Four Seasons Homes No.4 Limited

The Maltings Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Maltings Care Home is a residential care home and was providing accommodation and personal care to 42 people, at the time of the inspection. The service can support up to 43 older people, some of whom may be living with dementia. The service had two floors, each with communal areas.

People's experience of using this service and what we found
We identified some concerns with the way the service assessed and managed some risks. The environment posed risks which had not been considered. No measures had been put in place to reduce them, although the provider took immediate action to begin to address them once we had identified them. Similarly risks relating to pressure care and choking required more effective monitoring to fully protect people.

Staffing levels made it difficult for staff to meet people's needs promptly, particularly in the early hours of the morning and late evening. People were not rushed but were aware of how busy staff were and access to leisure activities was sometimes reduced. The registered manager had requested additional staffing hours for these times. We have been informed since the inspection, that this additional staffing for the morning has been agreed by the provider. They are still considering additional evening hours.

Audits were carried out but had not identified all the issues we found. Maintenance reporting systems were not as effective as they should be and did not fully protect people. The provider began to address these concerns immediately after we brought them to their attention.

The service was clean, and staff had a good understanding of infection control. However, a maintenance issue had not been well managed and posed a potential infection control risk on the day of our inspection visit. Medicines were very well managed. Staff received training to administer medicines and had their competency to do this regularly checked.

The staff worked collaboratively and felt supported. Their views were sought and acted upon. Staff were recruited safely and understood their safeguarding responsibilities. Staff had requested key training which the provider had not yet been able to source, although their initial induction was good.

Access to healthcare was good and the staff made appropriate and prompt referrals to other healthcare professionals. People enjoyed the food and the provider regularly sought feedback on the dining experience. Recording of people's drinks, where they were at risk of dehydration' required better oversight.

Staff showed a very good understanding of consent issues, however the manager acknowledged that some care records needed reviewing. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice

The environment was suitable for people, including those living with dementia. Consideration had been given to the way the main lounge had been redecorated to make it suitable for people. People had had input on colour schemes and furnishings.

Staff were patient and kind towards the people who used the service. Staff promoted people's independence and upheld their dignity.

The service enabled people to follow their own hobbies and interests. Activities were popular and inclusive, although staffing levels had had an occasional impact on activities for some people. Complaints were managed in accordance with the provider's policy.

Although nobody was receiving end of life care at the time of our inspection visit, the provider had procedures in place. Staff had a good understanding of people's end of life care needs.

People who used the service, and their relatives, were mostly very happy with the care and support provided. They, and staff, spoke highly of the registered manager and many people told us they felt things had improved since she took up her post.

Although the inspection identified some areas for improvement, the provider began to take action as soon as issues were identified. Their response was encouraging. We acknowledge the positive impact the registered manager, and her team, have had on the service in the last year. However, further work is needed to ensure everyone receives safe and effective care which meets their individual needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 09 March 2017).

Enforcement
We have identified a breach of regulation in relation to the management of risk at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below

The Maltings Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out 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 care service.

Service and service type
The Maltings Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in post. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is something providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all the information we held about the service, including the previous inspection report and notifications of incidents the service is required to tell us about. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service, three relatives, five care staff including one whose role included being an activity co-ordinator, the head of housekeeping, a visiting hairdresser, the deputy manager, the manager, the head of resident experience and the regional manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us easily.

We reviewed a range of records. These included three people's care records and five medicines administration records. We also reviewed rotas, two staff training and recruitment records and other documents relating to the safety and quality of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

●Risks, including those posed by the environment, were not always well managed.

●People's individual risks were assessed and recorded in their care plans. Risks relating to a variety of issues including choking, pressure care, falls and fire had been considered. However, although risks were assessed, staff were not always clear about these and did not follow procedures designed to reduce risk. For example, one person with a high risk of developing a pressure ulcer, was not being repositioned in accordance with their care plan. They required two to four hourly repositioning but often records showed they were being left in the same position for over five hours. One day there was no record of a change of position over a 24 hour period.

●We observed staff moving a person with a pressure ulcer on their foot, which they had acquired in the service. They moved them forward in their armchair so that they could reach their dinner table. Staff did this in a way which increased the pressure placed on their pressure ulcer.

●From reviewing care records, we noted that this person had sometimes been in the same position for several hours. Staff told us the person was independently mobile. However, their mobility was very limited, especially when sitting in their armchair. This led us to question staff understanding of the management of pressure ulcers, to ensure they did not deteriorate further. We shared our concerns with the registered manager who put an immediate plan in place to improve pressure care for this person.

●One person had been assessed as being at risk of choking. Their care plan stated that they needed to be observed while eating. We noted that staff left them eating their lunch for a period of about 90 seconds. This put them at an increased risk.

●There was good monitoring of safety systems and equipment. However, we saw that one person's table with a variety of personal effects had been left in the corridor outside their room whilst staff attended to their personal care. The table contained a variety of items such as pens, toothpaste, medicines, buttons and chocolate bars. A staff member confirmed to us that these items could pose a potential risk to others, for example, those people living with dementia who might walk by on their way round the service. Staff removed the table after we raised our concerns.

●We found that the catches for the doorstops, which were fixed to the floor in some rooms, presented a trip hazard. We shared this information with the regional manager and these were removed during our inspection visit.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

●Cleaning schedules were in place and the service was clean and free from odour. The kitchens were very clean and well organised. Oversight of cleaning was good.
●Staff received infection control training and demonstrated a good understanding of infection control procedures. Equipment, such as gloves and aprons, was available for staff to use when supporting people with their personal care.
●On the day of our inspection neither of the two washing machines were working. This left a large backlog of dirty washing in the laundry. No strategy was initially in place to deal with this, although staff did make a decision to take the washing to another service in the afternoon.
●We noted that the problem with the machines had been appropriately identified and reported promptly. However, the provider's own systems for signing off works and getting the appropriate authorisations had caused unnecessary delay. In the meantime, a related problem occurred as a handwashing sink in the laundry had overflowed with foul water. These issues placed people at additional risk as infection control procedures could not be maintained.

Staffing and recruitment
● People who used the service commented that they sometimes had to wait a long time for staff to attend to them. This was especially true at night and in the early mornings. One person typically commented, "I feel they're short-staffed. Between 5 and 8 in the mornings, getting people up is very busy. The staff don't rush me but you're conscious they have a lot to do."
●Three care staff told us there were not enough staff to meet people's needs promptly. They commented that there was very limited time to sit and chat with anyone. People who used the service confirmed this.
●Staffing levels also had an impact on people's opportunities to take part in leisure activities. One person told us, "I don't get out much, no. I would normally get pushed around town in the summer but it hasn't happened this year." The visiting hairdresser also commented that, due to low staffing levels, they often had to collect people for their appointments and then take them back to their room and settle them in. The hairdresser had not been risk assessed, or trained, to do help in this way. This also had an impact on the number of clients they could see and often resulted in some people not being able to have their hair done.
●Staffing levels were set according to a dependency tool. Rotas matched the service's assessed safe levels. The manager told us that they had requested additional staff both at the beginning and end of the day as these times had been identified as high risk. This was being considered by the provider at the time of the inspection visit and they have since agreed to additional staff in the mornings. The other request for additional staffing in the evening was still being considered.
●Staff were recruited safely, with all appropriate checks in place before people started work.

Using medicines safely
●Medicines were very well managed. People told us they received their medicines on time and staff explained to them what they were for. Records were comprehensive and accurate. Staff received appropriate training and their competency to administer medicines was regularly checked.

Systems and processes to safeguard people from the risk of abuse
●Staff received safeguarding training and demonstrated a good understanding of how to keep people safe from abuse. They were aware of possible signs and symptoms which might suggest someone was being abused. They knew what action to take if they suspected someone was at risk of abuse.
●The provider worked in partnership with the local authority to investigate any safeguarding concerns.

Learning lessons when things go wrong
●There were systems in place to learn lessons and help drive improvement. This included analysis of accidents and incidents to look for any patterns and trends to try and reduce future risk.

- Senior staff supported the registered manager to analyse trends and make sure key learning took place.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their needs before they moved in. This was designed to make sure the service could meet these needs and to provide an initial framework for people's care plans. Assessments included input from relevant family members and professionals, where appropriate, to provide a holistic picture of people's needs.
- However, we noted that one person's initial assessment had not been signed or dated by the member of staff who carried it out. The person had been at the service for several weeks, but parts of their initial care plan remained blank. This included information about how many staff were needed to assist them, their consent to having photographs taken, their agreement to care and a list of their belongings. This posed a potential risk to the person and to staff.
- There was also no information about the person's former life and history. Staff were not able to tell us anything about this aspect of the person's life. The assessment needed to include these details so that staff would have a more holistic picture of the person's needs in the wider context of their life history.

Staff support: induction, training, skills and experience

- Staff received training to carry out their roles and training was appropriately refreshed. Some staff had requested specialist dementia and diabetes training. The registered manager told us there were at least six people at the service who were living with these conditions. We could not be assured that all staff had all been fully equipped with the skills and knowledge they needed to support people effectively. The registered manager told us that she was trying to source this training for staff.
- However, people who used the service, and their relatives, told us they felt the staff were skilled and carried out their roles professionally. One relative told us, "The staff are well trained. I've watched them moving [my family member] and they know what they're doing. I'm confident too that the staff fully understand [my family member's] health issues."
- We observed staff providing care in a skilled manner, demonstrating good knowledge and understanding of people's mental and physical health conditions.
- New staff were positive about their induction during which they could shadow more experienced staff. Staff told us the manager carried out regular supervision and appraisal sessions and they felt supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us their health needs were well managed. One person commented, "[There's] no delay. The staff call the surgery, or the doctor sees you when they come. On one occasion [registered manager] took

me for an appointment at the surgery in her car."
●Staff made appropriate and prompt referrals to other healthcare professionals such as dieticians, dementia intensive support and falls teams when needed. There was a good relationship with the local GP service. The practice nurse held a triage clinic each week to review people who might need to be seen by the GP.

Supporting people to eat and drink enough to maintain a balanced diet
●People were very happy with the quality of the food and told us there was lots of choice. There were opportunities for people to discuss the food and make suggestions.
● Mealtimes were not always sociable occasions. On one floor we observed that only one person took their meal in the dining room. They told us they would prefer to eat in their room but needed to be observed by staff, as they were at risk of choking. It was not clear why they had not been offered the chance to eat in their room with staff supervision. However, staff chatted to them throughout and made the experience as pleasant as possible for them. On the other floor eleven people ate together and staff spent limited time chatting to people.
● People at risk of losing or gaining too much weight had their weight kept under review and dieticians provided support and guidance when needed. Kitchen staff were knowledgeable about people's preferences and understood their specific dietary needs well. Where people were on fluid charts, better oversight was needed to ensure action was taken when people were at risk of not having enough to drink.

Adapting service, design, decoration to meet people's needs
●The environment was suitable for the needs of the people who used the service. The downstairs lounge had been recently refurbished. It was set up in small friendship groups rather than one large group of chairs around the edge of the room. We saw the room being well used.
● People were able to navigate their way around the service and there was plenty of information to help them. Recent outings and activities were showcased in photographs on the walls.
●People had personalised their rooms and told us they felt at home in them. People had been consulted about aspects of the service's décor.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
●Appropriate applications had been made to the local authority where a person might need to be deprived of their liberty to be kept safe. Staff understood the legal implications of this and had received training. They demonstrated clearly to us that they understood how to uphold people's rights.
●Staff practice regarding consent in their caring role was good. People told us they were always consulted before care and support was provided. One staff member told us about one person, who required a particular diet to keep safe. They said, "Sometimes [they] say no. [Their] decision overrides ours. We set out the risks to [them] but it's [their] decision."

●Care plans contained information about people's capacity to consent and documented how people should be supported to make decisions. However, one care plan we viewed needed the consent section of the plan to be completed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People were very positive about the staff and told us they treated them with kindness and compassion. A person commented, "They often come in for a chat. It's been like that since I came here. I'd say the staff love me. They're kind and treat me very well." We observed patient, kind and caring interactions and we saw that relationships were good.

● Staff knew people well and people told us they were comfortable with the staff. One person commented very positively on the help and support they had been given, saying, "The home is very good. I'm glad I'm in here. [Carer] got me using my frame. The physio came for only a few minutes and I didn't feel at all confident to use it so [carer]] helped me and spent time with me on a number of occasions to increase my confidence. It's been great for me and I feel better and, though limited, I am more mobile."

Supporting people to express their views and be involved in making decisions about their care

● Care records documented people had been involved in decisions about their care and treatment. People, or their legal representatives, had signed care plans to demonstrate this and people were appropriately involved in ongoing reviews of care.

● People understood they had the power to direct their own care and were given formal and informal opportunities to do this. One relative gave us an example of this saying, "We have an annual review with [registered manager] to look at any changes happening or that need to be made."

Respecting and promoting people's privacy, dignity and independence

●A person who used the service commented, "Privacy is not an issue here. The staff treat me very well."

●Staff were respectful towards the people they were caring for. People who used the service told us staff maintained their dignity and respected their privacy. Staff provided personal care sensitively and made sure people's personal care needs were met in private.

●Staff encouraged people to be as independent as they could. For example, one person told us they still liked to brush their own teeth even though other aspects of personal care were difficult for them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●Care plans documented people's changing needs and their preferences about how they wished their care to be delivered. The provider had a 'resident experience' staff member, who supported the service and was focussed on how the service could better meet people's individual needs.

●The registered manager ensured people's needs were regularly reviewed. One relative told us, "The family came in for a care review…. We're totally kept in the picture where [my family member] is concerned."

● Staff were knowledgeable about people's specific needs and respected their choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Where people had particular communication needs this was noted in their care plan.

●Information was displayed around the service in clear formats to help people understand. Advocacy services were available should people require this additional support.

●We observed staff struggle to establish the meal choice of one particular person. Staff brought through a small blackboard and wrote on this and the person was able to make their choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●The service supported people to follow a variety of hobbies and interests. There was a programme of activities and people told us they enjoyed them, especially the musicians who visited regularly. Activities were offered in the week as staff told us families tended to visit at weekends. People told us that sometimes staffing levels reduced their access to activities.

●The activities staff told us they worked with those people who were cared for in bed, or in their rooms, as well as providing group activities. People's cultural and religious needs had been considered and recorded in their care plans.

Improving care quality in response to complaints or concerns

●There was a complaints policy and procedure in place and people knew how to make a complaint if they needed to. Formal and informal issues were managed in line with the provider's procedures.

End of life care and support

● Nobody was receiving end of life care at the time of our inspection. There was a section in people's care plans to document their end of life care wishes. Staff told us they worked in partnership with the GP and district nursing service when providing end of life care.

●Staff received training in end of life care and understood how important it was to provide care which managed people's pain and met their needs sensitively.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The provider's reporting systems did not always ensure that actions were promptly taken to deal with an emergency or crisis. Laundry staff were unable to carry out their role on the day of our inspection visit due to unacceptable delays in authorising some works. This placed people at an increased risk of infection and stressed the staff concerned.
- There was a quality assurance system in place. A series of audits monitored various aspects of the service, including medication, weight loss, housekeeping, food safety, dining experience and complaints. However, the areas for improvement we found during this inspection had not been identified during these audits. No audit had identified, for example, that the catches for the doorstops or the routine placing of a table covered in various items in the corridor, posed potential risks.
- Oversight of people's repositioning needs and their fluid charts was not robust and did not fully protect them. The manager and regional manager acknowledged these shortfalls and immediately began working to address them.
- The registered manager shared with us that they had found a lot of work had been needed to bring the service up to the required standards when they had first come into post in November 2018. People who used the service, relatives and staff all confirmed this. A relative acknowledged the problems they had found previously, and the recent improvements, saying, "The home provides a safe environment for my [relative]. I'm much happier with things than I was. Yes, I would recommend the home now."
- We spoke with staff who had previously left the service as they were unhappy with the standard of care but had now returned under this registered manager. They were very positive about the current registered manager. One told us, "I would recommend 100% now - not before. It's a lot better. People ask me, and I would recommend.".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Relatives told us that the manager passed on information about their family member, when needed.
- The manager and regional manager understood the duty of candour and knew which issues needed to be shared. This included sharing key information with people, or their representatives, apologising for any shortfalls and assuring people how lessons had been learned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

●The manager worked in partnership with the people who used the service, relatives and staff. Feedback about the manager was extremely positive. Resident and relatives' meetings were held regularly and gave people a chance to share ideas and give feedback. One person said, "I generally go. There are usually loads of moans and groans but it's worth going to hear how things are going. Yes, I think the manager listens and does what she can."

●Staff told us they felt supported and valued. One explained to us, "You can speak to [registered manager] about anything and I have suggested a couple of things for residents and she listened. For example [putting particular people] on GP rounds. [The registered manager and deputy] are the same - both are great. [The registered manager] admitted she was a first-time manager and had a lot to do but it has changed 110%, and it's got to be down to her."

●Relatives praised the open culture that the manager had created. One told us, "I think there's been cultural improvements with the new manager."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure safe care and treatment was provided because they did not assess and mitigate risks to people's health and safety. Regulation 12 (1) (2) (a) and (b).