Four Seasons Homes No.4 Limited

The Maltings Care Home

Inspection report

103 Norwich Road
Fakenham
Norfolk
NR21 8HH

Tel: 01328856362
Website: www.fshc.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of The Maltings Care Home on 26 October 2016. The inspection was unannounced.

The Maltings Care Home is registered to provide accommodation and personal care for up to 43 older people, some of home may be living with dementia. Accommodation is provided on two levels in 43 single bedrooms. At the time of the inspection there were 43 people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

During this inspection people said they felt safe and that staff treated them well. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Risks associated with people's care were identified, assessed and recorded. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Policies and procedures were in place to guide staff with the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely by trained staff.

Staff acted in a courteous, professional and safe manner when supporting people. There were sufficient staff numbers on duty to keep people safe and to meet people's needs. Safe staff recruitment procedures were in place which ensured only those staff deemed suitable to the role were in post.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the main principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.
Staff treated people in a respectful and dignified manner and respected their privacy.

Staff consulted people living in the home about their care needs and involved them in the care planning process. People were comfortable and relaxed with staff. Support plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed regularly. Staff encouraged people to remain as independent as possible and supported them to participate in a variety of daily activities.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care and oversight by a senior manager. Regular checks were undertaken on all aspects of care provision and actions were taken to continuously improve people's experience of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs safely.

People were supported by staff to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

Staff supported people to eat and drink safely, and maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff had developed positive and caring relationships with people.

Staff ensured people's privacy and dignity were promoted.

Staff promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Assessments and care plans provided the information staff needed to be responsive toward people's needs.

The programme of activities was varied. People chose to join in activities if they wished to.

People and their relatives knew how to complain if they were not satisfied.

Is the service well-led?

Good

The service was well-led.

The registered manager was visible, people and staff felt that they were approachable.

There was a friendly, open and positive culture which encouraged good communication.

The service had quality assurance systems in place which were used to improve the service.

The Maltings 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 was unannounced and was carried out on 26 October 2016 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We checked the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the home, we spoke with five people living at the home, the cook, three members of care staff and the registered manager. We also spoke with relatives of two people living at the home. We looked at records relating to three peoples' care, which included risk assessments, guidance from health professionals and mental capacity assessments. We also looked at quality assurance audits that were completed by the registered manager and the provider.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe and secure in the home. One person said, "I feel safe living here, there are people all around you." Another person commented, "I feel very safe, the carers are here. You have got your bell to ring if you need anything." Relatives visiting the home supported these comments. One relative told us, "I walk away every time after visiting [relative] knowing that they are absolutely safe and being well looked after."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact details for the local authority. The procedure was designed to ensure that any safeguarding concerns were dealt with openly and people were protected from possible harm. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and we saw records confirming this.

The risks involved in delivering people's care had been assessed to help keep them safe. We found individual risks had been assessed and recorded in people's support plans. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration, pressure areas, and falls. Records showed the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from any unnecessary hazards.

We saw there were plans in place to respond to any emergencies that might arise and these were understood by staff. We saw that all people had a personal emergency evacuation plan, which detailed the assistance they would need in the event of an urgent evacuation of the building.
The premises and equipment were appropriately maintained to help keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider also had arrangements in place for on-going maintenance and repairs to the building.

We saw records were kept in relation to any accidents or incidents that had occurred at the service,

including falls. All accident and incident records were checked and investigated by the registered manager to make sure that responses were effective. They identified if any changes could be made to prevent incidents happening again. The registered manager had made referrals as appropriate, for example to the falls team or the persons GP. They also carried out a monthly analysis of accidents involving falls in order to identify any patterns or trends. A regional manager from the organisation also monitored these. The findings were discussed and recorded as part of management team meetings.

We looked at how the provider managed the deployment of staff. People told us there were sufficient staff on duty. However, some people felt that they had to wait longer than they would have liked after pressing their call bell. Those people told us that they felt that delays were caused at certain times of the delay due to the higher volume of calls, for example first thing in the morning when people were waking up. We observed that people's requests for support were responded to in a timely manner. When we arrived at the home at 9am, people had all been supported to rise and dress if they wanted to. People were eating breakfast in their rooms or in the dining room. We found that there were enough staff on duty to keep people safe and meet their needs.

The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend chatting with people living in the home. During the inspection, we observed staff responded promptly to people's needs and had time to participate in an activity. We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. In addition to the care staff, there were also ancillary staff including cooks, an administrator, maintenance and cleaning staff.

One person told us that they did not like that they could hear call bells ringing continuously. They told us that it caused them to feel stressed. We looked at the call bell system, and noted that although the home is divided into two separate floors, when a call bell was activated on either floor, all call bell points were activated. This meant that the call bell alarm was ringing almost constantly throughout the day, even if the bells were responded to quickly, because of the high volume of activations from 43 bedrooms. We brought this to the attention of the registered manager, who agreed that they would enquire if this could be adjusted.

We looked at the recruitment records of three staff members and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also saw two written references and an enhanced criminal records check had been obtained before staff started work in the home. This meant the provider only employed staff after all the required and essential recruitment checks had been completed.

During the inspection, we looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines. When we asked people and their relatives about their medicines, they told us that they received them on time. Medicines prescribed were stored safely for the protection of people who used the service and at correct temperatures. Supporting information was available to assist staff when giving medicines to individual people. There was personal identification information on each person's record to help ensure medicines were administered to the right people and information about how they preferred to take their medicines.

There were charts in place to record the application and removal of prescribed skin patches. When people were prescribed medicines on an 'as and when required' (PRN) basis, there was written information

available to show staff how and when to give them these medicines consistently and appropriately. Records showed that people living at the service were receiving their medicines as prescribed. Frequent internal audits were in place to enable staff to check records and monitor and account for medicines. These were overseen regularly by the registered manager.

Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. Staff authorised to handle and administer people their medicines had received training and had been assessed as competent to undertake medicine-related tasks.

Good

Is the service effective?

Our findings

The people and their relatives we spoke with told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. A relative commented, "The staff are approachable, they know what they are doing."

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures and mandatory training. The registered manager told us that they had not yet started assessing new staff to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager told us that they were expecting that they would be assessing staff to complete this award in the next month.

Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. All new staff completed a probationary period of six months during which their work performance was reviewed at regular intervals. Staff we spoke to told us that they felt that their initial training when employed was very useful to them in completing their role. One staff member also told us that they did not feel ready to work unsupervised. They said that the registered manager arranged additional support and supervision for them until they were confident to do so.

There was a programme of on-going training available for all staff, which included, safeguarding, moving people, safe handling of medicines, health and safety, Mental Capacity Act (MCA) 2005, person centred planning and proactive approaches to conflict. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role. As part of this inspection, we spoke to the local authority safeguarding team. They told us that following a recent visit, they advised that staff undertake additional training in the MCA. We asked the registered manager about this, who provided us with evidence that showed that staff had now completed this training.

All staff spoken with told us they were provided with regular supervision and we saw records that confirmed this. The supervision sessions provided opportunities for staff to discuss their performance, development and training needs. As part of the supervision process, the management team carried out regular observations of staff providing direct care. The registered manager also carried out an annual appraisal of each member of staff's work performance. This meant the staff received regular support and feedback to enable them to carry out their roles effectively.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had policies and procedures on the MCA and staff had received appropriate training.

The registered manager and staff spoken with had a good knowledge of the principles of the Act. They understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions. Where staff did not have a good understanding of the MCA, we saw that they were due to complete training in this area in the near future. We noted that where required, people had a mental capacity assessment and where any issues had been identified a best interests meeting had been held. This was to ensure that any decisions made about a person's care, was done so by the appropriate people, and was to the benefit of the person.

Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance. The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. This ensured that people were not unlawfully restricted.

We looked at how staff supported people with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "All the food is decent and I get plenty" and another person commented, "The food is excellent, I get a cup of tea and biscuits in the morning, and a cup of tea and cake in the afternoon." One relative said, "The food is brilliant, they have a choice and they are flexible with that choice, they even make you a packed lunch of you want one." We observed that refreshments and snacks were offered throughout the day. These consisted of hot and cold drinks and a variety of cakes and biscuits.

Weekly menus were planned and rotated every four weeks. The daily menu was displayed on menus on table in the dining area. People could choose where they wished to eat; some ate in their rooms, others in the dining areas. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising, and all meals were prepared daily from fresh ingredients. Staff interacted with people throughout the meal and we saw them supporting people sensitively.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We noted that one person had had a gradual decline in their weight, which should have resulted in a referral to their GP. However, this had not been done on the day the person had been weighed. When we spoke with the registered manager about this, they told us that this should have taken place without delay. The registered manager told us that they completed a weekly review of people's weights, in order to double check this, and that the referral to the GP would be made then. We saw records that confirmed these checks took place each week.

People using the service and their relatives confirmed that health care from health professionals, such as the GP or dentist could be accessed as and when required. One person told us, "A carer noticed a rash on me, and got the GP to look at it for me, now I am going to the hospital for treatment, that was all down to the

carer noticing it." Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist and the district nursing team, as necessary.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness. One person said, "The staff are really nice" and another person commented, "In the main the care is good and the staff are respectful." Relatives gave us positive feedback about the staff team. One relative said, "The staff really are very good." Relatives spoken with said they were made to feel welcome in the home.

We observed that staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. Where staff provided one to one support they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or supporting people with personal care. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love it here, I love the job and I love helping the people here." There was a 'keyworker' system in place. This linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support.
We saw instances of people's independence being valued and upheld. For example, warming a person's meal up so that it stayed hot because they could support themselves to eat, albeit slowly. Staff spoken with gave examples of how they promoted people's independence and choices, such as supporting and encouraging people to maintain and build their mobility. People said they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing and reviewing their support plans and their views were listened to and respected. The process of reviewing support plans helped people to express their views and be involved in decisions about their care. People were also able to express their views by means of daily conversations, consultation exercises, residents' meetings and satisfaction surveys.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. People told us that staff were available to talk to and they felt that staff were interested in their well-being. People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

Some people chose to spend time alone in their room and this choice was respected by the staff. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and

procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

Good

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "There are plenty of activities, racing, memory ball, scrabble, pamper days, and one to one time." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative said, "The manager and senior carers are very approachable, and they make it easy to ask anything."

Staff identified and planned for people's specific needs through the support planning and review process. We saw people had individual support plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. Before people moved into the home, an initial assessment of their needs had been undertaken. We found the completed assessments covered all aspects of the person's needs. Wherever possible, people had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home. People were invited to visit the service before making any decisions. This allowed them to meet other people and the staff and experience life in the home.

We looked at three people's support plans and other associated documentation. Everyone had a support plan, which included a series of relevant risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to each person and how staff should support them. We saw the support plans were reviewed on a monthly basis and if new areas of support were identified, or changes had occurred, then they were modified to address these changes. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals within the support plans so their guidance could be incorporated into care practice. Where possible, people had been consulted and involved in developing and reviewing their support plan.

The provider had systems in place to ensure they could respond to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home. Daily reports provided evidence to show people had received care and support in line with their support plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene or falls.

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.
People had access to various activities and told us there were things to do to occupy their time. The home employed two activity co-ordinators. At the time of the visit, activities included pamper, board games, racing days, quizzes, a book club and arts and crafts. On the day of the inspection we noted that Halloween activities had been planned, including pumpkin carving and making pumpkin soup. People also had the

opportunity to go on trips out of the home and visited places of local interest. We saw details of forthcoming activities were displayed in the home.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was information about the procedure in the service user guide. We saw there were systems in place to investigate complaints. We saw records that indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

Good

Is the service well-led?

Our findings

People and their relatives told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "The manager is very approachable, there are residents meetings if we want to discuss things." A relative we spoke with told us that all of the staff were approachable.

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear they had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. They were able to answer all of our questions about the care provided to people showing that they had a good overview of what was happening with staff and people who used the service.

The staff members spoken with said communication with the registered manager and management team was good and they felt supported to carry out their roles in caring for people. One member of staff told us, "The manager is really caring and approachable, really tries and helps you." Staff told us they were part of a strong team, who supported each other. One staff member told us, "Staff help each other out if we are ever short staffed". We found there to be a strong culture of good team work, and morale amongst staff was positive.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. We noted people and their relatives were regularly asked for their views on the service. As part of this, people were invited to complete a satisfaction questionnaire. The last survey was carried out during 2015. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. We noted several people had made positive comments about the service. The home also had an interactive satisfaction survey, based in the foyer of the home on a tablet computer. This allowed people to complete a brief feedback survey on each visit to the home. This included specific sections for residents, relatives, and visiting professionals.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

At the time of our inspection, the home was undergoing an in depth review by the providers own quality team. They told us that the audit they were conducting was comprehensive and in depth, taking around two days to complete. Areas examined were similar to those inspected by the CQC, and aligned to the regulations of the Health and Social Care Act. The registered manager told us that they felt well supported by the provider's regional management team, and that the regional manager visited the home on a monthly basis.

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service.