

Four Seasons (Bamford) Limited

Holly Court Care Home

Inspection Report

8 Priory Grove
Off Lower Broughton Road
Salford
Manchester
M2 7HT
Tel: 0161 708 0174
Website: www.fshc.co.uk

Date of inspection visit: 09/04/2014
Date of publication: 20/08/2014

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6

Detailed findings from this inspection

Background to this inspection	7
Findings by main service	8
Action we have told the provider to take	14

Summary of findings

Overall summary

Holly Court Care Home is situated in Salford and provides accommodation and support for people with various types of dementia and confusion. The home does not provide nursing care. Accommodation comprises of 25 single en-suite bedrooms over two floors. At time of our inspection there were 24 people living at the home. There is parking for several cars to the front of the property. The home is close to local amenities and bus routes.

Holly Court had a manager who was registered with the Care Quality Commission (CQC). They had been in post prior to Four Seasons taking over the home in 2011. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We found that information and checks carried out when recruiting new staff were not as robust as they should have been.

We looked at the care records for people who lived at Holly Court. Records were reviewed and kept up to date so that staff were aware of the current and changing needs of people. However we found there was no information to guide staff about the care of one person who had recently moved into the home. This meant this person was at risk of not receiving the care and supported they needed.

In one area of the home we saw two people had not received the appropriate support and had gone into bathrooms and bedrooms of other people.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Policies and procedures were in place and training had been provided to guide staff in relation to the Mental Capacity Act 2005 and deprivation of liberty safeguards.

People, where possible were involved in most decisions about their care and support. Staff were seen to be kind and respectful to people and had a good understanding of their needs. Staff addressed people by their preferred name and were heard asking people's permission and explaining to people what they were about to do before carrying out any intervention.

We found that people were offered nutritious and varied meals throughout the day, which met their assessed dietary needs. Staff made appropriate referrals to health care professionals, such as the dietician, where it had been identified that someone was losing weight.

Staff spoken with were positive about their employment and confirmed they were well supported by the manager. Staff told us they had access to on-going training which was relevant to their role. Whilst no recent training had been completed in dementia care. We were told a new programme of training was planned for the service in relation to specialist dementia care.

Systems were in place to regularly monitor the quality of the service provided to people. The systems were kept under review so that any improvements needed were addressed.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Risk assessments were completed where potential hazards had been identified. There was enough information to guide staff about how people were to be supported so that they were kept safe, whilst promoting people's independence. However two people did not receive appropriate support during our visit and had gone into the bathrooms and bedrooms of other people. People could potentially be at risk of harm or injury if not appropriately supervised or supported.

We looked at records to see what information and checks were carried out when employing new staff to work at the home. Some of the records we looked at did not provide satisfactory information or sufficient detail to show that people had been checked properly. This potentially put people at risk of being supported by people unsuitable for the position.

People told us they felt safe. Safeguarding procedures were in place to guide staff. When asked, staff had a good understanding of the whistle blowing procedures and who to speak with if they had any concerns. Safeguarding adults training was also provided as part of the induction and on-going programme training, which staff were required to complete.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff were provided with relevant information and training to guide them in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The manager had taken appropriate action where people needed to be deprived of their liberty or where important decisions needed to be made about people's safety so that their rights were properly considered, respected and promoted in relation to the Deprivation of Liberty Safeguards.

Are services effective?

Individual care files were in place for people living at the home. One person did not have a care plan. We saw this person at times became agitated and restless. Without such information to guide staff, people may potentially be at risk of receiving unsafe care and support.

The service had an e-learning training package available for staff. All staff were expected to complete this training on an annual basis.

Summary of findings

Whilst staff had not previously been provided with training in dementia care, a new programme of training was planned so that staff could develop their knowledge and skills in supporting people with dementia.

We saw that people were able to spend their time as they wished. Some people preferred the privacy of their own room whilst others spent time in the lounge/dining room. People had access to walking aids enabling them to move around independently and safely. The relatives of people we spoke with confirmed they were consulted and involved in their relatives care.

We found suitable arrangements were in place with regards to the nutritional needs of people. Where people had been assessed at risk due of poor nutrition and hydration, additional checks were put in place. Referrals were made to the persons GP or dietician if additional advice and support was needed.

Are services caring?

People's privacy and dignity was respected when staff supported people with their personal care needs. Staff addressed people by their preferred name and were heard asking people's permission and explaining what they were about to do before carrying out any intervention. However, we observed one staff member did not knock before entering people's rooms and spoke loudly to one person.

During our inspection we spoke with a visiting community nurse. They said that staff were responsive and attentive when assisting people and considered people's privacy and dignity.

Are services responsive to people's needs?

Information was available about the service and what people could expect should they choose to live at Holly Court.

Where people needed help to make important decisions, the home worked closely with the person, their relatives and relevant health and social care professionals. Independent advocates were also involved where necessary to help people express their views and wishes.

People were offered a range of activities both in and away from the home. Staff spent time speaking with people, where possible, to see what they would like to do. We were told visits were made to the home by the local clergy so that people's cultural and religious needs were met.

The home had a complaints procedure in place advising people and visitors how they could raise any concerns and the action that would

Summary of findings

be taken by the provider. We saw that the manager responded to any issues or concerns brought to their attention. Details of local agencies, such as the local ombudsman and local authority, which people can contact about the service, were not provided.

Are services well-led?

Systems were in place to regularly monitor and review the quality of the service provided. Safety checks to the premises and services were carried out ensuring people were kept safe.

The manager had good working relationships with the staff team and external agencies so people received appropriate care and support which met their needs.

Any issues or concerns brought to the manager's attention were recorded and responded to in line with the homes procedures. Where necessary appropriate action was taken.

The manager notified the Care Quality Commission (CQC) as required by legislation of any accidents or incidents, which occur at the home. Concerns were monitored so that additional support could be provided where necessary so that people received the right support to meet their individual needs.

Summary of findings

What people who use the service and those that matter to them say

During our inspection we spoke with three people who lived at the home and five visitors including people's relatives and a visiting health care professional.

One person who lived at the home told us they had nothing but praise for the staff and the way in which they were treated. They added; "It's OK living here, I am well looked after". Other comments from people included "I feel safe here", "They [the staff] are very kind to me" and "I'm not a big eater, they respect my diet".

Due to people living at Holly Court having some level of confusion or dementia we spent time observing how people spent their time and how they were offered care and support. Interactions between people and staff were kind and compassionate.

Visitors also gave us their views about the service offered at Holly Court. One person told us; "My mum is safe here, she is well looked after" and "I would not hesitate to complain to the manager or the CQC, if I thought my relative was not receiving proper care". Another visitor, when asked if they knew how to raise any issues or concerns about their relatives care if they needed to, said they had spoken to the manager about an issue and this had been "sorted out".

Holly Court 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited Holly Court Care Home on the 8th April 2014. We spent time speaking with people and their visitors as well as observing care in the lounge/dining room on each floor. This helped us understand the experience of those people who were not able to talk with us. We looked around the building, including bathrooms and communal areas.

The inspection team was made up of an Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home. We also spoke with the local authority commissioning team to seek their views about the service.

During our inspection we spoke with three people who lived at the home, five relatives, the registered manager and five members of the staff team. We also spoke with a nurse from the community nursing team.

We spent time looking at records, which included people's care records, and records relating to the management of the home.

The last inspection was carried out in September 2013 when the home was assessed as meeting all the standards we looked at.

Are services safe?

Our findings

We looked at the personnel files for three staff who had recently been employed to work at the home. Not all of the pre recruitment checks had been completed. For example we saw that application forms had not been signed or dated by the applicant; there was no record to show gaps in the employment history for one person had been investigated and references were not dated or addressed to the manager. We discussed this with the manager but could not determine whether references had been supplied for the staff members' employment at the home or whether they were a general testimonial. The manager confirmed that the information in the references had not been checked to verify the information provided. Without robust recruitment procedures people may be put at risk of harm. This meant there had been a breach of the relevant regulation (Regulation 21 (a)(b)) and action we have asked the provider to take can be found at the back of this report.

We looked at care records for four people. Risk assessments had been completed where potential hazards had been identified. Staff reviewed assessments regularly to make sure information was current and up to date. Although risk assessments contained information to guide staff about how people were to be cared for safely. We saw that two people living in the home had entered bathrooms without staff knowledge and were running the bath or shower. Without adequate supervision and support this potentially put people at risk of harm. This meant there had been a breach of the relevant regulation (Regulation 9 (1)(b)(ii) and action we have asked the provider to take can be found at the back of this report.

We saw the home had policies and procedures in place to guide staff in relation to safeguarding adults from abuse; the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS).

We asked the manager if any applications had been made under the deprivation of Liberty Safeguards (DoLS). We were told two people had previously had DoLS authorisations following their admission to the home. We saw the documentation for one person which showed that the manager had completed the relevant paperwork at that time. Renewals of the authorisations were not sought as these were deemed no longer necessary by manager and social care professionals involved in people's care.

We asked two staff members to tell us what they understood about capacity and enabling people to consent to their care and support. What we were told demonstrated they had a good understanding of the importance of involving people, where able, in agreeing to their care and support.

We saw that where people lacked capacity to make decisions about aspects of their care, external professionals such as social workers had been involved to make sure all relevant viewpoints were considered and decisions made on behalf of people where in their best interests. All the staff we spoke with demonstrated an understanding of the whistle blowing and safeguarding procedures and the action to take if they suspected abuse or if someone raised a concern with them. One person told us "I feel safe here". A visitor said "My mum is safe here, she is well looked after".

Rotas showed where staff were designated to each day. During our inspection we saw that sufficient numbers of staff were available including care staff and ancillary staff. We saw staff had a good understanding of people's individual needs. People were encouraged to be as independent as possible and where necessary, were assisted in a gentle and unhurried way.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at care plans and assessments for four people. One person who was staying at the home for a period of respite did not have a care plan to inform staff how the person should be cared for. We saw this person at times became agitated and restless. Without such information to guide staff, people may potentially be at risk of receiving unsafe care and support. This meant there had been a breach of the relevant regulation (Regulation 9 (1)(b)(i)(ii)) and action we have asked the provider to take can be found at the back of this report.

We asked the manager if staff had received training in dementia care as most people living at Holly Court were living with dementia. At the time of our inspection most staff had not had training in how to care for people with dementia since Four Seasons took over the home in 2011. However the manager told us a number of staff across the organisation were currently completing 'dementia mapping' training, which would then be shared with all members of the team. In addition to this the service had been selected to take part in Four Seasons Health Care PEARL scheme. This is a recognised award for excellence in dementia care. Support would be provided by a dementia specialist team and would involve a robust monitoring, training and education programme to achieve a 'centre for excellence in dementia' award.

The manager explained that a comprehensive package of e-learning training was available for all staff. Staff were expected to complete training on an annual basis. An electronic monitoring system was in place to monitor the completion of training. This helped the manager identify any shortfalls and address with individual staff members.

Information showed staff were offered training in safeguarding adults, MCA and DoLS, moving and handling theory and practical and medication. Training also included mandatory health and safety courses, such as fire safety, basic life support, food hygiene and infection control. The manager told us a senior member of the team was a trained trainer who facilitated the moving and handling practical training. Several staff were also completing training in the 'Six Steps' End of Life care.

Staff spoken said they felt supported in their role and received on-going training, which enabled them to support

people properly. One staff member said; "We work as a team" and "We have a good boss who helps us". It was evident from our discussion they had a good understanding of the care and support people needed.

We were told an induction programme was completed by all new members of staff on commencement of their employment. This incorporated the completion of workbook so that staff were aware of the policies and procedures within the home and what was expected of them. New staff also spent a period of time shadowing experienced staff prior to going onto the rota. We spoke with a new member of staff who told us they were currently completing their induction programme and had spent time with a member of staff learning their role.

Due to their particular needs and abilities, most people were not able to tell us if they were involved in decisions about their care. We did see people were involved in making decisions in aspects of their daily life, for example, people were asked what they would like to eat or if they wished to join an activity. The relatives of people we spoke with confirmed they were consulted and involved in their relatives care.

We saw that people were able to spend their time as they wished. Some people preferred the privacy of their own room whilst others spent time in the lounge/dining room. People had access to walking aids enabling them to move around independently and safely.

The care plans we looked at included assessment where potential hazards had been identified, such as, nutrition and hydration and mobility. Additional records were completed where advice and support had been provided by external healthcare professionals, for example, dieticians, district nurses and occupational therapists.

The activity worker told us that they would sit with people to see if they could get any ideas about things they would like to do. The manager told us the organisation sent annual feedback questionnaires to people living at the home and their relatives. The questionnaires helped to gather people's views about the standard of care provided, activities and meals and where improvements could be made.

The manager told us a local GP visited the home on weekly basis. Staff kept a diary of any non-urgent issues

Are services effective?

(for example, treatment is effective)

concerning people which were then discussed with the GP during their visit. This meant people were able to see the GP if there was a change in their health needs so timely intervention could be made where necessary.

We spoke with the manager and looked at records with regards to the supervision of staff. We were told these meetings were carried out every 6 to 8 weeks and include both group and individual meetings. Staff spoke with confirmed they periodically met with the manager. On examination of the records we found meetings focused on policies and procedures or information about specific areas of care. There was no evidence to show there had been any discussion with staff about their work, any areas of training or development they would like to undertake or any issues about their work.

Staff told us team meetings were held. We saw copies of meeting minutes, which showed these were held on a quarterly basis. Staff also explained that a staff handover was carried out at each shift change so staff were aware of any issues or changes in the need of people.

We looked at how people were supported in meeting their nutritional needs. We joined people having lunch on the first floor so we could speak with people about the meals provided.

All meals were prepared in the main kitchen at the sister home next door. Meals were transported in a hot trolley via a connecting passageway. We looked at the kitchen and food storage area and spoke with the chef about the arrangements for ordering of food. The kitchen was large, well equipped and cleaned to high standard. We were told regular deliveries of fresh, frozen, tinned and dry goods were made. Whilst looking around the kitchen we saw sufficient supplies of food were available. We also saw the chef maintained records in relation to fridge and freezer

temperatures, hot food as well as cleaning and maintenance records. We asked the chef to tell us how they were made aware of the individual dietary needs of people. We were shown a chart which identified those people who required a specific diet. Suitable arrangements were made for those people who required a halal or kosher diet. This was confirmed by one person we spoke with who told us; "I'm not a big eater, they are very kind to me, they respect my diet".

The chef had a four weekly menu in place. We saw the main meal was served at lunchtime with a lighter meal in the evening. We were told if someone requested an alternative, then this would be provided. Menus looked varied and nutritious. We saw weekly menus were not displayed in the dining areas for people to refer to. However there was a chalk board where the daily menu was displayed. The majority of people were seen to have their meal in the dining room. However those people wishing to have their meal in the lounge or the privacy of their own room were able to do so.

The dining area on each floor also had a small kitchen area. Equipment included a fridge, microwave, kettle and toaster. We were told by staff food provisions were made available, these included cereals, bread, biscuits, fresh fruit and drinks. We saw snacks and hot and cold drinks were served throughout the day. Staff were seen encouraging people to eat and drink ensuring they had adequate nutrition and hydration.

Records examined showed that nutritional risk assessments were completed for each person. Where concerns had been identified increased monitoring was in place. Where it had been identified that people's needs had changed, additional support and advice was sought from the persons GP or dietician.

Are services caring?

Our findings

As people were not able to fully tell us about the care and support they received, we spent time observing how care was provided.

On two occasions one staff member entered a person's room without knocking. Their manner when addressing the person was very loud. We saw that other staff had not spoken loudly when talking with the person. We spoke with the manager about this and other observations where we had seen the staff member had not offered appropriate support to people. They assured us they this would be addressed with the staff member.

We saw privacy and dignity was respected when staff supported people with their personal care needs, offering support in a discreet manner.

We saw staff addressed people by their name and we heard staff explaining what they were about to do and asking people's consent before carrying out any intervention. One person we spoke with told us; "It's OK living here, I am well looked after". People spoken to felt staff treated people with kindness and their dignity was respected.

During our inspection we spoke with a visiting community nurse. We were told they had no concerns about the service. They said staff were responsive and attentive when assisting people and considered people's privacy and dignity.

Staff offered people assistance to attend appointments or in the event of emergency medical treatment being required. Staff told us they would always accompany people when family members were not available so that people did not have to attend appointments or visit hospital alone.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The home provided people with information about the service in the format of a 'service user's guide'. This provided details of what people could expect when they moved into a Four Seasons home. Information included care planning and support, activities and areas of protection. An additional leaflet was available titled 'Your Rights, Your Information'. This explained to people what information was held about them, who this would be shared with and how information would be stored ensuring confidentiality was maintained.

From our observations staff interacted well with people. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff spoken with knew what to do to meet the current and changing needs of people.

People living at Holly Court had a variety of needs. Some people at times displayed behaviour that challenged the service. Staff spoken with had a good understanding of people's needs and the intervention needed to safeguard the person and other people living at the home. We observed an incident in the dining room between two people living at the home, who displayed verbal and physically aggressive behaviour towards each other. Staff responded promptly and efficiently separating the two people whilst offering people reassurance.

Individual care records were in place for people living at Holly Court. Records were reviewed regularly ensuring information about people's current and changing needs were reflected in the plans. Where appropriate people's relatives had been consulted with and involved in discussions about their relatives care and support. This was confirmed by the relatives of one person who said they had spoken with staff about their relative's needs, preferences and routines so that staff knew how they would like to be supported.

We were given an example of action taken by the home in response to someone's behaviour. We were told a meeting had been held to discuss the support offered to this person, who had previously been subject to a deprivation

of liberty safeguard authorisation. The meeting involved the person, an independent mental capacity advocate (IMCA), staff from the home and health and social care professionals. Decisions were made, which were in the person's best interests and took into account the needs and wishes of the person. Staff said the outcome of the meeting had been positive and improved the daily life for this person.

We were told whilst advocates were not routinely used where important decisions needed to be made and people needed help to make them, then independent support was made available to people.

We spent some time speaking with the activity worker. We were shown a comprehensive record of recent activities which had been well attended by people. We were told regular meetings were held with people to discuss what type of activities and outings they would like. They told us visits were made to the home by the local clergy. The activity worker kept detailed records of the activities that had taken place and those involved.

We spoke with the relatives of two people who lived at the home. They told us they were happy with the care and support provided and were able to visit at any time. Both visitors told us that they were aware of how to raise any concerns they may have with the manager and felt confident their concerns would be acted on.

We spoke with the manager about any complaints or concerns raised about the service. We were told that one concern had been raised in the last twelve months. We saw electronic records were maintained of any issues brought to the manager's attention in addition to paper records. These detailed the complaint, any correspondence with the complainant and the outcome of any investigation.

We saw the complaints procedure was displayed in the reception areas and detailed within the service user guide provided to people. Information explained how a complaint could be raised and dealt with. Details of local agencies, such as the local ombudsman and local authority, which people can contact about the service, were not provided. We discussed this with the manager who said the procedure would be amended.

Are services well-led?

Our findings

The manager was employed by the previous home owners and has continued to manage the home since it was taken over by Four Seasons in 2011. The manager was supported by a deputy manager and the manager of the sister home next door. We found the manager and deputy manager had a good understanding of their role and responsibilities.

From our observations we saw staff provided appropriate support when attending to people's care needs. However on one of the units we saw some people were not appropriately supervised or engaged with. We saw people going into other people's bedrooms and bathrooms running the bath or shower. We discussed this with the manager who told us that this would be addressed immediately following our inspection so that staff understood what was expected of them. The manager told us that the new dementia mapping tool which was being introduced would help provide more specific information to guide staff in support people needed. At the time of our inspection most staff had not received training to care for people living with dementia in the last three years.

Visitors to the home spoke positively about the management of the service. We were told the manager was well informed about the needs of people and was proactive in dealing with any concerns that arose relating to people's care. People spoken with felt able to raise any issues or concerns directly with the manager. Staff also said they could and would speak with the manager if they were unhappy about aspects of their work.

Prior to our visit we spoke with the local authority who commission placements at the home. They did not raise any concerns with us and said that following annual reviews of people's care, feedback had been "generally positive".

Systems were in place for the monitoring and reviewing of the service. Audits were completed on a monthly basis by the manager and the area manager. These included areas such as; infection control, falls, care plans, medication, nutrition and safeguarding. Where improvements were identified these were recorded along with the action required and the person responsible. Action plans were monitored on a monthly basis to check the improvements had been made.

We also saw records where the manager had carried out unannounced night visits to check that night staff were carrying out their duties as required. This showed that all areas of the service were monitored to check that people received safe and effective care at all times.

Individual care records were in place with regards to people living at Holly Court. Care files were stored securely in a cabinet on each of the units when not being used. This helped to ensure confidentiality was maintained.

People were offered a good standard of accommodation. On-going refurbishment was taking place. Checks were made to the premises and servicing of equipment so that the building and facilities were safe to use.

The home was inspected in July 2013 by the local authority infection control lead. The home achieved compliance of 92%. This meant that good standards of hygiene and cleanliness were maintained within the home, reducing the risk of infection to people.

Periodic meetings were held with staff and people living at the home. Minutes showed meeting included specific topics, such as health and safety and dignity in care. Meetings provided people with an opportunity to speak about the service provided and where improvements could be made. The manager told us head office distributed annual satisfaction surveys to people who used the service. Responses were completed and a summary of the findings passed on to the manager. The manager was responsible for addressing any areas where improvements were needed. This showed that people's comments were listened to and acted upon where necessary.

We were told the staff turnover was very low with some staff having worked at the home for several years. Where vacancies had arisen, recruitment had taken place.

The service worked closely with the sister home next door. The homes shared catering and laundry facilities and staff. We were told should additional care staff be required, for example, to cover sickness or an emergency, this would be provided from the sister home so staffing levels were maintained.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 (a) (b) HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers.</p> <p>How the regulation was not being met: The registered person had not ensured that robust recruitment procedures had been followed ensuring the suitability of people who applied to work at the home, so that people were kept safe. Regulation 21(a)(b)</p>
Regulated activity	Regulation
	<p>Regulation 9(1)(b)(i)(ii) HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of service users.</p> <p>How the regulation was not being met: The registered person had not taken proper steps to ensure the planning and delivery of people's care and support was in place ensuring people were protected against the risks of receiving unsafe care and support and were kept safe. Regulation 9(1)(b)(i)(ii)</p>