

Four Seasons (No 11) Limited Amethyst House

Inspection report

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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 

Overall summary

We inspected Amethyst House on 27 and 28 April 2015. The inspection was unannounced.

When we visited the home in August 2014 we found it was in breach of regulations ; Care and welfare of people who use services, Supporting workers, Complaints. When we inspected the service in December 2014 to follow up, we found the service had addressed some of the issues. However, the service was in breach of regulations ; Care and welfare of people who use services, Assessing and monitoring the quality of service and Records.

We found that the provider had continued the programme of improvement and changes had been implemented which had a positive impact on those people who used the service.

Amethyst House provides personal and nursing care and is registered for 39 people. On the day of the inspection 23 people were receiving care services from the provider. The home had a manager who was new in post and undergoing registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

At this inspection we found that people who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person’s safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them. The registered manager had procedures for informing people which staff would be carrying out each visit. This meant people knew who would be coming to their homes.

People were treated with kindness and respect. One person who used the service told us, “It’s smashing, I have everything I need.”

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were

suitable to work in people’s homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people’s needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes were implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. It had appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The care staff knew how to protect people from harm. There were systems to ensure people knew which staff would be coming to their home. The care staff identified themselves to people, so they knew who they were allowing into their homes.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

Good



Is the service effective?

The service was effective.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good



Is the service caring?

The service was caring. People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was responsive. People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Good



Summary of findings

Is the service well-led?

The service was well-led. There was a manager employed who was undergoing the registration process with CQC.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had formal quality assurance process systems in place to monitor the quality of the service provided. People who used the service and their families were asked for their views of the service and their comments were acted on. Their views were actively sought and people told us they felt listened to.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

Good



Amethyst House

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.

We carried out this inspection between 27, 28 April 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

We spoke with three care staff, the registered manager and the area manager. We asked people for their views and experiences of the service and the staff who supported them.

The inspectors visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for six people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also spoke to the Local Authority.

Is the service safe?

Our findings

People who used the service we spoke with told us that they felt they were kept safe. One person said, “I definitely feel safe here.”

The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with three staff about their understanding of keeping people safe and how they would act if they had any concerns that someone might be being abused. All the staff we spoke with were aware of different types of abuse and the signs that could indicate that abuse had occurred. Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. One staff member told us, “I know there are internal and external systems available for us to report abuse.” Staff were confident that the provider would take any action needed to make sure people were safe. The provider had a policy for whistleblowing. All three staff we spoke told us they were aware of the policy and how to whistleblow, should the need arise.

Discussions with staff and a check of records confirmed that staff were trained in safeguarding vulnerable adults. The registered manager was aware of the procedure for acting on potential safeguarding incidents.

We looked at the arrangements in place for the administration and management of medicines and found that these were mostly appropriate. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). We saw from training records, all staff had received medicines training. During our inspection an agency nurse left some medication unattended on top of the trolley. The manager acted quickly in instructing the nurse to lock away all medication.

Arrangements were in place for the storage of controlled drugs. Entries in the controlled drugs book had two staff signatures. It is good practice for a second appropriately trained member of staff to witness the administration of controlled drugs.

We looked at six care records which confirmed that the provider had risk management systems in place. These were individualised, taking into account each person’s needs and wishes. Each person who used the service had an individualised personal emergency evacuation plan in case of fire. This described how to best assist that person to evacuate the building in the safest manner, taking into account individual needs, for example if they had restricted mobility.

Policies and procedures to keep people safe were in place to ensure staff provided care in a consistent way that did not compromise people’s rights. Records showed that risks were reviewed regularly and updated for specific needs or activities. For example, bedrails, falling and day trips.

The provider regularly undertook an environmental risk assessment which highlighted any risks to people. The provider held a file for the Control of Substances Hazardous to Health (CoSHH) This included details of how to handle and store janitorial products. The home was clean and tidy and free from offensive odours. Housekeeping staff used colour coded equipment, for example mops, for use in specific areas of the building to prevent cross contamination.

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check. We spoke with a visiting hairdresser who confirmed that prior to commencing work with Amethyst House they had undergone a Disclosure and Barring check.

We found staffing levels to be appropriate to those recommended in people’s care plans to support their needs. We looked at historic staff rotas and found that there were always enough staff. The registered manager and staff we spoke with told us the arrangements for staff sickness. This was covered by the existing staff pool agreeing to take on additional shifts. This ensured that staffing levels were always appropriate.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act's provisions and how it affected the people they provided a service to. They were aware of people's mental capacity to make day to day decisions about their lifestyle.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the people's needs before providing care and support on their own. Four training and supervision records showed staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively as they had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication. Documents also showed that staff had completed training including first aid, nutrition and health, mental health and dementia. The manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

Staff files showed that staff received regular supervision and annual appraisal took place. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working

practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs. One member of staff told us, "Supervision is now regular and has purpose."

We checked records in relation to food, and talked to people using the service. We saw that people were given information and choices in relation to the food offered to them, and the staff took time to understand people's preferences. One member of the kitchen staff told us, "We do have a varied menu but we ensure that people get what they wish." Fresh fruit was also available and people could access snacks and drinks throughout the day. One person who used the service told us, "The food is nice and there is always plenty if you want some more." Each care plan we checked contained detailed information about people's food and drink preferences, as well as details about how they should be supported at mealtimes. Where food allergies or specific dietary requirements, for example, diabetes were identified, these were consistently recorded so that people did not receive unsuitable food.

People's files contained clear information about whether people were able to consent to their care. This had been considered in relation to all types of care and support provided and there were comprehensive records showing where people could give consent to some care tasks but not others. This meant that people's capacity to consent had been assessed in a personalised and thorough manner.

Communication amongst staff was good. Staff told us that they received an effective and informative handover at the beginning of every shift which brought them up to date with any changes to people's support and care needs. One member of staff told us, "Communication has improved greatly with the new manager."

Previous inspections had identified that care and treatment was not always planned and delivered in line with individuals care plans. During this inspection we saw that the manager and provider had worked to ensure this aspect of care had improved. We saw that the service engaged proactively with other health and social care agencies, made appropriate referrals and took preventative action in relation to care, for example referrals regarding tissue viability and pressure sores. These aspects of care were appropriately documented, frequently updated and discussed between appropriate staff at handover.

Is the service caring?

Our findings

We saw staff interacted well with people. People were given choices and staff were aware of people's likes and dislikes. We observed staff caring for people and supporting them around the home. We saw that whenever staff helped people they ensured they discussed with people first what was going to happen. For example, we saw two staff assisting a person to transfer from the lounge to the dining room. The person being transferred expressed concern and told staff that they were nervous. Staff gave reassurance and were patient throughout the transfer explaining to the person that they should take all the time they required to ensure comfort and confidence. The staff doing this told the person what they were going to do, and why they needed to do it. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

We observed staff relationships with people living at Amethyst were positive. One member of staff told us, "It's wonderful to work with these people." People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, "The staff are lovely."

We spoke with staff about how they preserve people's dignity. Staff responses showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they

would preserve people's dignity. This included closing doors and curtains, while personal care was provided. One staff member told us, "Maintaining people's dignity is vitally important."

People who received services at Amethyst were observed to be clean and well presented. People wore watches, jewellery and had their make up, nails and hair attended to.

The six care plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, 'What is important to me', 'How to support me' and 'What people like about me.'

We saw an entry in the nutrition section of one care plan which stated, "Goes to the kitchen independently and gets snacks as required. Also eats out at the pub or orders a take away." It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

People said they could express their views and were involved in making decisions about their care and treatment. They told us they talked to staff about their care and their wishes.

Our previous inspection had highlighted differing levels of attention to people's hydration. This inspection saw improvements had been made. We saw that everyone who used the service had fluids within reach, both in their rooms and at meal times.

Is the service responsive?

Our findings

People who used the service told us they were very happy with the care provided and complimented the staff for the way they supported them. One person who used the service said, “I am extremely happy.” Another person told us, “It’s smashing, I have no complaints.”

Care plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person’s life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. Where possible people had signed to say they agreed to their plans.

We found people who used the service received personalised care and support. Previous inspections had highlighted shortcomings in relation to records as some aspects of care plans and daily notes had not been signed, dated or evaluated frequently. We looked at six care plans for people who lived at Amethyst House and found improvements had been made to records kept in people’s own rooms and in the office. We found the care records were organised and daily records were up to date and showed a good level of detail in the recording. Records were in a consistent format and order. This made it easy to establish if the care people received was based on their assessed needs.

Care plans described how people should be supported with their, likes and dislikes. We saw staff supporting people in accordance with the assessed needs described in care records. These records had been kept under regular review or as people’s needs changed. Guidance was available regarding what to look for and what to think about when reviewing care plans and risk assessments.

We spoke with one person about how they were able to access activities. They said, “There are always activities on offer but I don’t always feel like joining in.” Activities and trips were clearly displayed in the reception area. This was in contrast to our previous inspection when some people who used the service found the service, ‘boring’.

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One person who used the service said, “If I was unhappy about something I would tell the manager.” Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. One staff member told us, “I have confidence in raising issues directly with the manager.” We saw that complaints were responded to quickly and in line with the provider’s policy.

The provider had recently installed, in the reception area, an electronic touch screen device which allowed any person to leave feedback on any aspect of the service.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was in the process of registering with the Care Quality Commission. They had been in post at Amethyst House for approximately seven weeks.

We looked at areas of the service which had previously been in breach of regulations and had been highlighted by relatives and healthcare professionals as being of concern. The new manager was aware of the issues and had made significant progress in working to an action plan to improve the service and the environment.

People who used the service we spoke with, told us they were very happy with the service provided. One person told us, “Staff are genuinely nice, we have a good laugh.” Another person said, “They [staff] are nice but very busy.”

The provider used an annual customer satisfaction survey. The survey was detailed and took into account areas such as premises, activities and food. 72% of respondents said the home good or very good. The majority of the remaining 28% had concerns about staffing and the building. In response the provider had begun a major programme of refurbishment. This included a ‘visitors guest room’. This was a facility for relatives to be able to stay at Amethyst to ensure close contact with those relatives who were receiving end of life care. Staffing levels were under constant review to be able to meet people’s changing needs and were part of a weekly meeting agenda between the manager and the regional manager.

In a corridor outside the dining room we saw a notice board which displayed, “What we asked, what you said, what we did.” This summarised the discussion and action taken following residents meetings regarding areas such as activities, visiting entertainment and social trips.

Observations of interactions between the manager and staff showed they were inclusive and positive. All staff we spoke with were aware of the values of the home and their

role in upholding them. Staff also told us that the manager was supportive and approachable. One person told us, “The manager makes time for all of us. They have made some changes since they got here but they are for the better.” Another member of staff said, “We have a good and close knit team.”

Staff attended regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Handovers were also used at the beginning of each shift to ensure that all staff were aware any changing needs or risks and to pass on any other important information about the people who lived at the home. Staff told us that it was essential to discuss and pass on information to each other.

At our previous inspection we found that whilst there was a comprehensive system of audits they were not carried out with sufficient robustness and issues highlighted were not always addressed quickly. This inspection found that the provider had made improvements in response to the breaches previously identified. The provider had a quality assurance system in place, where the manager and senior staff carried out regular monitoring and checks on the quality of service people experienced. These checks were conducted to a high level of detail. We found audits covering care records, health and safety, food safety, medication, finance and the environment amongst other areas. This meant that the quality of service provision was regularly monitored. We saw that any issues highlighted in the audit received a plan of action. Therefore any issues were addressed quickly.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and appropriately recorded.

We spoke to the local authority who had also previously questioned the effectiveness of the service. They had recently inspected the service and had also found improvements had been made.