Four Seasons (Evedale) Limited

Rugby Care Centre

Inspection report

53 Clifton Road, Rugby, Warwickshire CV21 3QE
Tel: : 01788 542353
Website: www.fourseasons@fshc.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 4 November 2014. The inspection was unannounced. At our previous inspection in June 2013, the service was meeting the legal requirements.

The service provides accommodation and personal care for up to 29 people who may have a diagnosis of dementia. At the time of our inspection 15 people lived at the home. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had appropriate policies and procedures in place to minimise risks to people's safety. The manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks. Staff understood people's needs and abilities because they read the care plans and worked alongside experienced staff.

Staffing levels were decided according to people's needs and abilities. This ensured there were enough staff to care for and support people with their physical and social needs. The manager made all the appropriate checks on staff's suitability to deliver personal care during the recruitment process.

Summary of findings

The manager checked that the premises were well maintained and equipment was regularly serviced to minimise risks to people's safety.

The medicines administration policy and procedures were known to and understood by staff. Medicines were stored, administered and disposed of safely because staff acted in accordance with the policy and procedures.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. For people who were assessed as not having capacity, records showed that their families and other health professionals were involved in discussions about who should make decisions in their relation's best interests.

All the people we spoke with told us they were happy at the home. They told us the staff were kind and helped them to maintain their interests and involvement in the local community. We saw staff understood people who were not able to communicate verbally and supported them with kindness and compassion.

People's care was planned to meet their individual needs, abilities and preferences. Care plans were regularly reviewed and staff asked other health professionals for advice and support when people's health needs changed.

The provider's quality monitoring system included regular checks of people's care plans, medicines administration and the quality of care that people received. Accidents, incidents and falls were investigated and actions taken to minimise the risks of a re-occurrence.

People who lived at the home and relatives had confidence in the manager and the staff. They told us the quality of care was good and their suggestions, comments and complaints were listened to and responded to appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

The provider's safeguarding and whistleblowing policies and procedures were effective. Staff understood their responsibilities to keep people safe from harm.

Risks to people's health and welfare were identified and their care plans described the actions staff should take to minimise their identified risks. Staff were recruited safely and there were sufficient staff to support people safely.

There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises, equipment and medicines.

Is the service effective?
The service was effective.

Good

People were supported and cared for by staff who received appropriate training to meet their needs. Staff were supported to be effective in their role through training and regular opportunities to discuss their practice and personal development.

Staff understood their responsibilities under the Mental Capacity Act 2005. People or their representatives decided how they were cared for and supported.

People were supported and encouraged to maintain an adequate diet to minimise risks to their nutrition. People had a choice of meals.

People were supported to maintain good health and to access other healthcare services when they needed them.

Is the service caring?
The service was caring.

Good

Staff understood people's needs and abilities, preferences, likes and dislikes.

People and their named representatives were involved in care planning discussions about how they would be cared for and supported.

Staff respected people's privacy and independence and were compassionate in their interactions with people.

Is the service responsive?
The service was responsive.

Good

People's care plans were regularly reviewed and updated when their needs changed.

People were confident that any comments or complaints would be dealt with appropriately and actions taken to resolve them.

Summary of findings

Is the service well-led?

Good

The service was well led.

The provider listened to people's views and took appropriate action to improve the quality of the service.

The provider had a robust quality monitoring system that identified risks to people's health and welfare. The manager investigated issues, accidents and incidents, which resulted in actions to minimise the risks of a re-occurrence.

Care staff were confident in their practice because they were given guidance and supervision from senior staff. The manager had regular opportunities to reflect on their practice and learn from other managers in the provider's group of homes.

Rugby Care Centre

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 was meeting the legal requirements and Regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected this service on 4 November 2014. The inspection was unannounced. The inspection was undertaken by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with five people who lived at the home and one relative. We spoke with the manager, the regional manager, the deputy manager, a senior member of care staff and a care assistant. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed two people's care plans and checked the manager's monitoring records of two people's daily care and support. We reviewed three staff files to check staff were recruited safely and trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at the home. One person told us, "There is a bell in my room and in the lounge and they come when I ring." A relative told us if they had any concerns about their relation's safety they were confident they could raise them with a senior member of staff because their concerns would be taken seriously and action taken.

We saw there was in poster in the hallway so everyone who lived at or visited the home knew how to contact the local authority safeguarding team if their concerns were not acted on. Staff told us they knew what they should do if they had any concerns about people's safety or welfare. The manager knew how to refer people to the local safeguarding team if they were concerned they might be at risk of abuse, but they told us they had not needed to make any referrals.

Care staff told us the whistleblowing policy was effective. A member of care staff told us they had shared their concerns about some staff's practice with the management. They told us they had seen some improvements since they had shared their concerns. The manager told us about the range of actions they had previously undertaken to make sure people were cared for safely by competent staff. People we spoke with understood the actions the manager took to keep them safe from abuse, or the risk of abuse. This meant systems were in place to protect people from harm because staff followed the provider's safeguarding policy.

In the two care plans we looked at, we saw the manager assessed risks to people's health and wellbeing. Where risks were identified the care plan described how care staff should minimise the identified risk. For example, for one person who was identified as at risk of poor mobility, their care plan explained the actions staff should take and the equipment they should use. During the inspection, we saw staff followed the instructions in the person's care plan to support the person to move safely.

People we spoke with told us they discussed risks and decided the actions they would like staff to take on their behalf. One person told us they could have a key for their room if they wanted it, but they did not feel the need to keep their room locked. They told us, "The manager looks after my money, I'm glad", because they did not have to worry about keeping their money safe. A relative told us they were happy that the manager looked after their relation's money, because they were confident it was managed appropriately.

The manager regularly checked that the premises and equipment were safe and appropriately maintained to minimise risks. We saw certificates which included maintenance checks of the hoists, call bells, wheelchairs, water temperatures and fire detection system. The manager told us the provider supported them in this essential work while they were recruiting a new maintenance person. Maintenance staff from another home in the provider's group had been allocated to work temporarily at this home to ensure the maintenance schedule was kept up to date.

People told us there were always enough staff to meet their needs and they were supported to maintain their independence. One person who spent time in their own room told us, "The staff come promptly when I ring the bell." The manager told us people's different needs and abilities were taken into account to make sure there were enough staff on duty. We saw care staff were in attendance in the communal areas throughout our visit. Staff engaged people in one to one and group conversations and keep fit exercises.

Care staff told us there were usually enough staff on duty to support people appropriately. They told us the deputy and the manager worked with them if staff were absent at short notice, due to sickness. The manager told us that they sometimes had to use agency staff, but they only used an agency that had been checked and approved by the provider. This meant there were appropriate measures in place to minimise the risk of not having enough staff to support people.

Records showed that the manager checked staff's suitability before they started working at the home. In the three staff files we looked at, we saw records of the checks made before staff were employed. The manager obtained two written references, photographic identity documents and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. This meant that staff were recruited safely, to minimise risks to people's safety.

Good

Is the service safe?

We looked at the arrangements in place for the administration of medicines. We saw that medicines were kept securely in locked trolleys in a locked cupboard. We looked at the medicines administration records (MAR) for two people who lived at the home. We saw staff had signed to say medicines were administered in accordance with people's prescriptions. A member of care staff told us that they did not administer medicines because only staff who had received the appropriate training administered medicines. Records showed that all senior care staff had received the appropriate training.

Staff kept a stock balance of the amount of medicines received and administered, so they knew exactly how much medicine was in the home. We saw that all controlled drugs' records were signed by two staff, in accordance with government regulations in The Misuse of Drugs Act 1971. The manager conducted regular audits of the medicines to make sure staff followed the proper procedures and that people received the medicines they needed. The deputy manager told us the pharmacist also audited the medicines twice a year to make sure the medicines were stored, administered and disposed of safely and that staff kept accurate records of when medicines were administered. This meant there were appropriate arrangements in place minimise the risks associated with medicines.

Good

Is the service effective?

Our findings

People told us the staff were good because they understood their needs and supported them in the way they needed. A relative told us staff supported their relation effectively and their relation's ability to mobilise had improved since they lived at the home.

Staff told us they felt well supported because there was always a senior on duty. A member of care staff told us, "[Named senior] is there day to day. She is my rock. She gives her opinion and guidance. Nothing is too difficult." Records showed the manager held scheduled one-to-one supervision meetings with staff and one-to-one conversations with staff outside of the schedule. The manager told us they preferred to deal with any performance issues straight away. This meant staff were supported to be effective in their role.

Care staff told us they were confident in their practice because they received training that was relevant to people's needs. We saw the manager kept a record of staff's training so they could make sure staff attended refresher training, and were kept up to date with any changes. A member of care staff told us their induction included shadowing experienced staff, training and learning about the service's procedures. A senior member of care staff told us new staff needed to read people's care plans before they worked independently, to make sure they understood people's needs, abilities and preferences. This meant people were cared for and supported by suitably skilled and experienced staff.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found the provider had effectively trained their staff in understanding the requirements of the Mental Capacity Act. We saw staff understood that people sometimes needed time to make a decision for their everyday living and they respected people's rights to decide.

The MCA DoLS require providers to submit applications to a Supervisory Body for authority to do so. The manager told us they had recently checked with the local authority to make sure the actions they took to keep the person safe did not amount to a deprivation of their liberty. At the time of our inspection, the manager was awaiting advice from the local authority as to whether they should apply for a DoLS order. This meant the manager understood their responsibility to comply with the requirements of the Act.

All the people we spoke with told us they made their own decisions about what time to get up, and when and where they went out. Both care plans we looked at included mental capacity assessments. For one person who was assessed as having capacity to make their own decisions, staff had recorded that the person was 'unable to sign'. When we spoke with this person, they confirmed this was accurate and they made their own decisions about how they were cared for and supported.

For another person, who was assessed as not having capacity, health professionals had agreed who should make complex decisions in their best interests. A relative told us they were involved in agreeing how their relation should be cared for and supported. This meant consent to care and treatment was obtained in line with the relevant legislation and guidance.

People were encouraged to have a balanced nutritious diet. They told us the food was good, they enjoyed it and there was a good choice. People told us they could ask for another meal if they did not like the meal they were offered.

We observed how people who needed support to eat were supported at lunchtime. We saw the meals for people who needed a soft diet were appetising, because each ingredient was served separately on the plate. Staff cut up food for one person who needed that support and encouraged other people to eat when they appeared to lose interest in eating. For one person who was unable to eat independently, a member of care staff sat next to them and assisted them to eat. We saw that the member of staff was attentive and made sure the person had time to savour and enjoy their meal.

Records we looked at showed staff monitored people's weight so they were able to identify whether they were at risk of poor nutrition. For one person who had lost weight, we saw staff recorded their daily food and fluid intake so they could monitor whether the weight loss was related to their diet. Staff also recorded people's moods, appetites and activity level, so they could identify changes in the person's behaviour or response to care and support.

The care plans we looked at showed people were referred to other health professionals to make sure all their health

Good

Is the service effective?

related needs were met. We saw one person had signed to say they would like staff to arrange regular appointments with the dentist, chiropodist and optician. One person we sat with told us they had misplaced a set of dentures. Care staff told us they had not been able to find them, so they had asked a dentist to visit the person to arrange for a replacement. This meant people were supported to maintain their health and receive on-going healthcare.

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the home. A relative told us they had chosen this home because everyone was happy when they first looked around. We saw that people were relaxed in staff's company. One person was singing along with the music playing in the lounge. Support staff encouraged people to join in some physical exercise before lunch. We saw people enjoyed the exercise and it made some people laugh out loud.

We saw staff understood people's individual needs and abilities. For example, when a member of care staff asked one person if they would like to go to the dining room for lunch, we saw the person smiled, but did not stand up. The member of care staff said, "It's okay, I will come back in a while." When the member of care staff came back, the person had been given enough time to think about the suggestion. This time the person stood up and walked independently. This showed staff understood people's individual needs for their physical and emotional support.

People we spoke with told us they were involved in deciding how they were cared for and supported. Care plans we looked at included information about people's previous lives, likes, dislikes and preferences. One person told us, I am sitting here because I want to" and "The staff check on me at night." A relative told us, "They did a needs assessment before [Name] moved in." The relative told us they visited several times a week and their relation was always cared for and supported in the way they had agreed.

Care plans included plans to meet people's psychological and emotional needs. One care plan we looked at described how the person's response to care and support varied according to their mood. We saw care staff understood this person's needs and worked as a team to reduce their anxiety. One member of the care and support team accompanied the person out into the garden and one member of the team later spent time in one-to-one conversation with the person. This showed the person's care plan accurately reflected the person's needs and the actions staff should take.

The manager made sure the lounge door was closed when we spoke with people who lived at the home so people could be confident that our conversation was private. People we spoke with told us staff respected their privacy and encouraged them to maintain their independence. Another person told us, "The girls are friendly".

We saw that some bedroom doors were marked, 'Please knock and wait', to remind staff that people could choose how they responded to their knock. We saw staff spoke quietly to people when they offered assistance with their personal hygiene. The staff respected people's privacy. People's care plans and daily records were kept in a locked cupboard in the staff room so that only staff could access them. This meant there were appropriate arrangements for ensuring people's privacy, dignity and confidentiality.

Good

Is the service responsive?

Our findings

People told us staff knew about their interests and favourite pastimes. They told us staff supported them to maintain their interests and go out to places they liked. One person told us, "[Named support staff] asks us where we want to go" and "We walked into town, through the market and into the park. It was heaven."

A relative told us care and support was, "Flexible to suit the residents." Throughout our inspection we saw staff supported people and responded to their need for re-assurance.

Care plans included information about people's life history, interests, religious and cultural preferences and relationships that were important to them. One care plan we reviewed included a description of what a 'good day' and a 'bad day' meant to the person and how staff should support them. People we spoke with told us they had all the support they needed and felt enabled to live the life they wanted to.

Staff kept daily records of how people were cared for and how they responded to staff's support. Care staff told us they also shared information about how people were at the shift handover meeting so they knew straight away when people's needs and abilities changed. Staff kept a written record of their handover discussions. This meant staff were able to respond promptly to changes in people's needs.

A member of care staff told us they had recently asked the doctor to visit the person because they seemed to be more anxious recently. Records showed that staff referred people to other health professionals, such as, GPs and dieticians when their health needs changed. The health professionals' advice was recorded so staff knew of any additional care and support they should deliver, such as creams or antibiotics. The care plans we looked at were reviewed monthly by senior staff. We saw that information in the daily records influenced changes to people's care plans. A member of care staff told us they looked at people's care plans every month to check for any changes. This meant people received care that was responsive to their needs.

The manager told us they obtained relatives' views about the service at planned meetings and by meeting with them individually when they visited. Records we looked at showed the manager responded appropriately to feedback obtained. One relative had stated they were unable to attend meetings and were happy with informal discussions. Another relative said they were happy that the manager was approachable and their door was, "Always open."

A member of care staff told us, "Families go straight to the manager if they have any complaints." One relative we spoke with told us, "I have seen the complaints procedure, but I have no complaints." One person told us, I have no complaints. If I did I would tell the manager." During the previous 12 months the manager had resolved any issues without the need to use the formal complaints procedure. This meant the provider's complaints policy was accessible and appropriate to people's needs.

Good

Is the service well-led?

Our findings

People we spoke with told us they had confidence in the manager and staff. They said they felt involved in how the home was run because they were invited to meetings and were asked to take part in surveys. In the hallway we saw the results of a recent survey the provider had undertaken of people's opinions of the service. The results were in the format of, "We asked, you said, we did." This meant people knew the provider had listened to their comments and understood the actions they had taken in response, to improve the quality of the service.

People we spoke with told us they were happy with the quality of the service because staff were attentive and proactive and their needs were met. People said, "We tell them to 'go away' if we don't need their help" and "It doesn't need improvement."

The manager's quality monitoring work was effective in making improvements to the quality of the service. People had identified that 'small things' made a difference, such as the opportunity to walk into town and have a cake and cup of coffee. The manager told us support staff had been employed to offer this kind of support.

The manager told us they attended monthly managers' meetings with managers from other care homes in the provider's group of homes. They said the meetings were useful for discussing their practice, obtaining support and guidance and sharing best practice. They told us, "We learn from each other." They told us the provider sent them regular information about policy and legal updates to make sure they were aware of any changes.

A relative told us the manager was always around when they visited. The manager told us they delivered care themselves if staff were unexpectedly absent from work. They told us they enjoyed this aspect of their role because it enabled them to keep up to date with people's changing needs. They were also able to observe staff's practice and raise performance issues straight away. This meant that the manager was able to ensure staff understood the behaviours and values they should aspire to.

Care staff we spoke with told us they felt supported by the seniors and manager because they were approachable. Staff turnover at the home was minimal and 91% of the staff had been in post for over a year. Staff told us they were reminded when they needed to attend refresher training and records showed that 100% of staff were up to date with their training. Two staff had gained qualifications in leadership and management. The manager explained the supervisory duties and responsibilities they planned to delegate to those staff to enable them to put their training into practice.

One senior member of care staff told us they had made their own decisions about their personal development and the manager had listened and supported their decision. The manager told us the staff development plan included opportunities for senior staff to take over line management responsibilities to develop their supervisory and leadership skills. Records we saw showed that all staff had regular opportunities to speak with the manager about their performance and career ambitions. This meant staff were supported to consider their own personal development.

The regional manager supported the manager's plan because it would enable the manager to spend time on management activities, such as analysis and reporting to head office. The regional manager visited the service every month to check the quality of service was maintained. The quality monitoring system included checking that the manager reported and investigated accidents, incidents and near misses.

A member of care staff told us they put information about accidents and incidents onto the database when they occurred. This automatically sent an email alert to the manager to make sure they reported the event to other appropriate agencies. The care team considered what actions they could take to minimise risks of a reoccurrence, such as moving a piece of furniture or putting a sensor mat by the person's bed, at team meetings. The manager reported the outcome of their investigation, actions taken and lessons learnt in their monthly monitoring reports to the provider. The information enabled the provider to check appropriate action was taken and to share any learning across the group of homes.

We saw the manager followed the provider's audit schedule to check that people received the care they needed. The manager's audit included checks on medicines administration, staff's infection prevention and control practice and people's experience of care. We saw the results of the manager's recent audit of care plans and of a food and fluid monitoring record for one person who was at risk of poor nutrition. The manager had identified there were some unexplained gaps in the records. They

Good

Is the service well-led?

told us they when they identified issues, such as gaps in records, they discussed the issue at staff meetings, at staff's one-to-one supervision meetings and would arrange performance supervision meetings if the issues continued.

This meant the manager took appropriate action to ensure staff were aware of their responsibilities to minimise risks to people's health and welfare and provide high quality care.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.