

Four Seasons Homes No.4 Limited

# Marquis Court (Windsor House) Care Home

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Marquis Court (Windsor House) Care Home is a nursing home providing personal and nursing care to 42 older adults. Care is provided on three floors. Some of the people are living with dementia. The service can support up to 52 people.

### People's experience of using this service and what we found

Some of the audits in place were not always effective in identifying inconsistencies or areas where improvements were needed. Staff felt supported and listened to. Feedback was sought from people and relatives who used the service. There was a manager in place who understood their responsibility with regards to their registration.

The care people received was safe. Individual risk to people were considered and regularly reviewed. There were safeguarding procedures in place and these were followed. Medicines were managed in a safe way. There were enough staff available for people who were effectively deployed around the home. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

The care that people received was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. Staff received training to ensure they had the skills to support people safely. People had access to healthcare professionals when needed. People enjoyed the meals provided and they were offered a choice. The environment was adapted to meet people's needs.

People were supported in a kind and caring way by staff they were happy with. People were encouraged to remain independent, offered choices and their privacy and dignity was maintained.

People received care that was responsive to their needs. Staff knew people well and they received care based on their assessed needs. People's preferences were taken in to account. People had the opportunity to participate in activities they enjoyed. Complaints were listened to, taken seriously and acted on.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement. (19 November 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding's. A decision was made

for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was 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.

# Marquis Court (Windsor House) 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 two inspectors 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

Marquis Court (Windsor House) Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had recently transferred to one of the providers other homes. There was an interim manager in place and the provider was in process of recruiting to the position.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information 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 contacted the local authority for feedback on the home. We used all this information to plan our inspection.

#### During the inspection

During our inspection we spoke with five people who lived at the home and four relatives. We also spoke with seven members of care staff, the activity coordinator, a registered nurse and a visiting healthcare professional. We also spoke with the regional manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for eight people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicines administration records.

#### After the inspection

We gave the provider the opportunity to send us any audits that related to the service. The provider sent us some information that we considered as part of our inspection.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection people were not always supported by sufficient staff, that were deployed safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection, the regional manager confirmed, and we saw staff were deployed more effectively within the home. Lunchtimes had been staggered to ensure staff could offer extra support to people on the different floors in the home when needed. The provider had also ensured the skills mix of the staff working in the home was suitable.
- Although staff felt further improvements were needed. People and relatives raised no concerns. One person said, "There seems to be more staff about then there used to be. At lunchtimes the staff come from the other floors to help the people who need it." A relative said, "There always seems to be enough staff when I come."
- Staff had received the relevant pre-employment checks to ensure they were suitable to work in the home. There were also checks to ensure nurses held the relevant qualifications.

### Assessing risk, safety monitoring and management

- People told us they felt safe living at Marquis Court (Windsor House) Care Home. One person said, "I don't have any concerns about living here, I feel safe with everyone around me and walk about with my frame. I used to have falls at home but have been much better since I came here because the staff are here to help me."
- The risks to people's health and wellbeing were considered, assessed and regularly reviewed. For example, people had plans in place to reduce the risk of falls. When incidents had occurred, incident forms had been completed and these had been considered and reviewed to ensure the person continued to be safe.
- We saw people were sat on pressure relieving cushions when they were at risk of developing sore skin. When other people needed equipment to transfer, such as hoists we saw this was used in line with people's risk assessments. The records we looked at confirmed this equipment was maintained and tested to ensure it was safe to use.

### Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm.

- Staff knew how to recognise and report potential abuse. One staff member said, "Safeguarding is about keeping people safe and raising our concerns if we think someone is being abused."

#### Using medicines safely

- We saw staff administer medicines to people individually. Time was taken to explain what the medicine was for and staff stayed with people to ensure they had taken them. All medicines had been administered to people in a safe way, when needed.
- There were effective systems in place to store medicines to ensure people were protected from the risks associated to them.

#### Preventing and controlling infection

- There were infection control procedures in place and these were followed. The home was clean and free from infection.
- Staff told us they had access to gloves, aprons and hand gels which we saw they used during our inspection.

#### Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, when incidents occurred these were reviewed, and actions considered to mitigate the risk.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 make 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. We found they were.

- We found mental capacity assessments were in place for people when needed and decisions had been made in people's best interests.
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made.

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

- People's gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were holistically assessed and considered.
- Care plans and risks assessments reflected information and needs that were identified for people as part of the assessment process.

Staff support: induction, training, skills and experience

- Staff received training that helped them support people. This included training in dementia care and behaviour management.
- Staff had adequate skills and experience to fulfil their role. A relative told us, "Staff seem to understand my relative very well and they have improved in health and put on weight since coming here."

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and were offered a verbal choice. One person said, "That was lovely."
- We saw improvements had been made around people's mealtime experiences. People were offered a choice where they would like to sit. Some people ate in the lounge other chose to eat in the dining room. Both areas were supervised by staff. One person chose to eat in their bedroom and staff supported and observed the person to do this.

- People were provided with wipes before their meals to cleanse their hands if they wished. They were also offered the use of an apron to protect their clothing.
- People's dietary needs had been assessed. When people required a special diet we saw this was provided for them in line with recommendations that had been made from healthcare professionals.

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

- Staff worked with other services and professionals to ensure people received care which met their changing needs. For example, people were reviewed by community psychiatric nurses.
- People had access to healthcare professionals and their health and wellbeing was monitored. A relative said, "They do seem to be very good at meeting individual's needs and will arrange outside support such as chiropodist or GP regularly." A visiting healthcare professional told us the staff were friendly and helpful during their visit.
- When people needed to be referred to healthcare professionals for specific advice and guidance we saw this had been completed. During our inspection the home contacted the GP for advice with regards to a discontinued medicine.

Adapting service, design, decoration to meet people's needs

- The home was decorated and adapted in accordance with people's choices and needs.
- People had their own belongings in their bedrooms.
- The home had been adapted to consider people's needs. There was lift for people to use, handrails were in place around the building and hoists and other equipment were available for people.

# 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 Requires Improvement. At this inspection this key question has improved to Good. 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

- As the deployment of staff had improved since our last inspection, we saw they had more time to spend with people. For example, we saw staff offering reassurance to people when they became anxious. Staff were able to spend time with people to find out what they wanted and to help them make choices.
- People were treated in a kind and caring way. One person told us, "The staff here are great, they brighten my day and I can have a laugh with them." A relative told us, "They do honestly seem to enjoy being carers and go out of their way to please."

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

- People were encouraged to make choices about their day. This included where they would like to sit, what activities they participated in and what they would like to wear. One person said, "They sort out everything I need here and help me get up and have a wash. I usually choose what clothes I want on and I like to always sit in the same chair."
- The care plans we looked at considered choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Staff gave examples of how they would support people with this. We saw one person requested to stay in the lounge whilst being supported by a health professional. Staff ensured this person privacy and dignity by holding a blanket around them during the intervention.
- People were encouraged and supported to be independent. We saw people mobilised independently with their walking aids. When they needed guidance, this was done discreetly by staff.
- The care records we reviewed reflected the levels of support people needed.

# 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

- Staff knew people well. People and relatives confirmed this. One relative told us, "[Staff name] works very hard and is very knowledgeable and patient. They seem to get the best out of people and will always involve the relatives and friends."
- People had care plans which were personalised, detailed and regularly reviewed. Staff told us they found care plans provided the necessary information to support their understanding about how to meet people's needs.
- Staff had the opportunity to attend handover at each shift where they could share information and changes about people.
- We saw that people had regular meetings, so their care could be reviewed and updated, both people and relatives were involved with this. One relative told us, "We often communicate from a distance by email and they are generally quite responsive."

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

- People had the opportunity to participate in activities they enjoyed. One person said, "There is a person, I think in the afternoons who comes and tries to get us involved in things, they sometimes bring singers, but I haven't seen any for a while."
- There were activities coordinators in post who we observed during our inspection, who were supporting people to participate in various activities.
- Displayed around the home were photographs and pictures of recent activities people had participated in.

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.

- The provider met the Accessible Information Standard.
- People had care plans in place to ensure staff had information available how they communicated.
- Information was available for people in different formats should they require it.

Improving care quality in response to complaints or concerns

- People and relatives felt able to complain. One person said, "I just tell the carer if I don't like something." A relative told us, "We have never had to formally complain, the carers tend to sort things out for us."

- The provider had a complaints policy in place.
- We saw when written complaints had been made the provider had responded to these in line with their policy.

#### End of life care and support

- When people were at the end of their life, there were care plans in place for staff to follow. There was detailed guidance that listed people's levels of support and preferences. The GP was involved and were regularly reviewing these people. People had medicines in place should they need it to manage their pain during this time.

# 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 Requires Improvement. At this inspection this key question has remained 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.

### Continuous learning and improving care

At our last inspection the service had continually been rated as Requires Improvement. The systems in place to ensure quality care were not always effective in identifying concerns. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were various audits in place which in most instances identified areas of improvement. However, some concerns had not been identified. For example, a medicines administration record (MAR) showed a medicine had been prescribed to be administered daily. However, the MAR showed the person had not received their medicine as directed. The provider's audit did not identify this shortfall. The provider contacted the GP who confirmed this person did not require this medicine daily and the provider took action for the MAR to be rectified.
- We also found there were some inconsistencies on the different floors in how the administration of medicine patches were recorded. All patches were administered as prescribed.
- On the morning of our inspection we also saw that one person could not have their medicine as prescribed. As the staff member administering the medicines on that floor could not be at the home until 9am due to an emergency situation. Staff told us it should have been shared that the night staff were to administer this person's medicines before leaving, however on this occasion it was not. The person came to no harm and there were other staff in the home who were available to administer this medicine if this had been effectively communicated. This was an isolated incident and the provider had a system in place should this situation occur however on this occasion it had not been followed.

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

- There was an interim manager in place as the registered manager had left the home to manage another service. The provider was recruiting to the position and assured us they would send the relevant notification in with regards to this.
- People and staff spoke positively about the management team and were aware of the changes. A relative told us, "We don't have a manager at the moment. [Name] used to be the manager and she was very good. She has helped us a lot and really got to know us."

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

- Duty of candour requirements were understood by the current manager, regional manager and provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff had the opportunity to raise concerns by attending team meetings and individual supervisions.
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home and on the provider's website in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the opinions of people who lived in the home. This was through meetings and surveys. We saw the feedback received was positive.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.