for specialist advice if they had a particular health need that had been identified. Referrals were made in a timely way and healthcare professionals we spoke to told us that they had "No concerns" about the care that was provided.

Without exception people and their relatives told us that staff were caring. Comments included that staff were "Excellent", "Wonderful" and that they "Always put you first". Interactions between people and staff were respectful and people's dignity and privacy was maintained by staff who understood the importance of doing so. The atmosphere in the service was welcoming and relaxed.

People and their relatives knew how to make a complaint and were "Not afraid" to do so. Complaints were dealt with informally wherever possible and had been resolved to people's satisfaction. Complaints were clearly documented and acted upon by the manager. Staff responded promptly to people when they needed assistance and when a health need was identified this was acted upon quickly by nursing and care staff to improve their health.

The new manager understood the challenges the service faced to improve the delivery of care and was actively involved in the planned refurbishment. There were effective quality audits undertaken where action was taken to improve the service for people. Incidents and accidents were monitored to identify any patterns or trends. People and relatives told us they were pleased with the new manager and said "Things were looking up".

We found two of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Risks to people with particular nursing needs were not always managed well.

Staff knew about safeguarding but were not always clear about who was the lead agency responsible.

There were enough staff available to help keep people safe. Staff had been subject to a robust recruitment procedure.

Medicines were managed well. People received their medicines when they needed and staff were trained to administer them.

Requires improvement

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

People living dementia were not always supported appropriately at mealtimes by staff. Staff understanding of dementia needed to be improved.

People's consent was obtained but not all staff were aware of the Mental Capacity Act (MCA) 2005 or the Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were met effectively by staff and they had access to a range of other healthcare services.

Requires improvement

Is the service caring?
The service was caring.

People were cared for by staff that knew them well and treated them with respect.

People and their relatives were involved in the reviews of their care and felt listened to.

Good

Is the service responsive?
The service was not always responsive.

People did not always have access to activities that were relevant to them or interested them.

People and their relatives knew how to make a complaint if necessary and were confident this would be acted upon and resolved.

Requires improvement

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

The manager of the service was open and approachable and had a good understanding of what was needed to drive improvement.

Good

Summary of findings

There were effective systems in place to audit the quality of the service and improvements were made as a result.	

Emberbrook 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.

The inspection took place on the 23 June 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor and an expert by experience. A specialist advisor is someone who has clinical experience and knowledge of the nursing care that was being provided. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service which included the last inspection report, any notifications received and information from the local authority. A notification is information that the provider is required to send us by law which helps us decide when to inspect. We did not ask the provider to complete a provider information return (PIR) on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we had brought forward the inspection and they would not have had the opportunity to complete one.

We used different methods to understand the experience of people who used the service which included talking to people, their relatives and friends or other visitors. Where people were unable to tell us about the care they received we observed care being provided by staff. We also interviewed staff, looked at people's care records, medicines administration records and other paperwork that related to how the service was being run and managed.

We spoke to 16 people who used the service, five relatives, nine nursing and care staff which included a physiotherapist and the manager. We looked at eight care plans, five staff recruitment files, policies and procedures in place and audits completed by the registered manager.

The service was last inspected on the 31 January 2014 where there were no concerns identified.

Requires improvement

Is the service safe?

Our findings

People told us that staff kept them safe and described them as 'Very good". One person told us there was "Someone around all the time" which made them feel safe. Relatives said that they thought that staff kept their family members safe, one told us that staff were "Extremely good" and were "Vigilant" which gave them peace of mind. Another relative told us that whenever they visited their family member they took comfort from the fact that the building was secure and there were "Always staff around".

People with nursing needs did not always have risks managed well particularly in relation to pressure sores developing. Whilst staff had ensured that they had identified people who were at risk of developing pressure sores staff did not always recognise the signs that one could develop. For example redness in the skin or a change in a person's mobility and appetite. Specialist equipment such as pressure relieving mattresses and cushions had been obtained and staff regularly turned people in line with their care plan to minimise the likelihood of a sore developing. Where people were immobile staff had positioned them well in bed to minimise the risk of skin breaking down. For other people risks were managed well and there were regular assessments undertaken to ensure that people were kept safe. For example where people were at risk of falling there were mats placed in front of them to alert staff if they tried to walk without support.

People and relatives told us that they would raise concerns about care with staff and the manager if necessary. Staff knew and understood what steps they should take should there be any safeguarding concerns and most had received training in this area however not all staff had a clear understanding of who they could report their concerns to. They were not always aware who to speak to outside of the organisation if they needed to and were not aware of the local authority's role in safeguarding. There was a safeguarding policy available to staff who knew how to access it and we saw that there were posters on display with a number on them that staff could 'whistleblow' to if they needed.

People were kept safe as there there were sufficient numbers of staff available to meet their needs. People and their relatives told us that staff were "Always around". The manager told us that the staff team had been in place for some time and they did not use agency staff but relied on staff to cover any sickness and annual leave where appropriate. Staffing levels were determined based on a dependency assessment of people's needs and there was 24 hour qualified nursing cover on each of the units. There were other staff employed such as an activities co-ordinator and housekeeping staff. People were responded to promptly when they rang their call bells for assistance and we saw staff would often stop to check on people who spent time in their rooms to make sure they were okay. Whilst there were enough staff to keep people safe people told us that they did not have enough activities to do and some were "Bored".

There were robust recruitment and selection processes in place. The provider carried out appropriate checks to ensure they employed staff that were suitable to support people at the service. Staff told us they had an interview before they started work and had to provide evidence to support their application. All the staff files we looked at had the necessary documentation needed such as proof of identity, references, work history and a Disclosure and Barring System (DBS) check. DBS checks identified if prospective staff had a criminal record or were barred from working with people who use care and support services.

People's medicines were stored and administered safely. Medicines were kept in trollies secured to a wall in a locked room to ensure people who were not authorised could not access them. We observed the medicines round at lunchtime, only suitably qualified nursing staff administered medicines. They wore a red tabard so that staff knew not to disturb them when medicines were being given to people. This reduces the risks of errors occurring. One person was at risk of storing their medicines, staff were aware of this and ensured that their medicine was given and checked to make sure they had taken it. There were photographs on each person's medicines record to minimise the risk of the wrong person receiving the medicines. Medicines Administration Records (MAR) charts were completed appropriately and if there were any discrepancies such as people refusing to take their medicines then this was accurately recorded as such on the MAR chart. There had been a recent audit by an outside pharmacy who had recommended that the way medicines are given covertly Is changed which is to be introduced.

We recommend that the service follows the NICE guidance on prevention and management of pressure ulcers.

Requires improvement

Is the service effective?

Our findings

People were happy with the food that was provided and described it as "Good" and "Nice". Relatives described the food as "Good quality". People were able to eat where they chose with some eating together in the dining rooms whilst others had lunch in their rooms.

People were asked to give their meal choices the evening before but for those who did not have capacity staff decided what they would eat. There were no pictorial aids used to help people to decide what they wanted and the menus were too small to read. People were not always given an alternative choice when they were offered their meal by staff. If people were hungry between meals then staff told us they would make them something to eat. People living with dementia did not always have a positive mealtime experience and staff did not always involve them when they had their food. For example people were given clothing protectors without being asked and one person had their dessert taken from them without notice. There wasn't any adapted crockery or cutlery to help them which meant staff had to support some people to eat rather than them being encouraged to do it themselves. On occasions we found that people in their rooms were not able to reach their drinks as they were placed too far away.

This is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people that needed support to eat were given this by staff who sat with them and encouraged them to do so by making eye contact and talking to people as they helped them. For those that needed a 'soft' diet due to swallowing difficulties this was provided to them, the food was pureed separately to make it appear more appetising. People who were at risk of malnutrition had assessments completed and where needed a food and fluid chart was completed to monitor their nutritional input. People were weighed regularly and appropriate action taken if weight loss was identified.

People told us that the staff were good at their jobs and knew them "Well". One person told us they had been unable to walk when they moved in to the service but had improved with the good care they had received and was now able to walk with support. Staff told us they felt supported in their job. There was an induction when they joined the service which they said was "Very good". One member of staff told us they were currently being supervised by a colleague until they were able to care for people on their own. The manager told us that the system used to train staff was now completed by 'e-learning' which was mainly computer based and was being transferred from a different system. Staff told us that they did not always find this helpful as they felt they didn't always have the opportunity to put into practice what they had learned.

Staff supervisions were not all up to date so staff were not always given the opportunity to feedback any concerns they had or have discussions about their practice. Relatives told us that some staff "Were not trained enough in dementia". We found that training in dementia had not always been completed which meant that staff would not always have the most up to date knowledge of how to support or care for someone living with dementia.

Clinical supervision was carried out by the deputy manager who was a qualified nurse to ensure that nursing staff were assessed for competency, there were monthly checks completed to ensure that each nurse had up to date registration with the Nursing & Midwifery Council. One health care professional that we spoke to told us that the staff knew people well and they had no concerns about the care that was provided.

People who were able to told us that staff always asked their consent before they undertook a particular task, such as personal care and respected their decisions. One person did not want to undertake an activity when asked by staff and their wish was respected. Not all staff we spoke to had a good understanding of the Mental Capacity Act 2005 (MCA) or the Deprivation of Liberty Safeguards (DoLS). DoLS protect the rights of people who lack capacity by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Not all applications submitted to the local authority were appropriate as they related to personal care and as such would not have been needed. This indicated a lack of understanding about the process.

People were supported to maintain their health and had regular access to services that promoted this such as opticians, dentists and GPs. One person told us that they had benefited from receiving physiotherapy when he moved in as they had not been able to walk but had improved to the extent that he could now walk with support. Where referrals were needed for specialist input

Requires improvement

Is the service effective?

such as the Tissue Viability Nurse, this was done appropriately. One relative told us they were active in their family member's care and would accompany them on their appointments with hospitals and GPs. One healthcare professional who visited the service regularly told us that they thought the care that was provided at the service was good and that staff made appropriate referrals when they had concerns about people's health.

We recommend that the service improves the level of staff understanding of people living with dementia.

Good

Is the service caring?

Our findings

Without exception people and their relatives told us that they were well cared for by staff who knew them well. Comments from people included “Staff are marvellous” and “Excellent”. Relatives comments echoed this, one relative told us that staff were “Wonderful”. A health care professional told us they found staff to be helpful and that they had “No concerns” with the care provided by them.

It was clear from our observations that staff had positive and familiar relationships with people and there was plenty of good humoured laughing and joking between them throughout the day. One person told us they enjoyed having a “Good laugh with them”. Where people needed help staff reacted quickly to this in a caring way which gave reassurance to them. Relatives were able to visit without any restriction and were made to feel welcome by staff when they did come to see their family member. One relative told us that staff knew them well and always chatted to them. Another said that they visited daily and had never had a concern as staff were “Very, very nice”.

People told us that staff were sensitive to their needs and treated them with dignity and respect.. One person told us that staff were “So considerate” when they undertook personal care which they felt was a sign that the staff cared about how they felt. Where people needed to be helped to move using equipment such as hoists staff undertook this in a caring way and placed a screen round the person so that their dignity was maintained. Staff were knowledgeable about people and knew their history, one member of staff was talking to a person about their relative which they were enjoying.

Staff knew the importance of promoting people’s privacy and told us that they always knocked on people’s doors and waited for an answer before they entered. We saw this happening on the day of our inspection. Conversations between people were informal but respectful and the atmosphere in the service was calm and relaxed. One person told us “The rapport I have with the staff is great. They always put you first.”

People were encouraged to tell staff and the manager about how they wanted their care to be delivered and said that they had been included in reviews of their care. At meetings people and their relatives had been encouraged to be involved in their care by reading their care plans. People were able to personalise their rooms with family pictures and furniture that made their rooms fell more ‘homely’.

Requires improvement

Is the service responsive?

Our findings

People and their relatives told us that whilst the care they received was good, there were not enough activities to keep them occupied. One person told us they were "Bored", other comments included "I am bored, nothing happens" and "I just sit in my chair". One relative told us activities could be "Better". During our inspection we saw that people had little to occupy them and staff focused on tasks rather than on sitting and engaging with people. As a result people's needs were not always responded to appropriately by staff. There was a lack of activity for people around all the units in the service. There was an activity board on the ground floor which showed that there was to be pet therapy in the afternoon but we did not see this happen. Other activities listed for the week included 'relaxing', 'watching TV' and 'watching sport on TV'. The activities available were not what people wanted and not individual to them.

The manager told us that they had employed a full time activity co-ordinator who was not working on the day of our inspection to address this as people had raised their concern in the services customer satisfaction survey. This survey had been completed in April 2015 and people had said there could be more activities, particularly for people living with dementia.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before people moved into the service they had their needs assessed by someone who was qualified to do so. This was to ensure that the service could meet all their health and care needs. People's needs had been identified and the assessments were used to develop a care plan for them. Assessments includedinformation regarding people's communication, skin integrity, personal safety and mobility, eating and drinking, personal hygiene and any other information that was relevant. These were then used to complete a care plan and risk assessment for the person. There was a lack of detailed personal history in people's care plans, to help enable staff to understand and talk to people about what and who was important to them. People's health needs were monitored. Information about people's specific health conditions had been obtained and was available to inform, and to help staff understand people's support needs. For example, guidance for management of particular medical conditions. One person was diabetic and we found that their health needs were managed well by the nursing staff.

People told us they were comfortable enough to raise any concerns or complaints they had with staff who then would do all they could to resolve the problem. One relative told us they had a few "Niggles" but had raised these and they had been dealt with to their satisfaction without the need to make it formal. Relatives were confident that any complaint would be dealt with. There had not been any formal complaints made in the last year which had been recorded? One relative had raised a concern which had been dealt with by the manager appropriately. There was a complaints policy in place which was displayed in the entrance and each person was given a copy of the procedure when they moved into the service.

In order to gain feedback from people and their relatives there was a yearly customer satisfaction survey which was last conducted in April 2015. The survey asks people to rate the service on different aspects of the care that is delivered such as the food, laundry service, care that is provided, communication and the environment. The satisfaction levels from the last survey showed that most respondents thought the home was overall good or very good.

Good

Is the service well-led?

Our findings

The atmosphere in the service was positive and relaxed. People and relatives were pleased with the appointment of the new manager. There were strong links to the local area with relatives visiting their family members regularly. People told us that the new manager was "Nice" and was "Approachable". One relative told us that they felt it important that they visited the service as often as they could and were "Always made welcome". The manager told us that they had never known a service to have as much interaction with relatives before, which they felt was beneficial. The service had also participated in the recent National Care Homes Open Day which people had been involved in where the theme of the day was tennis.

Relatives also told us that they thought the new manager would improve the care provided with one telling us that "Things are looking up". The new manager had been in post since May 2015 and was in the process of applying to be registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated regulations about how the service is run.

The manager had a clear understanding of the challenges that the service faced and had already identified areas for improvement. There was a planned programme of refurbishment that was being undertaken in the service which people had been consulted on and their input used to decide on how rooms and communal areas would be decorated. The dementia unit was to be part of the programme of refurbishment and the manager had some clear ideas about how the environment could be adapted and improved so that people who were living with dementia would benefit. The manager also told us that they had recognised that activities needed to be looked at and had plans in place to address this area of the service.

The management structure in the service was being revised with one of the senior nursing staff being promoted to deputy manager which the manager told us they hoped would make a difference to how the service was run. The deputy manager had clinical oversight and would ensure that nursing staff would receive up to date clinical supervision and training to improve the quality of care. Staff told us that they felt supported by the management in the home and said that staff worked well as a team. They added that they would have no hesitation in speaking to the manager about any concerns they had and felt that they would be listened to.

There was a system of auditing that was in place which helped ensure that the care being delivered was monitored. Accidents and incidents relating to people were monitored for patterns and trends and, if an issue was identified plans were put in place to prevent a reoccurrence. Quality monitoring visits were undertaken by the Regional Manager who audited different aspects of the service such as medicines, health and safety and gathered feedback from people who used the service and staff. Customer surveys were undertaken and the feedback from people analysed and acted upon where appropriate. For example two of the televisions in the communal lounges had broken, these had been replaced in a timely way.

There were contingency plans in place should the service need to be closed in the event of an emergency. Other nursing homes in the area had been identified and would be used should this occur. Policies and procedures relating to the management of the service were accessible to staff who knew where to locate them should they need to refer to them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **There are not enough activities provided to meet people's needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.