

Four Seasons (No 11) Limited Sedbury Park

Inspection report

Sedbury
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 4 and 5 November 2015. Sedbury Park is located near the Wales and Gloucestershire border a short distance from Chepstow. The home is registered to accommodate up to 105 older people although there were only 71 usable rooms. The home is surrounded by 12 acres of private land, with views over the estuary and the two Severn Bridges.

The main part of the house is a grade II listed building plus an extension. Parts of this building were in a poor state of repair. There is also two purpose built units called

the Marlings and the Wye Unit. The three units can accommodate 25, 21 and 25 people respectively. There were 59 people in residence at the time of our inspection. All private bedrooms have en-suite facilities.

There was a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

We found the service to be failing to ensure that the safety of people living in the home and staff was not compromised. The fire safety arrangements were inadequate, parts of the home were in a poor state of repair but could be accessed and the standard of cleanliness was poor.

People's rights may not be protected because staff did not act in accordance with the Mental Capacity Act 2005. Applications to deprive a person of their liberty in their best interests had not been submitted.

Care planning documentation did not always provide an accurate and detailed account of what support the person needed or what care had been provided. However, people said they received the care and support that met their specific needs.

All staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if bad practice was witnessed, alleged or suspected and would take the appropriate actions. The registered manager was aware of the need to report events promptly to the local authority and CQC. The appropriate steps were in place to protect people from being harmed. There were safe recruitment procedures in place to ensure unsuitable staff were not employed.

A range of risk assessments were completed for each person and appropriate management plans were in place. Medicines were well managed.

Staffing numbers were based upon the care and support needs of each person in residence. The different shifts the care staff did ensured the busiest times of the day were covered and people's needs could be met. People were not put at risk because staffing levels were low.

New staff had an induction training programme to complete and for all staff there was a programme of

essential training to enable them to carry out their roles and responsibilities. Care staff were encouraged to complete nationally recognised qualifications in health and social care. There had been some slippage in adherence with the staff training programme that was being addressed.

People were provided with sufficient food and drink. Their specific dietary requirements were catered for and there were measures in place to reduce or eliminate the risk of malnutrition or dehydration. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to.

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The staff team had good friendly relationships with the people they were looking after. People were able to participate in a range of different activities and external entertainers visited the home. People were encouraged to be as independent as they were able. People's feedback was actively encouraged and acted upon.

A programme of staff meetings was to be re-established to ensure that all were kept up to date with any changes and developments in the service. The provider had a regular programme of audits to complete. Some of the checks were completed on a daily basis, others on a weekly or monthly basis.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

There were serious failings in several aspects of safety that had the potential to place people and staff at risk. The fire safety arrangements were inadequate, parts of the home were in a poor state of repair but could be accessed and the standard of cleanliness was poor.

People received care from staff who were trained in safeguarding and recognised abuse. Safe recruitment procedures were followed to ensure that unsuitable could not be employed.

Staffing levels were based on people's needs and shifts were arranged to ensure sufficient staffing numbers at key times of the day. There were enough staff to keep people safe.

People's medicines were being managed safely.

Inadequate



Is the service effective?

The service was not effective.

People's rights may not be protected because staff did not act in accordance with the Mental Capacity Act 2005. Applications to deprive a person of their liberty in their best interests had not been submitted.

Staff received the relevant training and support in order to undertake their role effectively and meet people's needs. They felt supported and received regular supervision to monitor their work performance.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drank.

People were supported to see their GP and other healthcare professionals when they needed to.

Requires improvement



Is the service caring?

The service was caring.

People were treated with respect and kindness and were at ease with the staff who were looking after them.

The care staff had good relationships with people and talked respectfully about the people they looked after.

Good



Is the service responsive?

The service was not fully responsive.

Requires improvement



Summary of findings

People received the care and support that met their specific needs. Care planning documentation did not provide an accurate and detailed account of what support was needed and what care had been provided.

People were able to participate in a range of social activities. People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

The service was partially well led.

Measures were in place to monitor the quality of the service. Improvements were required with the condition of the premises but this was not being well managed.

People were satisfied about how the service was managed. Staff always provided a high quality care service that met people's needs and was compassionate. People and staff said they were listened to and their views were actively sought.

Requires improvement



Sedbury Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was undertaken by a two adult social care inspectors, a specialist advisor and an expert by experience. The specialist advisor had a long history of working in the care sector, specifically with people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the last full inspection of Sedbury Park in November 2013 we found one breach of regulations. The breach was in respect of how people's health needs were being met, specifically in relation to pressure ulcer and wound care. An enforcement notice was issued and when we returned in March 2014, the required improvements had been made.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We looked at information that had been shared with us by health and social care professionals and relatives who had contacted us to tell us about their experiences of Sedbury Park.

During our inspection we spoke with 16 people living at Sedbury Park and 12 relatives. We spoke with the registered manager, the deputy and the regional support manager. We also spoke with 17 other members of staff including care staff, catering staff, domestic staff and the activity coordinators.

Not everyone was able to tell us their experiences of life at the home. This was because of their dementia or complex nursing needs. We therefore spent time observing people and the staff that were supporting them. 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 to us.

We looked at seven people's care documentation in full and a number of other care records to check out specific information. We also checked other records relating to how the staff monitored people's health and care delivery. We looked at four staff recruitment files training records, key policies and procedures, audits, quality assurance reports and minutes of meetings.

Following the inspection we contacted two further health and social professionals who were familiar with the service and have incorporated their feedback in to the body of the report.

Is the service safe?

Our findings

People told us, “I feel very safe. I can close my door but there are people around if I need them”, “I came in here (Sedbury Park) because I could not cope. My worries have all gone now”, “There is no reason for me not to feel safe. The staff are very good to me” and “Everyone treats me well and makes me feel special”. Relatives said, “We have never had any concerns about the way mother is looked after”, “We do not have to worry about our relatives safety. The staff are extremely kind to her, even when she can be difficult” and “I would know if dad was not happy about something. He would tell me if something was wrong”.

We noticed during our look around the home that a number of doors, marked as fire doors did not close properly and we asked the Fire Officer to visit the premises. They visited week commencing 9 November 2015. One door where a new carpet had been fitted would not close at all unless forced but had not been reported by the staff team to maintenance. The maintenance team checked a sample of 15 fire doors each week to ensure they closed properly when the weekly fire alarm checks were completed. However, the team had not identified those doors that did not close fully. This shortfall had the potential to mean any fire that occurred would not be contained effectively and this could have a serious impact upon people’s well-being.

This was a breach of regulation 15 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014

We also noticed during our look around the home that there were areas of the home that were in a poor state of repair. The porch and main entrance to the main house was unsafe. There were large cracks in the stonework and we were told there had been “falling masonry” in the past. A safety net had been put in place to catch any further masonry however, it did not look substantial. Although the area was cordoned off with tape and notices were displayed to use the other door, we saw two staff members on separate occasions enter the home via this route. Immediately following our inspection we were told that additional signs had been put in place, the keypad code was changed and not shared with the staff team and the provider’s estates manager had been asked to provide more substantial barriers to cordon off the area.

The roof in the main house was in a poor state of repair and was leaking. There was evidence of water damage on the top level but also in other parts of the home, namely the ballroom. The bedrooms on level six had already been taken out of use because of water damage and uneven floors. The area was however, being used to store old nursing equipment and therefore being accessed by staff. We were told one of the bathrooms on level four was ‘out of action’ however it was not locked. The water damage to the ceiling had caused lumps of plaster to fall down on to the toilet. Following our inspection we were notified that a star lock had been fitted to the bathroom door to prevent unauthorised access. We were also told the provider had now allocated funding for roof repairs but there was no planned date for works to start. We have asked for a building control officer from the local council to visit the service.

This was a breach of regulation 15 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

The overall cleanliness of all three areas of the home required improvement. There was a lack of attention to detail. Bath hoists needed a good scrub to remove water scaling and rust marks, pull cords in toilets and bathrooms were grubby and a source of infection and a number of commodes we saw were rusted and dusty. One of toilets in the main house we noted was smeared with faeces in the morning and still dirty when we checked it later in the day. Those linen cupboards we saw had bedding stored on the floor. In two bathrooms in the main house there were numerous toiletries and prescribed topical creams. Some of these items were not being stored in line with COSHH procedures (control of substances hazardous to health). All these shortfalls were discussed with the registered manager and deputy during the inspection.

A member of staff had been identified as lead for infection control and prevention. They had just completed a training course in infection control with the local clinical commissioning group, but unfortunately were not available to speak with during the inspection. We asked who undertook the regular checks of bed mattresses and pressure relieving equipment to ensure the waterproof covers were patent and the equipment was clean. We were

Is the service safe?

advised this task would now be undertaken by the infection control lead. There were no records made available for us of checks that had already taken place. There were no records of infection control audits that had taken place.

This was a breach of regulation 15 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Any maintenance requests were entered by staff on to the maintenance logs kept in each of the three areas of the home. These were checked on a daily basis. A check of the records showed the requests were dealt with promptly. The maintenance team also had a programme of checks to complete on a daily, weekly and monthly basis in order to keep the premises safe. These checks included the fire alarm system, fire equipment, fire drills, water temperatures, visual safety of electrical equipment, window restrictors, extractor fans and wheelchairs.

The maintenance team fitted the bed side rails when these has been assessed as needed to maintain the person's safety whilst in bed. All bed side rails were full length and were used with protective bumper pads. Some of the bumper pads we saw, those in situ on people's beds or those in storage cupboards looked grubby and stained.

Contractual arrangements were in place for the servicing and maintenance of the lifts and hoisting equipment, gas safety, legionella checks, portable appliance testing, pressure relieving equipment and the call bell system.

The catering staff recorded fridge and freezer temperatures and hot food temperatures. There were measures in place to ensure all food was stored correctly and there were daily, weekly and monthly kitchen cleaning schedules. An environmental health officer last visited the kitchens in March 2015 and awarded the full five stars.

Staff were aware of their responsibility to keep people safe. Key members of staff were trained to deliver moving and handling training to the rest of the staff team. Care staff were not permitted to use hoisting equipment until they had received this practical moving and handling training. People told us they felt safe whilst being hoisted, "I don't like it, but they always talk me through it and reassure me" and "They know what they are doing". Information that we had received prior to our inspection was that people (on one unit) who had been assessed as needing to be moved using a hoist were being "lifted and moved

inappropriately". We checked this out with the moving and handling trainer on that unit who vehemently denied this to be the case and told us what actions would be taken if this practice was witnessed or reported.

A moving and handling risk assessment was undertaken with each person and a moving and handling care plan devised. These set out the equipment needed and the number of staff required to undertake procedures. A copy of these plans were placed in each person's bedroom in their wardrobe. The plans were reviewed on at least a monthly basis. Observations we made of staff assisting people to transfer using the hoists were that these tasks were undertaken competently, efficiently and safely.

Staff said they would report any concerns they had about the safety and welfare of people and they knew about the different types of abuse. Concerns would be reported to the registered manager, the deputy or the nurse on duty. The contact numbers for reporting any safeguarding concerns were posted on staff notice boards. Staff completed a safeguarding training programme as part of the mandatory training programme. The registered manager had raised one safeguarding concern with Gloucestershire County Council in July 2015 and had taken the appropriate action to deal with a staff conduct issue. The registered manager also said they had contacted the safeguarding advice line on other occasions to determine whether events needed reporting. The registered manager and deputy had not completed recent safeguarding training with the local authority and said they would consider this after consulting with senior managers.

There were effective recruitment and selection processes in place however some of the procedures needed to be tightened. All files contained application forms, evidence of an interview and an assessment having taken place. Two written references were obtained and evidence of DBS checks completed. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. Two interviews had been completed by one senior member of staff - the recruitment policy was that two senior staff should interview. During the interview any gaps in employment history were explored. There was no interview assessment in the file for one member of staff. The registered manager thought that another senior member of staff had the notes, however, they were not made available for inspection.

Is the service safe?

Assessments were undertaken as part of the care planning process, of any risks people may be affected by. The assessments were in respect of the possibility of skin damage and pressure ulcers, the likelihood of falls, risks of malnutrition and dehydration, and moving and handling tasks. Other person specific risk assessments were completed for example the risk of choking or behaviours. A personal emergency evacuation plan (PEEP's) was completed for each person – these detailed the level of support the person needed should the building need to be evacuated in the event of a fire. Copies of the PEEP's were kept in the person's care file but also in the 'grab file' kept by the fire panel.

The provider used a formulae (the CHES tool) to calculate the numbers of staff required to meet the needs of the people living in the service. The tool also took into account the layout of the building and those people who were living with dementia. Staff believed the tool provided an accurate assessment of the staffing levels needed. The current staffing levels were as follows. In the main house, one nurse at all times plus five carers in the morning, four or five in the afternoon and evening and three carers overnight. In both the Wye unit and The Marlings, there were four staff each morning, three in the afternoon and two overnight. Each shift included a senior care assistant or the unit manager. The deputy and unit managers provided shift cover as the nurse or senior staff on duty for some shifts, and for other shifts, were in addition to the numbers above. The staffing rota's we looked at confirmed the staffing levels were maintained for most of the time.

In addition to the care team, there were three activity staff, catering staff, housekeepers, administrative staff, and a gardening and maintenance team. There appeared to be enough staff on duty during the day. People's calls for assistance were responded to promptly, there were staff available to look after people in the communal area and at lunch time some staff sat down and had lunch with the people living in the service.

We looked at how medicines were managed in the service. Whilst there was no breach in the regulations, improvements were required to ensure that the staff consistently followed safe practice and managed the risks associated with medicines. There was a medicines policy in place and this was next due for review in 2018.

We checked the arrangements in place for ordering, storing, administering, recording and disposing of

medicines. Medicines were re-ordered on a four weekly basis and the majority were supplied in blister packs. All medicines were stored in locked trollies, fridges or cabinets and the temperature of the storage areas were recorded daily. Separate secure arrangements were in place for the storage of controlled drugs.

The amounts of medicines received in to the service were checked in and signed for on the medicine administration record sheets (MAR charts). However the carried forward amounts were not routinely recorded on the MAR charts, but recorded separately. This could make it difficult to do an accurate stock check.

Nurses administered the medicines in the main house (the nursing unit). Care staff who had been trained and deemed competent, administered medicines to those people in the Wye unit and the Marlings. Staff told us no one received their medicines covertly and no person had wanted to self-administer their medicines.

We observed medicines being administered safely to people in the main house, Wye unit and The Marlings. The staff knew how people liked to take their medicines. People were asked if they wanted their prescribed pain relief medicine where this was written to be taken as required. The MAR charts were signed for after the medicine had been taken. There were no gaps on the MAR charts we looked at. A photograph of the person and any known allergies was recorded on a document kept with the MAR chart.

Where people were prescribed a variable dose of medicine, staff were not consistently recording the actual amounts given. This again would not enable the staff to complete an accurate stock check for some of these medicines. Dates of opening were recorded on most packets and bottles of medicines however this was not consistent and one bottle of medicine had not been dated when opened.

Where people were prescribed topical medicines (creams and ointments), a topical MAR chart was kept in the person's room folder. The care staff were responsible to complete the chart when they had applied the treatment. These were not consistently in place.

There were contractual arrangements for the disposal of medicines no longer required. Specific equipment was available so that controlled drugs could be destroyed when no longer required. Records of all medicines disposed of

Is the service safe?

were maintained. The supplying pharmacy completed audits of medicines on a regular basis. On 9 September 2015 a number of issues were identified and an action plan had been agreed.

Is the service effective?

Our findings

We asked people about the care and support they received and whether it met their needs. They said, “I am very happy here and am well looked after”, “I wouldn’t want to live anywhere else. This is my home”, “The staff know about my funny little ways and look after me exactly as I like them too” and “I get all the help I need. When the staff are busy they help me as soon as they can”. Relatives told us, “We are very satisfied with the way mum is looked after”, “We visit regularly and have never had any cause for concern” and “The staff are very friendly and hardworking and they keep us informed of any changes”.

The provider had policies in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Both policies were kept under regular review and were next due in December 2015. The MCA policy set out the principles of the Act and how the law should be applied. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment.

Social care professionals told us prior to the inspection they had visited the service in June 2015 and had discussed DoLS with the registered manager. At that time no DoLS authorisations were in place. The service had been sent information about the DoLS ‘acid test’ in order to help them determine who needed a DoLS authorisation.

The registered manager and deputy were aware of the DoLS legislation however had not followed the correct process to ensure authorisations were in place where needed. A significant number of people who resided at the service were unable to consent to being there for the care treatment and support they needed. We were told so far only two DoLS applications had been submitted to the local authority but they had not been processed. They also said that 40 other applications had been completed but had not been submitted. However the copies of those applications we saw were not fully completed and were not ready for submission. We found the service not to be following the principles of the Mental Capacity Act 2005

and the Deprivation of Liberty Safeguards. Their reason for not ensuring the correct authorisations were in place was that the local authority had asked them not to submit 40 applications at the same time.

One staff member told us that photographs of a person’s wound had not been printed out, and kept with their care records. They said this was because neither the person, or their relatives had provided written consent for photographs to be taken. The photographs had however been taken and were being stored in the camera.

This was a breach of regulation 11 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

People were encouraged to make their own decisions about their day to day life where possible. Staff we spoke with understood their responsibility to support people to make choices and decisions. Staff said they would ask the person to consent before providing them with care, support or treatment. During the inspection we heard people being asked for consent and being asked to make choices. For example, “Would you like to go back up to your bedroom now”, “Shall I help you with that” and “Would you like to have a cup of tea or a cold drink of squash”. However they were less clear about the MCA and who assessed a person’s capacity to make decisions. We were told that the provider’s trainer had delivered three or four training sessions with the staff team.

Staff were expected to complete a range of training in order to ensure they were able to meet individual people’s care and support needs. There was an induction training programme for new staff to complete within the first 12 weeks of their employment. The programme consisted of fire awareness, moving and handling, food safety, safeguarding, infection control, supporting people with dementia and dignity and respect. One new member of staff told us “I had four days of induction and shadowed other staff” and “It is brilliant to work here”. Other staff spoken with also confirmed the induction training programme and support provided and said this enabled them to settle in well.

There was also a programme of mandatory refresher training that all staff had to complete. At the time of the inspection, the registered manager was unable to access the electronic staff training records but these were submitted to us on 11 November and again on 20

Is the service effective?

November 2015. The initial records evidenced poor compliance with the provider's mandatory training programme but it was felt the records were not accurate. Whilst the second training matrix evidenced improved percentages, improvements were required.

All care staff were encouraged to undertake a health and social care qualification following completion of the probationary period. At the time of our inspection, approximately half of the care staff had achieved at least a level two NVQ or diploma in health and social care and most of the other half were working towards the awards. This shortfall had already been picked up by the regional manager and was subject to an action plan.

Staff received regular supervision. Staff we spoke with confirmed they had a formal supervision session three monthly although at times this had slipped. Staff said they worked well as a team and were well supported. However, as an outcome of a recent complaint from a family in respect of communication a staff meeting was held. This had taken place at the end of day one of the inspection. The following day staff told us how productive and interactive the meeting had been and shown the importance of good communication.

People were provided with sufficient food and drink. We spoke with the chef on duty, and looked at the food safety arrangements in the kitchen. The catering staff in the kitchen recorded hot food temperatures and completed cleaning schedules. The home was inspected by an environmental health officer in March 2015 and achieved the full five star rating.

Each day people were able to choose what they wanted to eat for breakfast and cooked options were available every day. The chef was familiar with everyone's up to date needs and could tell us who required a special diet, for example, a diabetic diet or soft foods. The kitchen staff were also aware of people's likes, dislikes and preferences. Pictorial menus were on display in each of the dining rooms. On the two units where people were living with dementia, different coloured crockery and cups were used to aid visual recognition. We also noted that hot drinks to some people were served in coloured plastic beakers. Care staff told us that three people in Wye unit liked to have their drinks in a beaker because they found the pottery mugs too heavy. A number of the plastic beakers we saw were heavily stained and this was pointed out to care staff.

The main meal of the day was served at lunchtime, between 12.30pm-1pm. Kitchen assistants worked within the dining areas and support people in making choices about what they wanted to eat and drink and served meals. There was always an option of two main meals. Some people were able to choose what meal they would like in advance. For others, the chef provided enough of the two main options to enable people to choose at the time of the meal. In the main house we observed staff supporting people with their meals and providing encouragement and assistance as needed. Some staff sat down and ate their own lunch time meal with people.

In addition to the main meals, the chef told us they made cakes on a daily basis, and people were served with tea and cakes mid-afternoon. Staff were aware of those people whose dietary and fluid intake was being monitored, who was on food supplements and who was being weighed on a weekly basis. Staff told us they reported any changes of people's dietary requirements to the kitchen staff. Nutritional risk assessments were reviewed on a monthly basis in order to identify those who were newly at risk of poor diet and fluid intake.

People were able to have their meals served in the dining room, the lounges or in their own bedrooms. They were encouraged to eat with the others for the social aspect but people's views were respected. In the main house dining room staff told us that a group of ladies always like to sit at the same table and that one other person preferred to sit by themselves at another table. Feedback we received from people about the food they were provided included, "The meals are good but a bit repetitive", "The food is pretty good", "Generally the meals are good but the odd one isn't so" and "I love the cakes we get at tea time. I have a sweet tooth and I have always loved cakes".

People were seen by their GP as and when needed. At the time of our inspection people were registered with three local GP surgeries. One surgery visited on a weekly basis and the staff prepared a list of who needed to be seen. This surgery would also visit and see individual people when required. The other two surgeries visited as and when required. In the pre inspection information we received the registered manager said people were freely able to request a visit from their GP if they wanted. The staff would also contact the GP's on behalf of a person if they were unable to make that decision. This ensured the best interests of the person were maintained in respects of the person's

Is the service effective?

healthcare. District nurses visited the service regularly to see those people who were not funded for nursing care. People were also supported to see foot care professionals, opticians, allied healthcare professionals and attend healthcare appointments.

Parts of the premises were in a poor state of repair, whilst other parts were very grand. Two areas of the service were for people living with dementia – the Wye unit and the Marlings. Both were purpose built units. In Wye unit a dining room ‘café’ and reminiscence room were in the process of being decorated and furnished. A reminiscence and activity room was being developed in the Wye unit and also a ‘shop’ had been created. This had been set up in an unused corridor but staff told us they did not know what to do with it or how beneficial it would be.

In The Marlings a ‘destination area’ had been created at the end of a corridor. Items were displayed on the walls such as jewellery and hats to give people a focus of attention. However, there were also people’s bedrooms at the end of these corridors and this destination area could possibly not be in the most beneficial place. Wall pictures in one of the corridors in the Marlings were “textured tactile pictures”, however the actual images were confusing for a person living with dementia.

The overall standard of décor was poor although there were parts of the home where the decorations had been

done well. One person had gone to the shops with staff to choose wallpaper for their bedroom and we were told that had had a significant benefit in helping them settle in. Senior staff told us their rationale for the colour schemes applied to walls in some areas. The aims, we were told by senior staff, was to make the environment ‘dementia friendly’. The senior staff were not able to tell us what expertise or specialist guidance they had sought. We were not told of an overall strategy for the development of the environment, and the various pieces of works being undertaken in different areas gave the impression of a disorganised approach to the environment.

The registered manager talked about the provider’s PEARL strategy (Positively Enriching and Enhancing Residents Lives – a dementia care programme). This strategy was introduced into Four Seasons care homes a few years ago but had not gone smoothly. The registered manager, deputy and regional support manager did not know “where the home was” in the programme.

Unoccupied rooms were being used to store items of equipment, such as hoists, pressure relieving equipment, slings and commodes. Some of the equipment was old and rusty but no one knew whether the equipment was waiting to be discarded. Some carpets had already been replaced and there were plans in place to renew others as well.

Is the service caring?

Our findings

People said, “The care is wonderful. The staff are marvellous and all so friendly”, “We are very well looked after and I say that from my heart”, “there’s nothing not to like” and “The care is wonderful, you cannot fault it” and “Brilliant –the care is brilliant”. One person said, “I was a care assistant for 18 years and I know when they’re doing right and wrong – and they’re doing it right”. Relatives told us, “Mum always looks well cared for. She looks really well today”, “Nan loves it here. She is so happy and I love visiting too” and “All the staff are very kind and caring”. One visitor whose relative had now passed away told us, “She couldn’t have had better care wherever she lived. The way they looked after her and the family up until the end was truly amazing”. Prior to the inspection a relative had written to us and told us, “My parents always had the best care in The Marlings and, most of all, love from the staff”.

During the inspection we saw staff having positive interactions with the people they were looking after. Staff spoke to people in a friendly, calm and sensitive manner however it was evident there were good working relationships in place, based on humour and love. Where the staff were supporting people with personal tasks, this was done discreetly. On one occasion the staff used a privacy screen around the armchair of one person in the lounge. This was so they could help the person re-position themselves and maintain their dignity.

One staff member said, “It feels like a real family home. People are treated how I would like to be treated”. Two members of staff told us that a relative of theirs lived at Sedbury Park and for them the service ‘passed the Mums test’. In general we heard people being referred to by their first name, however on occasions we heard terms of endearment being used, for example “love” and “darling”. This did not appear to upset anyone, but staff need to

ensure this is acceptable. During group activities we saw staff generating meaningful social interactions and conversations amongst people. We overheard a conversation about bonfire night and another about the weather.

We saw the staff knock on people’s doors and either wait to be invited in, or if the person was not able to answer, pause for a few moments before entering. Where the bedroom door was open, the staff still waited to be invited in. People’s bedroom doors and the doors into bathrooms and toilets were closed when people were receiving care. We noted that one of the bathrooms did not have a door lock however a curtain was hanging across the doorway and would be pulled across when the room was in use.

People were involved in saying how they wanted to be looked after where this was possible in order to ensure they received personalised care and support. In the ‘old’ care files, My Choices and Preferences were recorded. These included details about important memories, the person’s history and important relationships, their spiritual and cultural needs. This information however was not being recorded in the new care files and may be a missed opportunity in getting to know what is important to the person.

The service aimed to look after people when they had reached the end of their life. One relative had contacted us prior to our inspection as they felt let down by the service because their loved one had been unable to return to one of the dementia care units after a hospital admission. Their needs had increased and they had end of life care needs. They said there had been no nursing beds available in main house. Staff said they would do everything possible to continue looking after people in the last stages of their life. For those people in the dementia care units they would only be able to do this by working in conjunction with the person’s GP and district nursing services.

Is the service responsive?

Our findings

Before people were admitted to Sedbury Park their care and support needs were fully assessed. The registered manager or the deputy undertook these pre-admission assessments. This ensured the service would be able to meet the person's individual needs and any specific equipment (hoists or specialist beds) were available. Copies of the person's care plan were obtained from the local authority (LA), plus any other significant information, where the LA were part funding the placement. The pre-admission assessment covered all aspects of the person's daily life and the information was used to form the basis of the person's care plan.

Care records did not consistently record an accurate or detailed account of the care and support provided to each person. For one person their nutrition plan had been reviewed in July, August and September 2015. The reviews stated, '.....now weighs, her MUST score is.....and her BMI is...'. There were spaces where measurements should have been recorded. This entry was repeated for the three months reviews. We discussed this shortfall with the regional support manager and deputy during the inspection.

The care records did not always match delivery of care and support. For example the care plan for one person stated that bed rails were in situ and a crash mat was to be placed by the side of the bed in case of a fall. The crash mats had however not been used for some time, but were still be stored in the person's en-suite.

The service was in the process of implementing new care planning documentation. We looked at a mix of old care files and new files. For one person we were given their new care folder however we found that it was incomplete and their old folder had been "put away". Where significant risks had been identified or do not resuscitate orders were in place, stickers were placed on the spine of the care files to highlight this. The new files had been introduced in June 2015 but staff were unaware if there was a timescale for them to complete the transfer over to the new care files.

The new care documentation consisted of nine mandatory sections that had to be completed. They detailed information about the person's mental capacity, medicines, mobility needs, nutrition, continence, hygiene, skin integrity, sleep and communication. Other sections were

completed if required, for example cognition, breathing, specialist needs and end of life care. The old care files were not dissimilar but the new files had a more logical approach.

Some of the care plans we saw were very cumbersome, the instructions for staff to follow were written in a block of text and were difficult to read. The plans were evaluated on a monthly basis and it was difficult to determine what was plan and what was evaluation. Where changes had been identified in the evaluation out of date information was not always crossed out in the care plan. The 'rights, consent and capacity needs' plan for one person had been written in March 2014 and stated the person had capacity. The evaluation in March 2015 stated the person "lacks capacity for all aspects of day to day care but can say about what wants to eat". This evaluation is an incorrect assessment of the person's capacity and the whole plan could lead to wrong assumptions being made about the person's needs.

This was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

People told us they were supported with their care and support needs. They said, "I get all the help I need. We only have to ask", "All the staff are very willing to help me. At times they may be busy and I have to wait. They never forget to come back and help me" and "There is always someone around to assist me". We asked one relative if they were happy with the way their parent was looked after. They said, "Definitely – they're brilliant. I cannot fault the staff. Seeing him so settled - he was in a bad way when he came here". Other relatives said, "My mother is extremely well looked after. The family know she is being well cared for" and "All the staff are out to look after us".

A handover report was given to all nurses and care staff at the start of their shift. This ensured that important information was shared between the staff and any changes to people's care needs were passed on to the next shift.

There was a programme of activities for people to participate in run by three activity organisers. The service had a large activity lounge in the main house and people could come over from Marlings and the Wye unit. Some activities were based in those units. The programme included a range of activities: chair exercises, music therapy, beauty days and 'a chat and a catch up', a men's club, cinema, bingo and skittles. External entertainers

Is the service responsive?

visited the service and the day after our inspection a show in the ballroom had been arranged. Details about this were displayed at various places throughout the service. On day one of our inspection a group of ladies were in the activities lounge making hedgehogs out of paperback books to sell at the next fund raising event. On one of the units a group of people were playing a board game with one of the activity staff and having a natter, whilst others had chosen to watch an Elvis film.

A new day care service had recently been introduced and people living in their own homes in the local community could come and visit for the day. They were able to participate in the social activities, were provided with food and refreshments, and could be assisted with bathing or showering if required.

The service has a 'Friends of Sedbury Park' charity group who support the activities staff, raise money for activities

and source available grants to boost the funds. The group had already funded a wheelchair accessible greenhouse and were now raising money to get a minibus. One of the trustees for the charity told us about a trip arranged in the summer for 20 people on a canal boat.

People said, "There is no reason to complain about anything but I would if need be", "I haven't had any problems, the staff here meet you half way", "If you ask the staff anything, they tell you what's what and that is ever so helpful" and "I would complain to one of the carers first but I'm quite happy with everything they do for me". One relative told us about some concerns they had raised with the registered manager. They were informed what actions would be taken and these were followed through. Another relative said, "All the staff are very approachable. I am sure they would listen to me if I needed to have a grumble".

Is the service well-led?

Our findings

Those people who were living with dementia (in Wye Unit and The Marlings) were not able to tell us whether they thought the home was well-led. They did make the following comments: “I could not ask for anything to be better”, “Everything is OK” and “The staff know exactly what they are doing”. People in the main house said, “Everything runs like clockwork”, “I think this is a really good home and a nice place to live” and “Gets the thumbs up from me”. Relatives were also very complimentary about the leadership provided by the registered manager and the deputy. They said, “The staff all work together and are a very good team” and “We have missed the manager whilst she has been away but the deputy has been good being in charge”.

There was no management plan in place to address the concerns regarding the safety of the premises. The registered manager was unaware when the last health and safety audit had been completed and what the outcome of that audit had been. After the inspection we were advised that funding had been agreed to make repairs to the roof but there was no planned start date for the works to start.

The registered manager led a care team of one deputy, two unit leaders, qualified nurses and care staff. There were also housekeeping, catering, maintenance and administrative staff employed. The registered manager was a qualified nurse and had worked at the service for many years and been the manager since August 2014. The deputy manager was also a qualified nurse and was in the process of working towards their level five diploma in leadership and management. The two unit leads had achieved their level three awards in health and social care. The management structure in the service was appropriate.

We found that all staff were committed to providing the best possible standard of care and that people were treated as individuals. The philosophy of the service was to care for people with respect and dignity within a comfortable and homely environment. These values were evident when we spoke with staff, people who lived there and their relatives.

Regular staff meetings had lapsed over the summer because of the absence of the registered manager. During this period the deputy had been holding the fort but had also been covering nursing shifts. A staff meeting was held

in the evening of 4th November 2015 to look at communication processes. Staff said the meeting was very good and had been interactive. They said suggestions they had made had been listened to and they were waiting for their implementation.

The provider had recently implemented a new system to check on the quality of the service and people's views. A mobile tablet device was being used to record the outcome of the daily 'walk-about'. Ten sections had to be completed on a daily basis. This walk-about was undertaken by the registered manager, the deputy or the nurse in charge. The 10 sections included for example an assessment of the environment, a check of the clinical recordings and comments made by the staff and people spoken with. When not being used the tablet device was located in the main reception area and could be accessed by relatives, people living in the home and visitors who wanted to make comments for the registered manager and the provider to see. The system was not fully embedded yet and so far there had been no feedback posted.

In order to monitor the quality of the service, key performance information was reported on a weekly or monthly basis. This information was reported to the regional manager. The registered manager had to report on 'resident' issues and changes, staff issues, complaints received, safeguarding concerns and any clinical events (weight loss, falls and wound care for example). The registered manager told us that as a result of an analysis of falls, it had identified 7am-8am as being a high risk time. Therefore one member of staff did a 7am-1pm shift rather than 8am-2pm.

Other audits were completed regarding medicines management and care plans. Care plans were generally reviewed on a monthly basis by the nurses or the care staff in order to ensure people continued to receive the care and support they needed. People's relatives were involved in some of the reviews. Some of the audits had slipped over recent months but the registered manager was fully aware that this needed to be got back on track. The service planned to introduce a 'Resident of the Day' scheme in place. On this day the identified person would be visited by catering, housekeeping, maintenance and the care staff and all aspects of their care and support would be reviewed.

A copy of the complaints procedure was displayed in the main entrance. It was also included in the information

Is the service well-led?

about the home, given to people on admission or their relatives. The provider's complaints procedure stated all complaints would be investigated and responded to in writing.

Any accidents, incidents, complaints received or safeguarding alerts made were logged in to the quality assurance reporting system. They were followed up to

ensure appropriate action had been taken. The policies and procedures we looked at had been regularly reviewed. The registered manager and the deputy were aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered persons did not systems in place to ensure fire doors were functioning correctly to prevent the spread of any fire.

Regulation 15 (1) (e).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered persons did not have measures in place to ensure the safety of people using the service and staff. Unsafe areas of the home that were waiting for maintenance were not adequately cordoned off.

Regulation 15 (1) (e).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered persons did not ensure that all areas of the service were kept clean and hygienic.

Regulation 15 (1) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

This section is primarily information for the provider

Action we have told the provider to take

The registered persons did not ensure that where people were unable to provide consent to care and treatment, that they acted in accordance with the Mental Capacity Act 2005.

Regulation 11 (1).

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered persons did not ensure that accurate, complete and contemporaneous records were kept in respect of each person.

Regulation 17 (2) (c).