

HC-One Limited

# Four Seasons

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 12 July 2018. Four Seasons is a purpose built home set in the Brightmet area of Bolton. The home is close to local amenities and public transport. Car parking is available in the grounds of the home.

Four Seasons is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Four Seasons is registered to provide care for 121 people who require nursing, residential and care for people living with dementia. The home also provides an intermediate care service. This supports people who have been discharged from hospital and need rehabilitation to support them in preparation of returning to their own home or to alternative care setting.

The home is split into five houses. On the day of the inspection there were 97 people using the service. There were 12 people in Spring house, 21 people in Summer house, 28 people in Winter house, 17 people in Autumn house and 19 people Autumn Berry house.

The home had a manager in post who was in the process on registering with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run. The manager has been registered with the CQC before and has several years' experience of managing care homes.

At our inspection on 18 October 2017 we found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in relation to the safe administration of medicines and governance and a new breach in relation to staffing levels.

At this inspection we found that good progress had been made in addressing the breaches and an improvement had been made within the service.

You can read the reports from previous inspections on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On arrival at the home the front doors were secured. Visitors had to ring the bell to gain access into the home. This helped to keep people safe and to prevent unauthorised people from entering the home. We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

There was a large comfortable reception area. The reception area had a café area for people to sit in with their guests. The home had accessible gardens with tables and chairs. There were a number of pet rabbits which were cared for by people living at the home.

Information about the home and the facilities offered were available in the reception area.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be suitable to work with vulnerable adults. We noted in one staff file that this person had no contract of employment and no job description. We discussed this with the manager who sent us a copies of the missing documents following our inspection.

in the main,the administration of medicines was safe and had improved in most of the houses with the exception of Winter house.

Most of the houses were clean, tidy and fresh and the environment was maintained to a good standard. Winter house was malodorous and the décor required attention.

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

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP). A PEEP informs the fire service what room people live in and what assistance they require to evacuate them safely.

People were offered a well balanced and nutritional diet and were encouraged to eat and drink to ensure they were hydrated and well fed.

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

New staff received induction training to provide them with the skills to care for people. Staff training was on-going. The home's manager and the management team were completing supervision sessions. These meetings gave staff the opportunity to discuss their work and ask for any training they felt necessary.

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

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

Some staff had been trained in end of life care which should enable them to provide support to people who used the service and their family at the end of their life.

We saw activities were provided. The home had two activities coordinators that worked across the houses. People spoken with told us there was a lack of suitable activities for people living in Winter house.

Audits, quality assurance surveys and meetings helped the service analyse performance to help improve the service.

There was a suitable complaints procedure for people to raise any concerns. There were a number of compliments and cards on each of the houses from relatives.

## 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 safe.

People told us they had no concerns about their safety. Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Robust recruitment systems were in place that helped to ensure the safety of people living in the home.

In the main, systems were in place to help ensure the safe administration of medicines

### Is the service effective?

**Good** 

The service was effective.

We saw that a detailed assessment was completed before people were accepted to the service.

Staff received the induction, training and supervision they required to be able to provide safe and effective care.

People received adequate nutrition and hydration. Choices of meals were offered.

### Is the service caring?

**Good** 

The service was caring.

People who used the service told us staff were supportive and helpful.

Privacy and dignity was maintained.

There was a service user guide given to people and their families.

### Is the service responsive?

**Good** 

The service was responsive.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs.

People who used the service were involved in reviewing the support they received.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

We looked at the care records people who used the service. We noted these contained detailed information regarding people's health and social care needs.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service had a manager who was in the process of registering with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to ensuring people's experience of the service was positive.

Staff told us they felt well supported both by their colleagues and the managers in the service

Quality assurance systems in place were used to drive forward improvements in the service.

# Four Seasons

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of a significant incident. This incident is subject to a police investigation and as a result this inspection did not examine the circumstances of the injury or death. Part of the inspection looked at what steps the provider had taken to prevent this type of incident happening again.

This inspection took place on 12 July 2018 and was unannounced. The inspection team comprised of three adult social care inspectors, a CQC medicines inspector and two experts 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. One expert by experience had expertise in caring for older people and the second expert by experience had expertise in caring for people living with dementia.

Prior to our inspection we contacted Bolton local authority commissioning and safeguarding team, Bolton clinical commission group (CCG), the infection control team and Healthwatch – Bolton. Healthwatch England is an independent consumer champion for health and social care

During our inspection we spoke with the manager, the area quality manager, two deputy managers and the area director. We spoke with the kitchen staff, the cleaning staff, 10 people who used the service, six relatives, 10 members of care staff.

We looked at 12 care files, six staff personnel files, training records, 22 medication records, staff supervision records, meeting minutes and audits.

# Is the service safe?

## Our findings

On arrival at the home we found that the main doors were locked and people had to wait to be let into the home by staff. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced.

We asked people if they felt safe living at the home. People told us, "Yes, I feel very safe". Another said, "Yes, I do feel safe, some great people work here". Another said, "I feel safe, I needn't worry, the girls are fantastic". Two relatives spoken with were confident their relatives were safe living at Four Seasons.

We asked if people thought their personal property was safe. People told us, "Oh yes it's safe". Another said, "No worries at all". A third person said, "No the doors are open and anyone can walk in".

We asked people if they thought there were enough staff on duty to meet their needs. We received mixed views about staffing levels. Comments included: "Yes, I think there are enough staff". Another said, "Sometimes there's enough staff, but at some mealtimes there's only one helping when there should be two." Relatives spoken with told us, "There's not always enough staff and they seem to use a lot of agency staff." Another said, "They could do with more, what we've got are very helpful. I would not be concerned about staffing levels".

Staff recruitment procedures were robust. We looked at six staff files and found these contained relevant information which protected people from the risks of receiving care from unsuitable staff. Appropriate checks were carried out which included references, an application form and other forms of identification and a Disclosure and Barring Service (DBS) check. The DBS check informs the provider of any criminal convictions against the prospective employee.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain the manager would take any concerns seriously. All the staff we spoke with told us they would have no hesitation in reporting any poor practice they witnessed from colleagues and were confident they would be listened to.

We saw that staff rotas for the month were in locked clear plastic cases in the training room. All staff had access to the rotas. The manager told us they had implemented this system as on occasions staff had changed the rotas without discussion with the manager. The manager told us that staff sickness levels had reduced as staff ringing in sick were now required to speak with the homes manager and not ring through to the individual houses.

We saw that the home used a dependency tool for each person. This was used to assess the level of care and support each person required. In some of the houses staffing levels were satisfactory. We found that in Autumn house an extra member staff would have been beneficial. There was one senior carer and two



carers for 18 people, four of these people required two staff to assist them with moving them safely and with personal care. This left one person, usually the senior who was dispensing medication for long periods of time. This meant that some people would have to wait for staff to attend them. We discussed this with the manager, who told us that she was aware of this and due to the low occupancy in Spring house staff from there were to be redeployed to assist in Autumn house. This was to be actioned from the 16 June 2018.

There were 22 people in Summer house. There were four care assistants, one nursing assistant and one registered nurse. Staff told us they felt they could do with more staff especially in the morning as they were busy and people's dependency was high. We found that five people were cared for in bed and 19 of the 22 people needed two members of staff to care, support and hoist them. Seven people required assistance with eating and drinking. We found that people were receiving appropriate care, however staff were exceptionally busy.

We found that risks to people's health and safety were appropriately managed and monitored. We found that people's care records contained risk assessments detailing individual risks to their safety. This included a risk of a person falling, of malnutrition and dehydration.

We looked around the home and found the fire escape routes were free from clutter. Appropriate fire equipment was situated around the home. There was an appropriate fire risk assessment in place. Personal emergency evacuation plans (PEEPs) which detailed the support people who lived at Four Seasons would need to evacuate the building safely in the event of an emergency were in place.

We saw that four houses of the home were clean and bright and there were no unpleasant odours. The provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with window restrictors.

We discussed with the manager and the management team about Winter house. On entering the house there was a stale smell of urine and this was noticeable in some of the bedrooms. The décor also required attention and one of the bathrooms was being used for storage purposes. The manager was aware of this and confirmed that the carpets in Winter house were to be replaced with a more suitable flooring as part of the home's improvement plan.

We asked people what they thought about the cleanliness of the home. Comments included, "Yes, well look at my room it's spotless, you can't fault it." Another said, "Yes they always use aprons and gloves and are very professional in carrying out their tasks".

At the last inspection on 18 October 2017 it was found that medicines were not handled safely.

At this inspection a medicines inspector, looked at records about medicines and stocks of medicines for 22 people living in four of the houses to see if their medicines were handled safely. We did not look at how medicines were handled on the admission to discharge unit. Medicines were handled with different degrees of safety throughout the home. We found some common themes in all four houses where improvements must be made.

We found that when staff gave people Paracetamol they did not record the time the dose was given so it was not possible to tell if there was a safe time interval between doses. Doses of Paracetamol must be at least four hours apart. Improvements must be made in the recording of the time medicines such as Paracetamol are given. After the inspection we were sent information to show this had been addressed with the staff and a group supervision had been completed in relation to the importance of giving medicines at safe time

intervals.

Some medicines were prescribed with a choice of dose and there was no information recorded for staff to follow as to when to select the higher or lower dose. If this information is not available then people may not be given the dose they need to treat their condition. Improvements must be made in this area. After the inspection we were sent information telling us this documentation had been put in place and that supervisions had been completed to ensure this was addressed.

For medicines that were prescribed "when required" there were some protocols missing. Improvements must be made to ensure that these protocols which are to help staff give these medicines safely and consistently are in place. After the inspection we were sent information telling us the protocols were in place and a checking system had been implemented to ensure that none were missing in the future. The protocols that were in place were clear and personalised and ensured that medicines prescribed in this way could be given safely.

Throughout the home we saw that records about the application of creams had a number of gaps especially for creams to be applied at bedtime. Gaps mean it was unclear if the cream had been administered or not and improvements must be made in this area of record keeping. After the inspection we were sent information telling us a checking system had been implemented to ensure that the records were properly completed, they also told us that despite the gaps people's skin had not been adversely affected indicating that creams had been applied properly.

During the inspection we found inconsistencies in the way records were made about the use of thickeners. The use of thickener must be recorded so that there is clear information to show that people who are at risk of choking on fluids have been given appropriately thickened fluids. The home should make sure that all staff are clear about how this information should be recorded. After the inspection we were sent information that a new "thickened fluids" chart had been introduced to be used by all staff in all areas of the home.

The medicines in Autumn, Autumn Berry and Summer Houses were handled safely and the records were in place to show this.

The medicines in Winter house were not handled safely. Unlike in the other houses the stock of medicines did not always tally with the records of administration which meant that not all medicines could be fully accounted for. We saw that two people were not able to have one of their medicines as prescribed because there was none available in the home. One person ran out of Paracetamol three times in three weeks, the home explained that this was because they were only prescribed very small quantities at a time but the staff had tried everything they could do to address this problem. The home assured us that there was a general stock of Paracetamol for use as a simple homely remedy that could be given if they were in pain. Another person ran out of one of their medicines for one day and when it was obtained the nurses thought it was still out of stock so it was not given for a further four days. If medicines are not given as prescribed people's health is placed at risk of harm.

Another person was prescribed insulin and had their blood sugar levels monitored on a regular basis. There were clear records about the range these blood sugar levels should fall within. However, we saw that the blood sugar levels were often outside the safe range and that no actions were recorded as taken. After our inspection the home contacted the diabetic nurses for their assistance to ensure insulin was given safely.

The records showed that people often missed having their medicines because they were sleeping. There was no information recorded to show that any action had been taken to address the issue of not having

medicines administered as prescribed. After our inspection the staff were reminded of the need to take action and ask the GP to review people's medicines. Some medicines must be given before food and we saw that one person was prescribed two medicines, including an antibiotic, that should be given in this way and that neither were given at the right time.

If medicines are not given safely then people's health is at risk of harm. After our inspection we were sent information that the manager had reminded staff of the importance of giving medicines at the right time with regard to food.

We recommend that the service must ensure documentation is correctly completed and medicines are given at the correct times.

## Is the service effective?

### Our findings

People who used the service were complimentary about the care they received and the dedication of the staff. One person told us, "It's a good place, everything is good and the staff are great people" Another said, "They all know what to do, they understand my condition they seem clued up with the dementia patients. They go the extra mile as a matter of course. All my health care needs are attended to". Relatives spoken with told us, "It's top notch here, most people would agree, staff go out of their way to help. I looked round a few homes before settling on here". Another said, "The staff really look after people".

Staff induction was thorough and covered a range of essential training. We asked about staff training. On the day of the inspection several staff had come in to the home to complete eLearning training courses. We were provided with a copy of the training plan. This showed that most staff had completed essential training. This included moving people safely, fire safety, infection prevention and control, food hygiene, safeguarding and supporting people living with dementia. The training plan gave a clear indication of the training completed, overdue training and the expiry date. We asked people if they thought that staff were well trained. One person told us, "Yes, I think they are". Another said, "Yes they are well trained. Another person staying in Spring house told us, "Yes, they show me how to do things to be organised and sort things out for myself. I want to be off in a couple of weeks".

Staff supervisions were on-going and we saw an overview of the supervision plan. This showed that a significant number of one to one supervisions had been undertaken in May, June and July 2018. We noted that some were overdue but plans were in place to complete these by the end of July 2018. We saw that there were themed supervisions which covered staff breaks and identification of pressure areas. The manager also held group supervisions, the last one was held on 07 June 2018 and covered managing lifting equipment. One to one supervision meetings provide staff with an opportunity to discuss with the manager any areas of concern or worries they may have and any further training and development they wish to undertake. Staff appraisals were ongoing as required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had undertaken training in MCA and DoLS and those we spoke with demonstrated a good knowledge of the issues involved.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files included consent forms for issues such as participation in outings, the use of photographs and the sharing of information. These were signed by the person who used the service or where relevant, their representatives. Mental capacity

assessments for day to day decision making were included where required and the service participated in best interest's meetings when these were needed.

We found that the DoLS processes were inconsistent. Some of the DoLS authorisations were not in care files. We also found that a number of DoLS notifications had not been sent to the CQC as required. We discussed this with the manager. The manager was aware of these shortfalls and confirmed that she was addressing them. This had been the responsibility of the previous manager to ensure the CQC had been informed.

We observed that staff spoke with people in a kind, caring and respectful manner. People were called by their preferred name. Staff were heard asking and explaining to people what they were doing prior to any care tasks or support taking place. One person told us, "They [staff] ask me if I want a shower or any other care". Another said, "They [staff] help me shower, I can dress myself but they always ask if I need help".

Care files included a good range of health and personal information and there were care plans in place for all areas of daily living, such as communication, personal care, eating and drinking, mobility, behaviour, moods and health problems. There was clear information about the level of support people required and care plans were regularly updated to ensure information remained current and relevant.

We looked at a sample of monitoring charts. We found that 10 food and fluid charts had been accurately completed. Each person had personal care charts. Positional change charts had also been completed accurately.

Additional care plans were in place to guide staff on caring for people with catheters and diabetes. We found that one diabetic care plan was missing, however the nurse in charge put a care plan in place by the end of our visit. We asked about oral health care for people. We saw for one person who was 'Nil by mouth' and we found only a bottle of mouthwash in their room. There was no toothbrush or mouth pack. We discussed this with the nurse manager that a mouth care plan needed to be formalised so all staff were aware of the correct procedures to follow. Following our inspection, we were sent a copy of an oral care record sheet.

From the care records we looked at we saw people were supported to access health care services. This included appointments with dentists opticians and GPs. One person told us, "If you're not well they [staff] contact the doctor for you".

We asked the registered nurse to tell us how, in the event of a person being transferred to hospital, information about the person was passed to the receiving service. We were told about the 'Red Bag' that was sent with the person. The Red Bag should contain the person's care and medication records, their medication and their personal items.

The Red Bag Initiative was rolled out to all nursing homes across Bolton NHS Foundation Trust. We were told the aim of the initiative was to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

We observed the lunch time meal in two of the houses. We found that the dining experience was relaxed and staff were available to assist people who needed help with their meal. We saw that the tables were nicely laid and had condiments and napkins on them.

We noted in Winter house that consideration needed to be given to use of coloured plates and dishes. The crockery was white and not designed for people living with dementia. Coloured plates help people identify

the food more easily. Staff spoken with in Winter house also told us there was a lack of cutlery and crockery available at meal times.

We asked people about the quality and presentation of the food. One person said, "There are two options for lunch and evening meal, I have cereal for breakfast. There's enough to eat, I never feel hungry. You get plenty drinks, tea and coffee at eleven o'clock and three o'clock". Another said, " Its good and there's variety and its nutritious. As for portions, you never feel hungry. There's choice, we have a menu. I eat in the dining room and meal times are pleasurable. The kitchen staff are good". A third said, "The food is Michelin Star quality. There's plenty of choice and it's more than sufficient. I like the Etonian Mess".

A relative said, "It's brilliant, they're proper meals, very nutritious and plenty of it. There's a menu and there's choice. They come around with drinks frequently". Another said, "It's very nice and there's a couple of choices. They have snacks and fresh fruit. They come around with drinks regularly, and during the really hot weather they went around with ice lollies".

The design of the home provided people with the opportunity to move freely around the home. The corridors were wide enough for people who used wheelchairs and walking aids to safely move around. There was a large activity room on the first floor where people could engage in a range of activities and entertainment. People had access to the garden areas.

The manager discussed with us the planned changes for Winter house. This was to include decorating and refurbishment. Winter house needs to the same high standard as the other houses which were bright and well presented.

## Is the service caring?

### Our findings

People spoken with said they were happy with the care they received. One person told us, "Yes, I find they [staff] are very nice. Well there's nobody been rude to me". Another said, "They [staff] are good people who treat you with respect. The staff work well together, they do everything for everyone". A third person said, "They are very kind and compassionate, and treat you with respect. They show genuine interest in you all the time, I could go on forever".

Relatives were also positive about the care and the staff. Comments included, "Oh yes, they [staff] think the world of her, so much respect." Another said, "They are kind and compassionate, she's treated with dignity,"

People told us they could visit the home at any time. One person said, "They [family] can come whenever they like". A relative told us, "There's no restrictions and you're always made to feel welcome. We've stayed overnight when [relative] wasn't well."

Staff demonstrated a commitment to providing quality care and support. Staff spoken with told us they worked well as a team and they helped one another out. Staff commented that at times they were short staffed and extra staff would give them more time to spend with people living at the home. The home used a number of agency staff. One member of staff told us, "Although agency staff are used, we tend to block book and get the same staff which is much better".

Staff spoken with told us they enjoyed working in the service and felt valued by both colleagues and by the manager. Staff told us the new manager had made lots of changes for the better. One said, "The manager is firm but fair, she stands no messing about. I hope she stays".

During the inspection we observed warm and friendly interactions between staff and people who used the service. We also saw staff knock to gain entry to people's bedrooms to respect their dignity and privacy.

We saw people had signed care plans to indicate their agreement with the level of support which they were to receive. We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

There was a statement of purpose and a service user guide. The service user guide provided information to new people who may wish to use the service and to relatives about the home, staffing structure and the facilities available.

Information for people could be printed in different languages as and when required. There was information available for people to contact advocacy services for advice and support.

At time of the inspection there was no one living at the home from an ethnic background. We were told that people's cultural and spiritual needs would be addressed as required.

## Is the service responsive?

### Our findings

People who used the service had opportunities to comment on the support they received. We saw that people's views and opinions were taken seriously and acted upon to improve the quality of the service. Feedback was sought through staff and resident/relative's meetings. Annual residents and relative surveys were completed. One relative told us, "We have started having monthly meetings in each unit discussing any issues".

People spoken with told us, that care was good and personalised to their needs. Comments included, "They [staff] can't do enough for you, they go the extra mile". Another said, "I'm happy here, the other people are nice, I've always liked it here. I would recommend this place to anyone".

We saw that some people were cared for in bed. People looked clean and comfortable. A special type of bed that helps staff position people more easily was in use for people with complex care needs. Specialised pressure relieving mattresses were in place. This was to help prevent pressure ulcers and promote comfort.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We looked at the complaints log and found that any complaints or concerns had been responded to in a timely manner and actions taken were recorded.

The home had received a number of compliments cards and letters from relatives. Comments included, "Thank you for the care you have given to [name] we are more than pleased". Another read, "To all the staff on Summer unit. Thanks for your care and compassion". A third read, "Thank you for everything you do".

The home had two activities coordinators. People who used the service were supported to undertake activities both within the home and in the local community. We asked people how they spent their time. One person told us, "If it's nice I go out. I like talking to friends and reading, there's a library and newspapers. Another said, "The home has a minibus. "We have day trips to Blackpool, Prestatyn and Llandudno". A third person said, "I watch TV, I like the quizzes." We were shown certificates that had been won at the home's quizzes. On Sundays the home ran a 'Sunday Club'. Relatives and friends were welcome to come along and join in any the activities and entertainment.

We saw that some relatives had set up a sweet trolley that went around the home so that people could buy refreshments if they wished. The home celebrated significant events throughout the year and had recently held a Summer Fayre.

We found in Winter house there was a lack of meaningful and stimulating activities for people living with dementia. Staff told us not everyone would be able to join in the planned trips and outings or in some activities offered. There were some rummage drawers in Winter house, however these did not contain appropriate items. We saw for some people that 'Doll therapy' was used as a therapeutic activity. However, the dolls were not clean or dressed. Doll therapy is often used as a non-pharmacological intervention which



can help in reducing behavioural and psychological symptoms for people living with dementia. This can have a significant improvement in the behaviour of people with dementia when the dolls are introduced as a choice.

We discussed this with the management team who confirmed that a dementia specialist had visited the home and plans were in progress for reviewing the environment and social experiences for people living in Winter house.

We asked the manager to tell us how they cared for people who were very ill and at the end of their life. We were told that staff had undertaken training in end of life care. One member of staff told us they had started palliative care training at the hospice since starting working at the home. The training covered the use of syringe drivers; used to deliver pain relief and other symptom control drugs. We were also informed the staff at the home received support from the Bolton Hospice Palliative Care Team and from the Macmillan Nurses. Information was available at the home explaining Palliative and End of Life Care. The home had recently started a bereavement group. This offered support and companionship for families whose relatives had passed away.

# Is the service well-led?

## Our findings

The home had a manager in post who was in the process on registering with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run. The manager had been registered with the CQC previously and had several years' experience of managing care settings.

People who lived at Four Seasons, relatives and staff were complimentary about the manager. They told us that she had implemented changes which were for the better. People who used the service and staff told us they were apprehensive about the change of management. One person said, "The new manager seems very good, but there has been so many let's hope this one stays". A member of staff told us, "The manager is very good, lots of good ideas and plans for the home".

One person told us, "The home is well managed, there's been a big shakeup. If anything goes wrong they put it right." Another said, "I've spoken to one of the directors and they explained their role. The management are very welcoming and their door is always open. There is a positive culture, that's open and honest". One relative told us, "It's well managed, no problems. management are visible, if we ask for something it's granted no problem." Another relative said, "I don't really know, there's been changes. I would recommend this place though."

Before our inspection we checked the records and information we held about the service. We found that the manager had notified CQC of incidents, accidents and deaths. The manager had reported incidents to the local authority safeguarding team as required. This meant we were able to see if appropriate actions had been taken by the service to ensure people were kept safe.

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality standards and legal obligations.

We saw a system of audits in place relating to the environment, medication, care plans, hoists and slings and accidents and incidents.

We saw the manager carried out twice daily walk round and recorded her findings and any actions required. A daily 'flash meeting' was held and covered areas such as housekeeping, catering, care, nursing and clinical issues.

The manager had introduced out of hours and weekend checks. This gave her the opportunity to speak with

night staff and check that records such as food and fluid charts had been completed. She could also complete checks on the internal safety of the home and to speak with people who used the service.