# Four Seasons (Bamford) Limited

# Half Acre 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? | Good |

# Summary of findings

## Overall summary

Half Acre Care Home is purpose built with accommodation on three floors. It is registered to provide accommodation for up to 32 older people who require personal care.

The service were last inspected in July 2014 when the service met all the regulations we inspected.

We undertook this inspection on 11 and 12 May 2016. This comprehensive inspection was unannounced and conducted by one inspector.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

People who used the service told us the food was good. We observed one mealtime, which was served in the garden at the request of people who used the service. The meal was a social occasion and ten people took advantage of the good weather.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to

discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record kept of any complaints and we saw the manager took action to investigate any concerns, incidents or accidents to reach satisfactory outcomes. There had not been any complaints since the last inspection.

Staff, people who used the service and family members all told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The environment was maintained at a good level and homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

People who used the service and their relatives were asked about their views of the service and action was taken to make any improvements suggested.

There were sufficient activities to provide people with stimulation if they wished to join in.

## 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 safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

### Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

### Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there were good interactions between staff and people who used the service.

## Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

## Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

# Half Acre 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.

This was an unannounced inspection and was conducted by one inspector on the 11 and 12 May 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

During the inspection we talked with five people who used the service, three care staff members, the cook, deputy manager and the registered manager.

There were 29 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for eight people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

# Is the service safe?

## Our findings

People who used the service told us, "I feel very safe living here", "They make sure we are safe. I think we are all safe. Staff make sure of that. There are a few crabby people like there are in any families but that's normal", "I feel perfectly safe" and "I feel very safe. Nobody pushes you around."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Bury social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Two staff members told us, "There is a whistle blowing policy. I would be prepared to use the whistle blowing policy. I would report any incidents I saw and know who I can report to" and "I have had safeguarding training and would be prepared to report bad practice."

Three people who used the service told us, "The home is always clean and tidy", They keep my room very nice and clean" and "They launder my clothes here and it is a very good service." During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

One person who used the service told us, "They launder my clothes here and it is a very good service." There was a laundry sited away from any food preparation areas. There was sufficient equipment to keep linen clean and a sluicing facility to wash soiled clothes. There was a person employed to launder bed linen and clothes. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. We saw staff used the equipment when they needed to.

Two people who used the service told us, "There are enough staff and they seem to know what they are doing" and "There are enough staff I think. If you need help it is pretty quick in coming." On the days of the inspection the registered manager led the team of deputy manager, one senior care assistant, three care assistants, the cook, administrator, laundry assistant, housekeeper and a domestic. There was a person employed to complete any maintenance and to keep the garden and grounds tidy. The off duty showed this was a normal complement of staff although only one of the management team worked weekends.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and

a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.
We saw that electrical and gas equipment was serviced and maintained. This included the electrical installation, portable appliance testing, the fire system, emergency lighting, the lift, hoists and call bell system.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician.

There was also an environmental audit to ensure all parts of the service were safe. This covered topics like tripping hazards, faults and décor.

Two people who used the service said, "They give me my medication on time and when I need it" and "They give us our medicines on time. They wait until you have taken them." We observed a medicine round on the day of the inspection. We saw the member of staff observed good practice and took care not to leave the medicines trolley unattended. The member of staff waited patiently whilst people took their medicines and then signed the medicines administration records (MARS).

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. We looked at eight medicines records and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home and for any hand written prescriptions to help prevent errors.

Medicines were stored safely in a locked room. There was safe storage for controlled drugs. There was a separate controlled drugs register. We checked the medicines stored and controlled drug book and saw the records were accurate.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines and sharp objects, for example, hypodermic needles.

Staff had access to the British National Formulary to reference for possible side effects or contra-indications. Staff who administered medicines had their competency checked to ensure they followed safe practice. The pharmacist who supplied the care service was available for staff to contact for advice.

The documentation for medicines to be given when required clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This followed safe practice guidelines.

We saw that all rooms that contained chemicals or cleaning agents were locked for the safety of people who used the service.

Good

# Is the service effective?

## Our findings

Four people who used the service told us, "The food is first class. I have a good appetite", "The food is very nice", "The food here is much better than where I was. More homely type of menu" and "The food is good. I like it."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We sat in the dining room for part of the inspection and observed mealtimes. Mealtimes were unhurried and a social occasion with people chatting to each other. Tables were set with place mats, serviettes and flowers. There were condiments available on each table for people to flavour their food.

At breakfast time people arrived at various times when they got up. The cook or a member of staff asked people what they wanted and they were served their choice promptly. There were jugs of juice on the tables throughout the day and people had their choice of hot drink with their meal and at set times in between. People were also offered cold drinks and ice lollies when they sat outside taking advantage of the good weather.

There was a choice of meal at lunchtime. People had the choice of sausages or liver and onions with potatoes and vegetables. People also had a choice of sweet. All the people we spoke with said the food was good. We saw staff encouraged people to eat if they required support.

We spoke with the cook who we observed played an active part in asking people what they wanted and if they enjoyed their meals. There was a record of any special diets required and allergens some foods may contain to be aware of what he was serving. We saw there were plentiful supplies of fresh, frozen, dried and canned foods. There was a bowl of fresh fruit in the lounge for people to take their choice of apples, pears, grapes and oranges. The kitchen had been awarded the five star very good rating at the last environmental health inspection which meant the cook followed safe food hygiene practices.

We looked at three care plans. There was a nutritional assessment for each person and a record of people's weights. If a person was assessed as having a nutritional risk the relevant professional, such as a speech and language therapist (SALT) was contacted and we saw evidence of their recommendations.

On the second day of the inspection it was a warm, sunny day and several people asked if they could sit outside for lunch. Staff made arrangements for their meal to be served in the garden area and set up music and tables for people to provide a party type atmosphere. Ten people enjoyed their lunch outside.

The cook also made treats in the afternoon. On one day of the inspection doughnuts were made for people who used the service.

New staff were given an induction when they commenced working at the service. Staff were shown around the service, introduced to the staff team, had to familiarise themselves with key policies and procedures and

informed about the arrangements in case of a fire. Staff were then enrolled on the care certificate which is considered best practice for people new to the care industry. We saw completed booklets for induction in staff files. A staff member said, "I had a good induction. I was shown all that I needed and then I was shadowed by an experienced member of staff until I felt comfortable working with the residents. I am now completing the care certificate.

Two people who used the service said, "The staff are all well trained. I get what I need from them" and "The staff are well trained. They know how to look after me." We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding, medicines administration and fire awareness. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care and from looking at the training matrix we saw that most staff had completed a course at various levels. Other training included dementia care, six steps end of life care and continence management. We saw that refresher and further training was planned for future dates. Two staff members we spoke with both though they completed enough training to be competent in their roles. On the first day of the inspection fire training was being undertaken by several staff and this included evacuation techniques.

Supervision was held regularly between managers and staff. We saw evidence of 1 – 1 sessions in staff files. Two staff members told us, "I had supervision a week ago. You can bring up your training needs" and "I have supervision around every six weeks. We get chance to bring up topics we want to." Staff felt they were able to discuss their careers during supervision.

People who used the service told us, "I love it here. I have a beautiful room with my own facilities. I have personalised it and have my own television as well", "I have a lovely bedroom with a lovely suite in it. They keep it clean and tidy. They keep it very straight", "I brought some of my own things here. I am staying here now" and "It is very homely. I have a lovely room."

We toured the building during the inspection. All the rooms we visited were well furnished, nicely decorated and homely in style. We looked at several bedrooms which had been personalised to people's tastes. There was sufficient comfortable seating in communal areas. We saw people could sit together or in their rooms if they wished privacy.

There were suitable aids and adaptations in bathrooms and toilets to provide ease of use for people with mobility problems. There was a lift for people to access all three floors. There were grab rails in corridors to help people move around safely.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are 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 were being met. Most members of staff had been

trained in the Mental Capacity Act 2005 (MCA 2005).

Each person had a mental capacity assessment. We saw that six people had a DoLS in place with it being in their best interest to reside at the home. Two further applications had been made and were awaiting a decision by the relevant authorities. One newly admitted person had already been assessed by a mental health specialist to ensure her rights were protected. During our discussion with the registered manager it was apparent that she had a good understanding of when and how to protect the rights of people who may lack mental capacity.

The plans of care we looked at showed people who used the service had signed their agreement to care and treatment and to be photographed. We also observed staff asking people for their consent before undertaking any tasks. This gave people choice and ensured they got the support they wanted.

Good

# Is the service caring?

## Our findings

People who used the service told us, "I like the people who live here. The staff are fantastic. They are all kind, marvellous", "I have just come in here but I had a short stay before and I liked it. The staff are wonderful. You cannot fault the staff", "You can get on with the staff. You can have a bit of fun with them. We get on well with each other as well. The staff are kind to us. I get on with all of them", "The staff are all very nice " and "Staff look after you and care for you very well. The staff are very kind." People we spoke with thought highly of staff.

We observed staff during the day. We did not see any breaches of a person's privacy and staff delivered care in a professional and polite manner. There was also some appropriate light hearted banter amongst staff and people who used the service. We observed staff were able to sit and talk with people who used the service.

Visiting was unrestricted and we saw some people receive their visitors in communal areas or their rooms if they wished.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better and deliver personalised care. We observed that people had choice in the time they got up, where they ate and how they spent their day.

There were basic details around end of life care, for example which family member would provide information should a person's health decline. Some staff undertook end of life training which would help them provide sensitive care and offer support to bereaving families. The registered manager said more details were sought when a person deteriorated.

Good

# Is the service responsive?

## Our findings

People who used the service told us, "I don't do anything much really if I don't want to. I just like to talk to people. I like the entertainers who come in and I love to watch my television in my room", "I like to go outside if the others are out", "We can have our meals outside if the weather is nice. I like to do crosswords and knitting and hope my hands improve so I can start knitting again" and "I just like to sit here and watch the staff and other residents go by. They all speak."

We observed one man helping in the garden, a lady feeding wild birds, people reading, watching television and playing games (dominoes and darts). There was an activities co-ordinator employed at the service but she was on annual leave on the week of the inspection. A member of staff had been designated to provide activities for this week. Activities included games, karaoke, singalong sessions, playing dominoes, musical bingo, arts and crafts, gardening and pamper days. Entertainers came into the home regularly. There were trips out to places of interest such as Chester Zoo and Blackpool Tower ballroom. People were accompanied on shopping trips. People could also follow their own interests such as completing crosswords. There were special event days, for example, Easter, Christmas and Birthdays. People had a choice of activities if they wished to attend them.

People who used the service said, "I think I could bring up a concern if I wanted to", "I have some neighbours who visit I can talk to", "If I had a worry I could talk to the staff" and "I don't have any complaints." On the day of the inspection all the people we spoke with did not have any concerns or complaints about the service. There was a suitable complaints procedure located in the hallway that informed people on how to raise any concerns. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. However, the complaints procedure was very lengthy and we suggested a simplified version would be better suited for people who used the service. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. We saw the registered manager had a system for analysing complaints which would enable her to provide a satisfactory outcome.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home. A newly admitted person told us, "I came for lunch and for a look around to see if I liked it. I am settling in very well here."

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or sleep, showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to

keep staff up to date with people's needs. The quality of care plans was regularly audited by management.

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

There were regular meetings held for relatives/people who used the service to discuss their ideas. At the last meeting people discussed topics such as safeguarding, the business continuity plan, PEEP, fire procedures, meals and mealtimes, maintenance work, the laundry and menus. We saw that management took action following the meeting to improve the service, for example menus were changed to include some suggestions and a window was replaced after a relative said it was in poor condition. People were all encouraged to participate and have their chance to speak.

Good

# Is the service well-led?

## Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us, "You can talk to the manager, well any of the staff really. They all talk to us" and "You can go to the manager if you want. She is around enough but really you can ask any member of staff if you need help." Staff said, "The registered manager is easy to approach and extremely supportive. I like working with the team and the older generation. There is a good atmosphere" and "The support is brilliant. The manager is supportive and is the best manager I have worked under. I love it here. I like interacting with residents, learning as I go along." We observed the registered and deputy manager during the inspection. Both were seen around the home giving advice and interacting with people for most of the day. People who used the service and staff thought managers were approachable and available for support.

There were regular recorded meetings with staff. Topics on the agenda included safeguarding, mental capacity/DOLs, supervisions, nutrition, allergens, pets and protected mealtimes. Staff said they could bring up topics if they wished and felt part of the staff team. There was a twice daily handover between shifts to pass on information.

On the day of the inspection the regional manager was conducting an audit on the quality of service provision. She told us the company had quality targets and she looked at how the registered manager had responded to previous actions from the audit, care files, incidents, accidents, the environment, health and safety, wounds, dependency levels and staffing. Staffing hours were worked out from the dependency levels. The regional manager also conducted formal supervision with the registered manager. The visits may be unannounced or announced.

The registered manager also conducted audits regularly. The audits included slings and hoists, medication, care plans, safeguarding alerts, people's dining experience, any notifications, wounds, accidents and safety alerts and infection control. We noted that action was taken to minimise risks following analysis, for example, one person's bedtime routine was altered which resulted in increased safety by preventing falls.

We looked at policies and procedures which were updated regularly. The policies we looked at included health and safety, reporting of incidents and accidents, infection control, managing behaviours that challenge, safeguarding, DoLS, confidentiality, medicines management, complaints and mental capacity. There were policies and procedures available for staff to follow good practice.

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed.

The registered manager attended meetings with managers from other homes within the group to discuss

best practice issues.

People were able to record their views electronically whenever they wished. The equipment was located near the entrance for people to type their views to certain questions. There was also a hand held device which staff took around to gain people's views. We looked at the records from January 2016. The results were very positive with good results around staff attitude, the cleanliness of the environment, people felt they were listened to, the home was comfortable, people felt safe and treated with respect. The registered manager also regularly gained people's views on their dining experience. Comments people made on the day included, "I have had a good and happy life. It is very good here", "I am happy being here and it is like being in a family", "I have been happy since I came here and you can go to any of the staff for help", "I like it here very much" and "You have everything you need. They care for you very well." People were satisfied living at this care home.