

Four Seasons Homes No.3 Limited

Millwater

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 7 May 2015 and was unannounced. At our last inspection of 29 May 2014 improvements were needed in the way the quality of the service was monitored. Following that inspection we received an action plan showing the actions that were to be taken to address the shortfalls. At this inspection we found that the action plan had been complied with.

Millwater is a residential care home providing accommodation and personal care for up to 19 people with learning disabilities. At the time of our inspection 14 people were living there.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were protected from harm because staff were able to identify abuse, were aware of the procedures and able to raise their concerns so that people were protect. Consent to support provided to people was gained by staff .

There were procedures in place to assess and manage risks associated with people's care. Equipment was available to ensure people's needs were met safely.

There were sufficient staff available on duty to support and meet people's needs.

Recruitment checks were undertaken but not always operated effectively to ensure that only suitable people were employed. Staff received the training they needed to be able to meet people's needs safely.

People were supported to maintain their health because they received support to eat and drink sufficient amounts and received medical support when needed.

People received care from staff that were caring and respected their wishes, privacy, dignity and independence.

People were involved in assessing and planning their care and staff knew the people they supported. People felt their needs were being met. People were able to raise their concerns or complaints and felt they would be listened to.

Systems were in place to monitor the quality of the service but some improvements could be made.

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.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse.

Risks relating to people's needs were assessed and managed appropriately and there were sufficient staff to meet people's care needs.

Recruitment procedures were not always implemented effectively to ensure that people were suitable for employment.

People were supported to take their medication.

Good



Is the service effective?

The service was effective

Staff were trained to support people and had the skills and knowledge to meet people's care needs. Staff ensured that consent was gained from staff.

People were supported with food and drink as required. Health care needs were met and referrals were made to other healthcare professionals where required.

Good



Is the service caring?

The service was caring.

People told us they were happy with the staff that supported them and that staff were kind.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service.

Good



Is the service well-led?

The service was not consistently well led

Requires improvement



Summary of findings

The management of the service was stable open and receptive to continual improvement.

People told us they received a service that met their care needs and their views were sought about the service provided.

There were systems in place to monitor the service provided to people but the views of all stakeholders were not taken into consideration.

Millwater

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 inspection took place on 7 May 2015 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also reviewed regular reports sent to us by the local authority that purchased the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with seven people, two relatives, four care staff and the registered manager. We looked at the complaints records and sampled three people's care records; this included their health records and risk assessments. We also looked at the recruitment records of four care staff, minutes of staff meetings and quality assurance records.

Is the service safe?

Our findings

People were protected from harm because staff were able to recognise the signs of abuse and knew how to escalate concerns if they had any. The people we saw and spoke with looked comfortable in the presence of the staff that supported them. One person told us they felt safe in the home and another person said, “Yes I am safe”. This person also spoke about arguments between people and how they were handled. At these times they felt the staff could be a bit bossy. Relatives spoken with told us they felt their family members were safe in the home. One relative told us, ‘She’s quite at home where she is. Occasionally she wants to stop here (at the family home) and doesn’t stay (as long as she originally plans).’ The relative thought that this showed the person wanted to return to Millwater indicating she was happy there.

Staff spoken with told us they had undertaken training in how to protect people from harm. Records we held about the service showed that any suspicions of abuse were raised with the local authority and the appropriate investigations took place as required.

People were protected from unnecessary harm because risks associated with their needs were assessed and management plans put in place to manage them. One person told us, “I can get out of the bath but I need staff with me.” During our inspection we saw that one person was supervised whilst they ate their meals because they were at a risk of choking as identified in their risk assessment. Relatives told us that when their family members moved into the home they were asked to provide information about their needs and we saw that care records included this information and risk management plans were in place to assist staff in minimising the risk of harm to people.

We saw that there were sufficient numbers of staff available on duty to meet the needs of people in the home because

the manager undertook some care duties when required. For example during our visit the manager escorted a person to the day centre because a member of staff was not available until a replacement member of staff arrived at the home. Relatives told us that there was always enough staff at the home when they visited their family members and; enough staff to ensure people were taken by staff to visit families at home and taken out to do social activities of their choice. One relative commented that they did not feel that their family member went out as often as they would like and sometimes had to wait for support. We did not see any evidence to support this.

Recruitment procedures were not always followed to ensure that only suitable people were employed. Staff told us that employment checks were carried out before they commenced their employment. Staff files looked at showed that most employment checks were undertaken. Good recruitment practices mean that people’s work history has been checked with previous employers. One of the four files sample showed that there was only one character reference from a friend but no checks had been made with previous employers regarding the person’s work practices and behaviour. The registered manager was not aware of this until we brought it to their attention.

Medicines were safely stored, administered and recorded. We saw that people were given their medicines in a safe and personalised way by two staff. Staff that administered medicines confirmed they were trained so that people’s medicines were administered safely. People’s care records told staff how they liked to have their medicines given. There were people who required medicine on an ‘as and when’ (PRN) basis. We saw there were PRN procedures in place to ensure the medicines were given only after authorisation had been gained from the general practitioner and procedures were then developed. The registered manager monitored the administration of PRN medication. We saw that these medicines were used only occasionally.

Is the service effective?

Our findings

People received care and support from staff that had the skills and knowledge to do this safely. Relatives told us that they thought staff knew what they were doing and appeared well trained. We saw that staff supported people in a safe and skilful way to eat and with personal care so that they were dressed in a way that they liked. A staff member told us, “We do have supervision and ongoing training.” Records showed that staff received regular supervision so they could discuss their role and received feedback on their performance. New staff were required to complete an induction period to ensure that they had the knowledge and skills to undertake their role. Discussions with staff demonstrated to us, they had a good understanding of people’s needs. Staff told us they were also supported by other professionals to ensure people’s additional care needs were met. For example, a psychologist monitored and advised staff on strategies to use with people where staff found some behaviour difficult to manage.

People living in the home were able to make day to day decisions about their care.

We saw that people were able to get up and go to bed when they wanted and staff respected their choices. During our inspection most people went out for a meal. One person decided they did not want to go and stayed in the home. Staff were able to describe how they involved people in making choices about their care and asked them for their consent. We observed staff consulting with people about their care and waited for the person’s decision.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. Most staff told us they had an understanding of the MCA but had not received training. We saw that staff offered choices and were led by people’s body language to assess if they were consenting to the care provided where people were unable to verbalise their consent. The registered manager told us that Deprivation of Liberty Safeguards applications had been submitted for the people that required them to ensure that people’s rights were maintained.

People were supported to eat and drink sufficient amounts to remain healthy. One person said, “Food’s alright. Sometimes we have sandwiches. Sometimes I don’t eat what’s cooked. We have menus with different meals every day. [Staff name] is doing soup and assorted sandwiches.” We saw picture menus on display so that people could be reminded of the meals that had been chosen by them. People were encouraged to eat a healthy diet and we saw that snacks were available but access was restricted to prevent some people from eating them in excess. One person told us, “I’ve lost weight. I’m weighed every month.” We saw that nutritional assessments had been completed and referrals made to the appropriate professionals where required. We saw that people who required special diets including soft and cultural meals were provided. People at risk of choking were provided with the appropriate support.

We saw that one person received support to take a drink at a pace that was appropriate to their needs and the staff took cues from the individual’s body language to determine when the individual wanted another sip. During this activity the member of staff spoke with the individual about the weather and commenting at how nice the individual looked.

People were supported to have their health needs met. One person told us, “I go and see the doctor. I went this morning for an injection.” A relative told us, “They’re pretty hot on that one. They take her straight to the doctors. She’ll tell you herself what was wrong and what treatment she’s getting.” This showed that people were involved in and knew about the treatments they received. Staff confirmed that each person had an assessment of their health needs. Another relative told us they felt they didn’t always get told what treatment their family member received. We saw that care records were in place to support staff by providing them with clear guidance on what action they would need to take in order to meet people’s health needs. Health action plans were in place to ensure there was evidence of what support people needed to manage any health conditions they had and who was involved in providing this care. We saw records that showed that people were seen when they were unwell. We saw that people also saw other healthcare professionals for preventative issues such as having a flu vaccination. We saw that annual health check to assess people’s ongoing health were in place.

Is the service caring?

Our findings

People who were able to tell us said that they were happy with their care and that staff were generally kind. Two people told us that the staff were nice however; one person said that a member of staff was not always supportive. The relative of this person told us that they were generally happy and wanted to return to the home after their visit with the family but had on occasions mentioned that they were not happy with a member of staff sometimes. Another relative told us, "They [staff] seem to be nice. As far as I know the staff treat [person's name] well. We are always greeted with friendliness. We've met three or four carers who are all nice." We observed staff spoke to people in a kind and caring way. We saw positive interactions between staff and people living there. We saw that staff were respectful, patient and spoke with people kindly. Staff spoken with showed that they knew people and were able to respond to them in a way that ensured their needs were met. For example, one person was quite anxious and wanted to know which staff they could choose to support them the following day. Staff reassured them by telling them the names of the staff that they could choose from to support them.

People were able to make choices on a day to day basis. One person said, "I choose my clothes" and we saw that they were very well presented. We saw that people chose when to go to bed, get up and what they wore. A member

of staff told us about one person who got up late in the morning and described them as a "night owl." One person decided to change into different clothes during the day and we saw people were able to go between the different units chatting to staff and other people. We saw one person hug some staff when they returned from their day centre and told them they were pleased to see them. A relative told us, "[Name of person] will do what he wants when he wants." We observed one person being given a choice about what they ate. Relatives spoken with told us that people were able to choose their holidays and people were able to tell us where they had chosen to go for their holiday. Staff spoken with knew the people they cared for and we saw that the care provided reflected people's care plans and ensured that their individual needs were met.

People's privacy and dignity was maintained. We saw that staff ensured that bedroom doors were closed when people were provided with support. We saw that people were well presented and dressed in individual styles which showed that staff understood the importance of looking nice for people's wellbeing.

People were supported to be as independent as possible and make choices. People were encouraged to take responsibility for the cleanliness of their bedroom and supported to prepare drinks where appropriate. People also chose when to have a take away as part of the choices they made in relation to the food they ate.

Is the service responsive?

Our findings

Relatives and people who lived in the home were all complimentary about the staff. One person told us, "I love this house. It's lovely." Relatives told us that they were involved in providing information about their relatives needs so staff knew how to provide people's care based on this information. We saw that people were treated as individuals and care was tailored to meet their specific needs. Records confirmed that an individual approach to people's care was planned and we saw this reflected in practice during our inspection. Relatives told us they had been involved in planning their family members care based on their likes, dislikes and preferences. Staff told us that relatives were consulted about changes in their family member's needs and invited to reviews of care although many were unable to attend.

We heard one person ask for a biscuit and the staff responded by asking the person what time they had agreed they should have a biscuit. The person remembered and agreed they should wait showing that people were supported to understand and remember what had been agreed with them. One of the people spoken with told us they were happy but also of the difficulties of living closely with other people. They told us about some things they were not happy about in their bedroom, including the television not being secured to the wall. We saw that the individual's bedroom was in state of disarray but we saw that it was in the process of being redecorated and refurbished. People were supported to express their views. Meeting dates for people to discuss the home and issues such as activities were displayed in the entrance hall in a picture format so that people understood what the meetings were for and when they would be held. This showed that staff took into consideration people's needs and how to make information accessible to them. Records of meetings showed that advocates were available to support people express their views and make choices. A member of staff told us, 'Our advocate is very good.' The staff ensured where possible that the individuals were involved in making decisions about their care and the service. This showed that the people had been listened to and the staff were in the process of making the changes requested by people where it was appropriate.

Several people were supported to visit their relatives and some relatives visited the home so that people maintained their relationships with people important to them. One person told us they were going home for the weekend. A relative confirmed that there were no restrictions on visiting. Relatives told us staff supported people to visit them in their family home on a regular basis. One member of staff told us that they were carrying out supported visits due to the deteriorating health of some relatives.

People told us they could take part in activities if they wanted to and we saw that one person refused to go out during our inspection. One person told us that they enjoyed looking after the garden and told us about what was growing there. Another person told us they used a particular corner of the home to do colouring and watch films because they did not like to sit with everyone else. Another person told us they went for regular walks and another person told us they made cups of tea. We saw photographs displayed on the walls of holiday's people had been on which showed they enjoyed them. A member of staff told us, 'They [people] love holidays and last year we went to Blackpool for five days. We had proper chalets and special chalets for people who are more dependent. One individual refused to go - it's always very dependent on mood whether [person] goes.' Some people attended day centres and others had activities organised based on their choices and needs. For example, one person was supported and encouraged to undertake short walking activities throughout the day to help them lose weight. Two relatives felt that people could go out more often.

People told us they were happy in the home and relatives told us they had the information they needed so that if they had any concerns they knew who to raise them with. One person told us, "I will tell the staff if I'm not happy." Records showed and the manager confirmed that no recent complains had been received. There was a complaints procedure displayed on the wall however it was not in a format that could be easily understood by people living in the home. The registered manager told us they were developing a pictorial process.

Is the service well-led?

Our findings

At our inspection of May 2014 we saw that improvements were needed in the way the quality of the service was monitored. At this inspection we saw that the action plans we had received following the May 2014 inspection had been met.

People and relatives spoken with were happy about the service provided and most felt that they were kept informed about their relative and supported to maintain links. One relative told us, “We were told recently about how [person’s name] has been.” We saw that people were comfortable with the registered manager who was known to them. The registered manager told us he went to each unit in the mornings to see if there were any concerns he needed to be aware of.

Staff told us that the manager was approachable and supportive. One staff member told us they received support from the provider and also external professionals involved in people’s care. The registered manager was open with us about the difficulties experienced after a recent incident in the home. Actions were being taken to prevent a reoccurrence of the incident. Staff were encouraged to discuss their concerns and feelings at staff meetings, supervision sessions and at through individual counselling organised by the provider. This showed that there was an open culture and staff felt able to raise issues and received support where needed.

There was a registered manager in post so staff had leadership and someone to discuss issues or seek advice from when needed. All conditions of registration were met and the provider kept us informed of events and incidents that they were required to inform us about.

There were systems in place to gather the views of the people that used the service. A relative’s surgery had been set up but not used by people. The registered manager told us that views were sought when relatives visited and there were some telephone calls to relatives but the comments received had not been recorded. Relatives confirmed that questionnaires were sent to them seeking their views about the service provided to their family member. We saw that three of fourteen questionnaires had been completed and returned. The responses showed that people were happy with the service. Comments included: “Very good” and “The staff are very good and the home is very good.” There was no evidence that the views of staff and other professionals involved in the home had been sought however the manager told us that conversations were not always recorded. This meant that the systems for gathering the views of people could be further improved.

The registered manager carried out internal audits, monitored staff performance, reviewed care records. We saw that incidents, the use of PRN medicines, food and infection control audits were carried out and a development plan put in place to ensure that the service improved. We saw that some improvements could be made in the recruitment process as the manager was unaware of the shortfall we identified.