Four Seasons (Evedale) Limited

The Gables

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection on the 22 March 2017. The Gables provides nursing care and support for up to 51 older people who may also dementia. At the time of our inspection 32 people were residing at the home. The home is divided into two separate units; one on the ground floor and one on the first floor of the home.

We undertook a comprehensive inspection of this home in December 2016 when we identified that improvements were needed throughout the service. We judged the home to require improvements in all five of the key questions we inspect. [Is the service safe, effective, caring, responsive and well led?] The registered provider had breached two of the legal regulations. This was because the systems in place to monitor the safety and quality of the service had not been effective, and medicines were not being safely managed or given as prescribed. We issued warning notices in regard to these two legal breaches. Warning notices are one of our enforcement powers.

We undertook this focused inspection to check and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (The Gables) on our website at www.cqc.org.uk.

This inspection was planned and undertaken to look at the key questions of safe and well-led, to check that the action required in the warning notices had been taken, and to provide assurance that people using this service were now safe and receiving a good quality service. This most recent inspection identified that the requirements of the warning notices had been met in full, and although some further improvements were required or continued to need time to be fully operational within the home, people could be more confident that their needs would be met and their safety maintained. We received positive feedback about the difference this had made to people's quality of life and safety.

The home had a registered manager who was unable to be present at our inspection. 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. The registered provider had arranged for another member of their staff to be in day to day control of the home.

Improvements had been made to the management of medicines. Improvements continued to be required however people could have greater confidence that they would be given their medicines safely, as prescribed and have assurance that the systems in place to monitor medicines were more robust.

People told us that they felt safe. People told us that they had greater confidence in the staff who were supporting them. Staff we spoke with had knowledge of possible signs of abuse and could describe action

they would take in reporting any concerns.

Action had been taken to improve the number of staff available. Most people told us there were adequate numbers of people to support them and that they did not have to wait unreasonable amounts of time for help. Some further work was required to ensure the staff were available when people required support. Newly recruited staff that we met in December 2016 had settled into their role, and got to know people well. Staff told us they had received training and on-going support. We observed staff working safely.

We looked at risks people were exposed to that were related to their health care needs and lifestyle choices. These had been assessed using professionally recognised tools, and for most people had been kept up to date. Some people's records had not been fully completed, and our observations and feedback suggested that they had not always had these care needs well met.

Everyone told us that the new management team had made a positive impact on the quality of care, environment and atmosphere of the home. People, their relatives and staff told us they felt able to approach the management team with concerns or feedback, and people told us they were enjoying the more comfortable and homely environment. Previous inspections and the local infection prevention team had raised concerns about the cleanliness of the home. We found that improvements had been made to the cleanliness of the home, although work continued to be necessary to ensure people enjoyed a consistently clean environment and that the registered provider fully complied with infection control requirements. People had been supported to provide feedback about of their experience of using the service, this had been used to improve their care and life experiences.

The systems in place to monitor the quality and safety of the service had been some what effective. The management team and systems in place had driven improvement, ensured changes were embedded. They monitored the feedback and progress with people who lived, worked or visited the service. The inspection identified some further issues relating to safe care, people's meal time experience and medicines management that required attention. While these did need to be addressed to ensure people's needs were well met, the issues identified would not have had such a significant impact on people's safety or comfort as we had found in previous inspections. People could have greater confidence that they would receive a good, safe service that would meet their needs and wishes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People could be more certain that their medicines would be administered as prescribed. Some further improvements were needed to the management of medicines to ensure they were always well managed.

Risks associated with people's care and lifestyle choices had mostly been identified, assessed and the appropriate support provided to each person.

The number of staff on duty had increased. This had resulted in more people receiving their care and support promptly. However there were not always enough staff to meet people's needs.

People were supported by staff that had been trained in safe care practices, and who were aware of how to recognise and report suspected signs of abuse.

People could be more confident that the home would provide a safe and clean environment to live in, however further work continued to be required.

Is the service well-led?

Requires Improvement

The home was not always well run.

A wide range of audits and checks had been developed and were in use within the home. These had been partly effective in making improvements across the home. Further improvements were needed.

People, relatives and staff found the management team approachable, and shared ways in which they had been effective.

People benefitted from a culture that was much more person centred and compassionate.

The Gables

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 visit was undertaken by two inspectors, a specialist pharmacy 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 service.

As part of the inspection we looked at the information we had about this provider. Providers are required to notify the Care Quality Commission [CQC]about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views. The registered provider produced an action plan after our last inspection. They had updated and shared this with us regularly since our last inspection. All this information was used to plan what areas we were going to focus on during the inspection.

During our inspection we spoke with eleven people who used the service and six relatives. We spoke with the person in day to day charge of the home, the regional manager, deputy manager, care, maintenance staff and housekeeping staff. We completed a SOFI (Short observational tool for inspection). SOFI is a way of recording the experiences of people who may not be able to talk with us.

We sampled some records including parts of four people's care plans to see if people were receiving their care as planned. We sampled records maintained by the service about quality assurance. A member of the CQC medicines team reviewed the management of medicines, including the Medicine Administration Record (MAR) charts for eight people.

Requires Improvement

Is the service safe?

Our findings

We last inspected this service in December 2016. During that inspection the evidence that we gathered confirmed that people's medicines were not being safely managed or administered as prescribed. The impact of this on people was significant, as people potentially experienced more pain than was necessary or not had their symptoms controlled as well as they could have been. As a result we issued a warning notice. This is one of our enforcement powers. The warning notice required the registered provider to take urgent action to address these shortfalls. During this inspection we tested the changes and improvements the registered provider had made. We found that people were mostly receiving their medicines at the right time, in the right dose and with consideration for maintaining their dignity but some further improvements were needed. A relative we spoke with confirmed this and told us, "Medicines are more regular now, and any concerns I have are dealt with."

We looked at the Medicine Administration Record [MAR] for one person and saw that they had not received their prescribed nutritional supplement for at least the last five days. When we explored this further staff confirmed that the product was in stock but as the item had not been transferred on to the new MAR, staff had not been giving it to the person. This meant that the person did not get their supplement as prescribed and was at risk of further malnutrition. We discussed with the provider to need to ensure that current medicines are always on the new MAR chart in a timely way to ensure people would get their medicines as prescribed and when they needed them.

Medicines that needed cold storage were kept in one of the two medicines fridges and daily records showing temperature monitoring were completed. However, records showed that the temperatures for both fridges were out of the recommended range. Staff were able to show evidence that they had reported the problem and were in the process of ensuring the fridges were suitable for use. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. Controlled drugs were stored securely and had been recorded correctly.

Where people needed to have their medicines administered through a tube into their stomach the necessary safeguards were not in place to administer these medicines safely. There was no recorded evidence of advice from the prescriber or the pharmacist and there were no written protocols in place to inform staff on how to prepare and administer each medicine safely. There was a risk that different staff would not administer the medicines the same way and there was no record of how the medicine was administered and therefore there was a risk that people's health and welfare could be affected. The registered provider had requested advice and support to develop these guidelines.

Information was available to ensure that the staff handling and giving people their medicines would be able to do so safely and consistently. The service was in the process of completing forms to show personal identification and information about known allergies/medicine sensitivities for staff to use. We saw that these had already been completed for some people.

People that needed to take medicine only when required had protocols in place to provide staff with

enough information to know when the medicine was to be given. This meant staff had the information readily available to ensure people always got their medicine consistently, and at the times they needed them.

Medicine that had a short expiry date once opened was always dated to ensure that staff knew how long the medicine could be used for. Creams that had to be applied topically were recorded on a separate cream application chart. The charts showed where the cream should be applied and how often and a record was kept by the person applying the cream.

Medicines were given when prescribed and at the times people needed them. We spoke to one person who needed pain relief at set times. The person told us, "My leg is very painful, and I have strong painkillers, and if it's bad I can have more. If I need them they get them straight away. Not too long to wait. They know I don't ask unless it is bad."

We looked at aspects of the care provided to four people in detail to establish if the risks associated with their medical conditions and lifestyle choices were being well managed. Overall we found that improvements had occurred, and people could now have greater confidence that their needs and related risks would be well managed. People who were at risk of developing sore skin, choking and falls had all had these needs assessed using tools that were recognised by professional bodies. These had mostly been kept up to date, and reviewed when people's needs changed.

Some people were at risk of developing sore skin. One of the ways to reduce the risk of this occurring is to help the person move and change position. Records we looked at showed these turns had been regularly completed and recorded. Staff we spoke with confirmed they did help people to move. A relative told us, "[Name of person] has a pressure sore on her back, probably from being left in one place for too long-but it is so much better now. They [staff] come in regularly to change pads and make sure she changes position." We looked at the care provided to one person at high risk of developing sore skin, and we found that a specialist mattress had been obtained that best met the person's needs and which would promote effective healing of the wound. We found some issues that needed attention, including an assessment for one person at risk of developing sore skin that had not been fully completed, some care documents that had not been updated when a person's health condition and treatment had changed, and a pressure relieving bed that had not been put on the correct setting. While these issues did need to be addressed they had not significantly impacted on the care the people were receiving.

Many of the people we met were unable to stand or walk independently and relied on the support of staff and specialist equipment to change position or to move. We observed staff working with people to help them mobilise. The interactions of the staff were kind and encouraging. We saw staff use the hoist to lift people. The staff undertook these manoeuvres carefully and while offering reassurance to the person. Most people told us they did not enjoy being hoisted but that they appreciated why it was necessary. People told us that staff did this as gently as possible. Their comments included," The staff have helped me get used to the hoist. "Another person told us, "They are as kind and gentle as they can be, however my legs do sometimes get bumped."

Some people were at risk of not eating or drinking enough. Monitoring charts had been put in place for staff to record when the person was offered food or drink and if they had taken this. For the majority of people these had been kept up to date and showed people were supported to eat and drink enough to maintain good health. Two people whose care we looked at in detail did not have comprehensive records showing that they had enough to drink. One person was at particular risk and on two occasions during the day we observed two full cups of drink beside their bed. The hot drinks had gone cold. Records for the past four

days showed the person had not taken adequate fluids to stay hydrated, and neither the records or discussions with staff showed that alternate means of helping the person stay hydrated such as offering the person fluid based foods such as jelly, ice cream, soup or custard had been tried. We were informed that the person's needs had been discussed with their GP, however the care being offered by staff at The Gables did not ensure the person was always well supported to maintain good hydration.

People we met who were being cared for in bed had call bells within their reach. People told us, "If I press the bell staff mostly come." During the day we heard call bells ringing, and these were answered promptly. Our observations identified that adequate numbers of staff were available within the home to support people with direct care, and with non-care tasks such as keeping the home clean. People we spoke with told us that the number of staff had improved in recent months, however this was still not always adequate to meet people's needs promptly. Some people told us that the increased staffing had made a positive impact on their care and satisfaction with the home. People told us, "There are more staff around this year. Before Christmas we would wait ages to go to the toilet or if we needed anything but there seems to be more staff around now." A regular visitor to the home told us, "There used to be so few staff that often you could walk the whole floor without finding anyone and end up having to go downstairs. Now it doesn't take very long to find someone if you need them." We observed that some people were still receiving their breakfast meal after 11am, and as late as 11.30am. Staff we spoke with agreed that this was late, and that this was attributable to a very busy morning shift. People, relatives and staff confirmed that supporting people at this time with breakfast did occasionally occur, but this was not frequent and was generally an area in which the home had improved. One visitor told us, "I used to be quite upset when I came in the afternoon and [name of person] had not even been washed or their bed changed. Staff used to tell us they were too busy to get everyone up in the morning. Now if I come in at 11 am [name of person] is always washed and in a clean bed, [name of person] says they feel better for it, and I am certainly much happier." The number of staff had increased and this had made a positive impact on the safety and quality of life for people. However the number and deployment of staff on duty continued to not ensure everyone benefitted from care when they needed it, or at the time they preferred.

People we met told us that they felt safe. Comments from people included, "I am happy with the staff, yes I feel safe," and "The staff are very kind." This was an area where people reported changes and improvements had occurred. One person told us, "All the staff are so lovely now. That's a change. I used to say there were the caring carers and the non-caring carers. Thankfully most of them [non-caring carers] have gone now." During the day we observed kind interactions between people and the staff supporting them. It was apparent that some people had developed a close bond and trusting rapport with staff and the changes in people's facial expressions when they saw certain care staff enter the room suggested that they were very pleased to see them.

Staff we spoke with demonstrated a high regard for the people they were supporting and were clear that abusive, unkind or neglectful practices would not be tolerated. Staff we spoke with told us," I have never felt concerned for people's safety. I would feel confident to whistle blow, to go to any nurse or any member of the management team." [Whistle blowing is the term given to people raising the alert on poor or neglectful practices.] Staff confirmed that they had received safeguarding training as part of their induction and that this was updated with refresher training on a regular basis. Around the home there were posters, information leaflets and policies that would guide anyone wishing to raise a concern. The management team had ensured that relevant incidents had been reported as safeguarding to both the Care Quality Commission and local authority as is required. This ensured people would receive the support they required as well as informing the relevant authority who may need to investigate the matter to further safeguard people.

Previous inspections and the local infection prevention team had raised concerns about the cleanliness of the home. We found that improvements had been made to the cleanliness of the home, although work continued to be necessary to ensure people enjoyed a consistently clean environment and that the registered provider fully complied with infection control requirements. During our inspection we saw evidence of the work planned and that had been completed to address this issue.

We looked at the provider's recruitment practice at our last inspection in December 2016. We found then that the necessary checks were made on staff before they were offered a position within the home. We did not look at recruitment practice again during this inspection.

Requires Improvement

Is the service well-led?

Our findings

We last inspected this service in December 2016. During that inspection we found that the systems to monitor the quality and safety of the home [Governance] had not been effective. The impact of this on people was significant, People could not be certain they would consistently receive a safe or well managed service. We issued a warning notice. This is one of our enforcement powers. The warning notice required the registered provider to take urgent action to improve the governance of the home. During this inspection we tested the changes and improvements the registered provider had made. We found that improvements had occurred in many areas of the home. Although improvements need to continue, we do not intend to take any further enforcement action.

The registered provider had an extensive range of audits and checks to use within the home to ensure it was operating safely and offering people a good quality service. We found examples of when these systems had been effective at driving improvements and occasions when they had not been effective. During the inspection we brought to the attention of the management team the low fluid intake of two people, the lunch time experience of some people living at the home, and an occasion when the changes in one person's prescribed medicines had not been acted on for at least five days. The provider's own audits had not identified these issues, and so had not been entirely effective. The management team felt that some of these issues would usually have been picked up, but that the inspection had stopped usual checks taking place. We were concerned that the systems in place may not be flexible or robust enough to protect people when the current period of intense development at the home ends, and during the ordinary operation of the home.

We observed staff speaking with people about their experiences, and completing audits using technology developed by the registered provider to check, find and fix issues that had an impact on the safety of the home or people's experience. One person we spoke with told us, "I do get asked if I am happy with my care and I was asked some questions recently about my likes and dislikes." A relative told us, "We think the home is well- run. It wasn't until recently, but the manager is always asking us now if we are happy and what we think." We found that the audits and checks had resulted in some changes within the home and feedback about these changes was positive. A member of staff told us, "When I first came it was chaotic and disorganised and we never had time to speak with people. It is much better now." A relative told us, "I never used to, but recently I feel like a weight has been lifted and I go home without worrying that my relative is safe." Work needed to continue to ensure that audits and checks were effective, and that the new systems introduced became fully established within the operation of the home.

The registered provider had commissioned the management team with changing and improving the culture of the home. This inspection identified many ways in which this had been addressed, however we identified some areas where further improvements were needed. We spoke with one person who required good nutrition to help them recover from a recent operation and to promote wound healing. The person declined to eat any lunch, [the main meal of the day] as it had been offered to them much later than they requested. The staff we spoke with told both us and the person that they served people eating in the dining room first. This did not show a person centred, individualised approach to meeting people's care needs. We sat with

people during lunch time. We observed that people were brought in to the dining room well in advance of their meal, and that no stimulation or interaction for people was provided.

The atmosphere in the home throughout our inspection was calm. We observed that staff were consistently busy, but they were clear about who they needed to support and were working purposefully. We observed staff approaching people with kindness, and giving people the opportunity to make choices and decisions where ever possible. The choices included, "Which chair would you like?" and "Can I get you a drink?, What would you like?" and "We could move from here into the lounge? Would you like that? Are you ready to go now? ". Staff we spoke with were aware of the importance of giving people choices and respecting their decisions. Staff we spoke with told us, "It is all about the person, what they would like and when they would like it." We were informed that practices such as a regular 'drinks trolley round' had ceased and instead people were offered drinks and snacks freely throughout the day. Relatives we spoke with told us that their feedback and concerns were listened to, and that they received full and prompt feedback. One relative told us, "We have had to raise quite a lot of concerns, and it is much better now because they do listen and have responded. They respect our choices and listen to the relatives." Another relative told us, "If we have concerns they are very responsive. They listen to what we say and recently we have asked some questions and we had a phone call the same evening with the answer-so we are very happy." During our inspection we observed that there was a "You said- We did" information board on display. This informed people of the action taken in response to ideas and suggestions they had made. There was a comments box in the reception where people could place anonymous feedback if they wished. The management team had arranged and held a number of 'surgeries' and 'coffee and cake' meetings as ways for people or their relatives to meet with them and share their experiences and feedback. One relative we spoke with told us, "They have made a lot of effort to make sure we are informed about the home. There are lots of new ideas for residents meetings and ways to share information".

People told us the home was well- run, and that improvements were evident. People living at The Gables told us, "It has improved so much since the new people took over," and "I much prefer it now that it has been redecorated. It is nice and clean now, and the dining room is a pleasant place to eat your lunch." People also told us, "Everything is much better. The lounges especially, but the whole home is. All new chairs, furniture, pictures, lights. It is much more like living in your own home. I feel much more comfortable." Staff we spoke told us, "The provider is trying very hard to make this home good. They are really putting a lot of effort in," and "I haven't worked here that long. I knew there were problems, and they were open about it when I applied for the job. I feel they are trying to improve."

The home did have a registered manager however personal circumstances had resulted in them being absent from work. They were not at work at the time of our inspection. The registered provider had ensured that a suitably qualified and experienced person was in control of the home on a day to day basis, with support from the deputy manager. During the inspection we observed the manager and deputy manager moving around the home, interacting with people, and offering support and guidance to staff. Feedback about the management of the home was mixed. The majority of people told us that the management team was effective. "Staff we spoke with told us," [name of manager] is very approachable. Not at all intimidating. He is also very responsive. Things get done." The staff member went on to describe changes and actions that had occurred as a result of speaking with this person. A person using the service told us, "The deputy manager comes round and asks me if I am okay. She is kind. I feel she really listens." Other people were not certain who the manager was and their comments included, "I have no idea who the manager is," and "I think there is more than one manager. There is a woman, but I don't know her name. I haven't seen her recently."

Registered providers are legally required to display the rating awarded by the Care Quality Commission. The

most recent rating was on display within the home and on the provider's website. This demonstrated transparency, as well as an understanding of the legal requirements.