Four Seasons Homes No.4 Limited

Marquis Court (Windsor House) Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 November 2016 and was unannounced.

At our last inspection in September 2015, we rated the home as Requires Improvement overall and asked the provider to make improvements to ensure people received their care as planned. We received an action plan from the provider which said the improvements would be made by the end of December 2016. At this inspection, we found some improvements had been made but further action was still needed. We also found improvements were needed in the management and safe storage of people's medicines and the checks carried out to monitor the quality and safety of the service.

Marquis Court (Windsor House) is registered to provide nursing and personal care for up to 52 people, some of whom were living with dementia. The accommodation is arranged in three units, Tivoli, Chase and Heath. On Heath unit, a number of people were living with advanced dementia. At the time of our inspection, 43 people were living at the home.

There was no registered manager at the service. 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. There was an acting manager who had started working at the service on 26 September 2016, who was in the process of registering with us.

At the last inspection, staff did not always follow risk management plans to ensure people received their care as planned. At this inspection we found action was still needed to ensure risk management plans consistently detailed the actions staff should take to minimise any identified risks associated with people's care. We had recommended the provider reviewed the way staff were deployed to ensure people received timely support. At this inspection, we found there were sufficient, suitably recruited staff to meet people's needs at all times.

Whilst we saw people received their medicines when needed, improvements were needed to ensure people's medicines were accurately recorded and stored safely. The provider had systems in place to monitor the quality and safety of the service. The acting manager had identified the improvements needed but had not been able to implement these during the short time they had been working at the service.

Staff were trained to meet people's needs but improvements were needed to ensure they were consistently supported in their role. People's nutritional needs and preferences were met but the recording of people's weights needed to improve to ensure prompt action could be taken when their needs changed. Improvements were still needed to ensure everyone living at the home had the opportunity to take part in activities and social events that met their individual needs and promoted their wellbeing.

People felt safe living at the home and their relatives were confident they were well cared for. If they had any concerns or complaints, they felt able to raise them with the staff and management team. Staff understood their responsibilities to protect people from the risk of abuse. Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. People's care was reviewed and their relatives were kept informed of any changes and were encouraged to visit the home whenever they wished. People told us they accessed the support of other health professionals when needed.

Staff gained people's consent before providing care and support and understood their responsibilities to support people to make their own decisions. Where people were restricted of their liberty in their best interests, for example to keep them safe, this was authorised in accordance with the legal requirements.

The acting manager had started to develop an open and transparent culture at the home which encouraged people, their relatives and the staff to give their views on how things could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Further action was needed to ensure risks associated with people's care were consistently managed. People received their medicines when needed but improvements were needed to ensure medicines were consistently managed safely. There were sufficient, suitably trained and safely recruited staff to meet people's needs. People were protected from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were trained to meet people's needs but improvements were needed to ensure they were consistently supported in their role. People's nutritional needs and preferences were met but improvements were needed in the recording of people's weights to ensure prompt action could be taken when their needs changed. The provider and staff were acting in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring and treated people with respect. People's privacy, dignity and independence were promoted. People were able to make choices about their daily routine and visitors were able to visit without restriction.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were still needed to ensure activities and social events met the needs of people living with dementia. People's care was kept under review and relatives were informed of any changes. People felt able to raise concerns and complaints which were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no registered manager at the service. Improvements were needed to ensure the provider's quality assurance checks were effective at identifying shortfalls and driving improvements. The acting manager was developing an open and transparent culture which encouraged feedback from people, relatives and staff. Staff felt
supported by the acting manager.

Marquis Court (Windsor House) Care Home

Detailed findings

Background to this inspection

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

This inspection visit took place on 22 November 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed this alongside other information we held about the service which included statutory notifications the acting manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. In July 2016, the provider stopped admitting people into the home. They told us their internal audit had identified concerns with the management of medicines, a lack of personalised care and poor documentation and the provider's regional management team were supporting the acting manager to deliver the required improvements. The local authority had shared information about their concerns for some people living at the home and had suspended placements whilst they investigated those concerns. We used this information to help us plan the inspection visit.

We spoke with five people who lived at the home, four relatives, five care staff, the temporary cook, a nurse and the acting manager. Some of the people living at the home were unable to speak with us about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care. We observed how staff interacted with people, and the support they provided in the lounges and dining areas.

We reviewed the care plans of three people and looked at other records relating to the management of the service, including staff recruitment and quality checks.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 12 (2)(b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk management plans were not always followed to ensure people received care and a support in a safe way. At this inspection, we found some improvements had been made but further action was still needed. Risks associated with people's care had been identified and staff followed risk management plans. For example we saw staff moved people safely using equipment in line with their documented requirements. However, some of these plans did not contain enough detail. We saw one person was identified to be at high risk of falls but it was not clear what action staff should take to minimise the risks. The acting manager told us they had recognised this shortfall and care plans were being reviewed to ensure they detailed the actions staff should take to minimise any identified risks. Another person was identified to be at high risk of developing skin damage. Staff told us the person had a pressure relieving cushion and mattress in place but there was no information on how frequently they should be repositioned. Following our inspection visit, the acting manager informed us that the person's care plan had been updated and a repositioning chart put in place to ensure they received their care as planned.

We saw staff had guidance and information on the correct use of pressure relieving equipment and regular checks were carried out to ensure the equipment continued to provide people with the required therapeutic support. Maintenance contracts were in place for the hoists, lift and fire safety equipment. We saw that regular checks were in place to ensure these remained safe for use. Personal evacuation records documenting the support people needed to leave the building were in place to ensure people could be safely evacuated in the event of an emergency such as a fire.
People were supported appropriately when they presented with behaviour which challenged the safety of themselves and others. Staff told us and records confirmed that incidents associated with behaviour that challenged were documented, investigated and monitored by the acting manager. We saw that advice was sought from other professionals including the GP and community psychiatric nurse and care plans were updated accordingly and the advice acted on. This showed the provider sought to understand and reduce the causes of behaviour to minimise the risk of reoccurrence.

Medicines were not always well managed. Medicines prescribed on an 'as required' basis, for example for pain relief, were not always recorded accurately. We saw an accident/incident record showed that a person had received paracetamol following a fall but this had not been recorded on the medicine administration record. Staff did not always keep a running total of the stock being held for each person which meant stocks could not be checked in the event of such an error. This had been raised as a concern at the last inspection. The acting manager told us weekly audits were being introduced and a pharmacy audit was planned to address and improve the procedures in place. The acting manager told us medicine reviews were being arranged with the relevant GP's for everyone living at the service. We saw that medicines which were no longer needed were not stored securely and the acting manager told us they would address this immediately.

We saw that people received their medicines when needed and staff spent time with people and ensured they had taken their medicine before they supported the next person. Staff who administered medicines were trained to do so and had their competence checked by the acting manager to ensure people continued to receive their medicines safely.

At the last inspection we recommended the provider reviewed the way they allocated staff to ensure people's needs were met in a timely manner. At this inspection, we saw there were sufficient staff on duty to meet people's individual needs and keep them safe. People and their relatives did not raise any concerns and told us staff were available when they needed assistance. One relative said, "Yes, there's plenty of staff here to look after [Name of person]". Another told, "Staff come straight away when [Name of person] needs assistance". We saw that staff remained with people when they were supporting them on a one to one basis as required in their care plans. Staff monitored the communal areas and responded to call bells promptly. Staff we spoke with told us there were enough staff to meet people's needs. One staff member told us, "You always wish for more staff but we have enough when we need two to support people to move". Another told us things had improved since the new manager had starting working at the service, "Staffing is better, more staff have been taken on and there are more staff working on the floor". The acting manager told us changes had been made to improve the continuity of staff, which meant that staff were no longer expected to cover at the provider's other home on the same site. They told us, "The homes are being run completely separately now. This is a positive move for staff as they know where they are working". A relative confirmed this, "I come between 10am and 3pm but not always on the same day and I see regular staff and continuity of staff". The acting manager told us work was ongoing to introduce a named nurse and key worker system to ensure people consistently received personalised care from staff they knew well.

Staff told us and records confirmed that the provider carried out recruitment checks for both permanent and agency staff which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Checks were in place to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

People and their relatives had no concerns about their safety. One person told us, "The staff are always here for you and they are nice people". A relative told us, "They are looked after 24/7". Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse and what action they would take if they suspected someone was at risk of being abused. One member of staff told us, "If I had any concerns, I'd report them to the manager or go higher if I felt I needed to". All the staff we spoke with were confident that any concerns they raised would be acted on and had the information they needed to escalate their concerns to the local safeguarding team or CQC if necessary.

Requires Improvement

Is the service effective?

Our findings

The provider had a performance and appraisal system but some staff told us they had not received a supervision meeting for some time which meant they had not had the opportunity to discuss their performance and any training needs. One member of staff said, "Supervision isn't regular with all the changes that are going on". The acting manager told us the records had not been up to date and we saw they had put in place a programme to address this shortfall. They told us, "We review performance by carrying out a mixture of observations, competency checks and one to one conversations. Other senior staff support with the process but I will be having at least one meeting per year with each member of staff, in addition to their annual performance appraisal". We saw there was a programme in place and supervision meetings had been carried out since the acting manager had started working at the service.

People's nutritional needs had been assessed and where appropriate specialist diets were provided, for example pureed diets for people with swallowing difficulties. Although people's care plans identified that their weight needed to be monitored on a monthly or weekly basis, we found this was not well managed. For example, one person had lost weight and needed to be weighed on a weekly basis. Records showed they had been weighed regularly on a monthly basis but staff could not show us where their weekly weight was being recorded to ensure that any concerns could be identified and advice sought from the appropriate professional. We brought this to the attention of the nurse who ensured the person was weighed immediately and referred to the dietician as a precautionary measure. The acting manager had recognised this shortfall and showed us a new weight monitoring chart to ensure any patterns of significant weight gain or loss could be identified and action taken where needed.

We saw that mealtimes were a pleasant, relaxed experience. Staff served people individually and explained what was being served. We saw that people were offered a choice and most people told us they enjoyed their meals. One person said, "It's very good really". Relatives felt their relations had enough to eat and drink and were happy with the food being provided. One told us, "It's nice and well presented". Another said, "The food looks fine". We saw that pureed meals were well presented and the different elements were separated. People were assisted to eat their meals when required and we observed staff talking with people and involving them whilst they supported them. We saw staff encouraged people were encouraged to eat their meals to ensure they had sufficient to eat and drink to maintain good health.

Staff had the training they needed to meet people's needs. People told us the staff looked after them well and provided good care. One person told us, "The staff are very good". Another said, "You always get the help you need". A relative told us the staff understood their relation's needs, "[Name of person] has difficulty communicating and at times they can lash out so staff have to be careful". Staff told us most of the training they received was provided on-line, but they had face to face training for practical skills such as safe moving and handling. Records confirmed that staff had received training in a range of areas that were relevant to the needs of people living in the home. We saw the provider monitored training to ensure the staff's skills were kept up to date. The acting manager told us practical training for safe moving and handling, fire safety and first aid was being repeated to ensure all staff had up to date knowledge. They

added that new competency checks were being introduced to identify gaps in staff knowledge, for example around the use of thickeners for people at risk of choking and the effective use of creams to protect people from the risk of developing sore skin. Staff we spoke with confirmed they were due to attend training for manual handling in the next two weeks. Staff were encouraged to develop their skills by undertaking nationally recognised qualifications in health and social care and some staff had received training in more advanced skills such as taking blood pressures and the prevention of skin damage caused by pressure to enable them to support the nurses and meet people's changing needs effectively. The acting manager told us the home was to be included in the provider's Dementia Framework which would provide further training for staff and focus on improving the environment for people living with dementia. This showed the provider recognised the need for specialist training to meet people's individual needs.

There was an induction programme for new staff and the acting manager told us that both new and existing staff completed the care certificate, a nationally recognised set of standards which enables staff to gain the skills required to work in a care environment.

People told us they accessed the support of other healthcare professionals when they needed to. One person said, "If I need to see the GP or an optician, I just ask the manager and she arranges it for me". We saw that visits from professionals such as the GP, district nurse and optician were recorded and people's care plans were updated when specific advice was received, for example changes to people's medicines. This showed people were being supported to maintain their day to day health needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people's mental capacity had been assessed to reflect their ability to make decisions for themselves and where decisions were being made in people's best interests, these were documented. For example, best interest decisions were in place for the use of equipment to monitor people's safety when they moved around in their bedroom. Staff we spoke with demonstrated a basic understanding of the legislation and understood their responsibilities to support people to make their own decisions when needed. One member of staff told us, "We always offer people choice and try and assist them or give them time and go back to them another time if needs be. We also flag it up to the nurses if we think people 's capacity is changing". Another member of staff told us how they looked for non-verbal signs when supporting one person with decision making. They said, "They nod or shake their head when we show them things". Throughout our inspection visit, we observed staff asking people for their consent before they provided care which showed us staff understood the importance of gaining people's consent.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA under the DoLS. Applications for people who were being restricted of their liberty in their best interests had been applied for where required and approvals were notified to us accordingly. This showed the provider was acting in accordance with the legislation.

Good

Is the service caring?

Our findings

People told us they liked living at the home and that the staff looked after them well. Comments included, "I'm very happy, I'm cared for very well and "Staff treat me very well" and "You can always talk to the staff, they're very good". All the relatives we spoke with told us the staff were kind and caring and treated their relations with respect. One relative told us, "Staff treat [Name of person] well in every way. They seem really kind to her and [Name of person] has always said how kind and caring staff are to her". Relative told us they had started to get to know the staff better because they were seeing the same staff on duty. One told us, "It's nice when you are dealing with the same staff all the time". We saw staff members greeted people when they came into a room and people responded positively. Staff showed concern for people's wellbeing and responded to their needs quickly by offering people reassurance and support. We saw a member of staff bring a blanket for a person who said they were cold and we saw other staff discreetly checking that people were warm enough when they were asleep in their armchairs. We saw staff had good relationships with people and chatted with them about everyday things such as the weather and about their families.

We saw that when staff offered care the person's dignity was promoted. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. A relative told us, "If I've come when staff are helping [Name of person] to get dressed, the curtains are closed and [Name of person] is semi-covered to keep their modesty". Another said, "When [Name of person] is taken to the bathroom they are always careful if their dignity". People were encouraged to maintain their appearance. Staff offered people aprons when they were eating we saw staff supporting a person after they had spilled a drink to ensure their dignity was maintained. A relative told us, "[Name of person] is always appropriately dressed in their own clothes and clean". People told us the staff respected their privacy. One told us, "Staff are very good, they wait outside while you go to the toilet". Another said, "They don't interfere but they keep their eye on us to make sure we are safe". We saw that staff promoted people's privacy by knocking on bedroom doors and waiting at a discrete distance when they had taken people to the bathroom.

People told us they were offered choice about their daily routine, for example what they wanted to eat and how they spent their day. One person told us, "Staff ask you what you want and talk to you about it". Another said "I get up and go to bed when I want". People were encouraged to be as independent as possible. One person told us, "I do as much as I can for myself". We saw staff were patient and encouraged people to walk with support or to eat their meal independently but offered assistance when people needed it.

People were encouraged to maintain their important relationships. Relatives we spoke with told us they felt involved in their relation's care and were kept informed about any changes. One told us, "It's an ongoing thing. I chat to the staff and we discuss things". Relatives told us they were able to visit at any time and were welcomed by the staff. One told us, "I get on with all of the staff, they do communicate with us".

Requires Improvement

Is the service responsive?

Our findings

At the last inspection, improvements were needed to ensure hobbies and activities were individualised to meet the needs of people living with dementia. At this inspection, we saw improvements were still needed. We saw staff looking through a magazine with a person who was being supported on a one to one basis and background music playing. However, there were no activities taking place on Heath unit. Relatives and staff told us that activities needed to be improved and people were not always able to join in social events because the performances only took place on Chase unit. A member of staff told us, "Heath unit does get left out. Singers do come in but we can't take everyone downstairs because of the time it takes". A relative told us "I think I have only seen the activities member of staff once in four years. [Name of person] won't go in the lift so she can't always join in things". The acting manager told us that an additional activities co-ordinator had been recruited to work exclusively on Heath unit to provide more individualised support. They told us, "Activities and social events will be tailored specifically for people with more advanced dementia". They told us resources were available and we saw they had purchased a 'pop-up' shop and pub. These are moveable items that provide a complete environment with things to see, touch and interact with, to enable staff to support people to reminisce about their past lives. The acting manager told us, "We will also be purchasing a range of sensory items for the communal areas but people will be encouraged to take things to their room". This showed the provider recognised the need to promote people's wellbeing.

People living on Chase and Tivoli units told us they had opportunities to take part in activities and social events. One person told us, "We've been outside and done a bit of gardening, things like that". People told us they were able to choose if they joined in. One person told us, "I like to sit and watch things happen". People's relatives told us their relations enjoyed the activities. One told us, "When they have karaoke, I can see [Name of person] is listening and tapping her feet". Another said, "There are quite a few activities for people. I came in one week and they were having a brain teaser. I've seen bingo and pass the parcel, arts and crafts and painting".

People's needs were assessed prior to moving into the home and their care was reviewed to ensure it continued to meet their needs. Staff told us and records confirmed that they recorded the care people received on a daily basis and any concerns that other staff should be aware of. This was discussed during the shift handover which ensured incoming staff were kept up to date about people's needs.

We saw that staff knew people well and provided personalised care that promoted people's wellbeing and maintained their independence. For example, at lunchtime we observed staff supporting a person with a visual impairment. A member of staff said, "I'm going to move your frame and put your table in front of you….here's your porridge, your spoon's on the right". When the person wanted to go the bathroom we heard a member of staff saying, "Your frame is in front of you….go left….now go right". We also observed another person helping to clear up and wash up the breakfast dishes.

People and their relatives were happy to raise any concerns or complaints and were confident action would be taken. One person told us, "I'd just tell the staff I wasn't very happy". Another said, "I haven't needed to

complain". There was a complaints procedure in place. We saw that formal complaints were recorded and responded to in accordance with the provider's policy. A relative we spoke with told us the regional manager had taken action when they raised a complaint and it was resolved to their satisfaction, "They said it would be sorted out and things are better now".

Requires Improvement

Is the service well-led?

Our findings

There was no registered managed at the service. An acting manager had started working at the service in October 2016 and had started the process of registration with us. The provider had systems in place to monitor the quality and safety of the service people received. During the registered manager's absence, some audits and checks had not been carried out and the acting manager was bringing things up to date. Discussions with the acting manager demonstrated they fully understood the improvements needed at the home and were aware of the concerns we identified with the management of medicines and lack of detail in some risk management plans. However, they told us they had been unable to address the issues in the short time they had been working at the service. The provider had shared their service improvement plan with us and we saw the acting manager was working through it and regular audits were being carried out by the provider to check progress.

We saw the acting manager had made improvements to the systems to monitor accidents and incidents. This ensured any themes or trends were identified and action taken to prevent reoccurrence. For example, following a medicines incident, a daily chart had been introduced to ensure pain relief patches were provided and changed as prescribed. Infection control audits were carried out on a monthly basis and the health and social care partnership trust was due to carry out an audit in December.

It was evident that the acting manager was developing an open and transparent culture at the home. We saw that residents/relatives meetings were held and the manager was keeping people informed about the action being taken by the local authority to ensure improvements were made in people's care. The acting manager had an 'open door' policy and people and their relatives told us the management of the home had improved. One relative told us, "I think the home is going in the right direction. It went wrong when they had one manager over two homes – it was too much of a strain". Another told us, "I have met the new manager and would be happy to knock on the office door if I needed to speak to them". The provider also sought people's views on the service through monthly surveys carried out using an electronic tablet, one of which was located in the reception area for visitors to complete. This was monitored by the provider to ensure any concerns were addressed promptly by the home manager. Relates told us they were asked to complete an annual questionnaire and the results were published through a 'You said, We did' poster, displayed in the reception area. The acting manager told us they were considering producing a monthly newsletter to keep people informed about things happening at the home and to promote activities and social events.

Staff understood their roles and responsibilities and were aware of the improvements that were needed. One member of staff told us, "We know things need to improve, we are all aware of that and it's discussed with us in staff meetings". Staff were positive about the new manager and told us they could see improvements were being made at the home. However, all the staff voiced their concerns about the frequency of management changes and the impact it had on their morale. One staff member told us, "I still feel things are up in the air; we've had a 'stop-gap' manager so we're unsure if the new manager will stay". The acting manager told us meetings had been held with staff and they were encouraged to speak openly

about their concerns. One member of staff said, "The old manager never listened to you, things are better now". Staff who were unable to attend were briefed by other colleagues or senior staff and minutes were available.

Our records showed the acting manager had sent notifications of important events that had occurred in the service and the provider had published and displayed their rating in accordance with the requirements of registration with us.