Day Care Services Limited

Four Seasons

Inspection report

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Ratings

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

Overall summary

We inspected this service on 2 November 2015. This was an unannounced inspection. Our last inspection took place in August 2013 and at that time we found the home was meeting the regulations that we checked them against.

The service was registered to provide accommodation and personal care for up to 22 people. At the time of our inspection 21 people were using the service. People who used the service had physical health needs and/or were living with dementia.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that improvements were needed to ensure people's care records contained accurate and up to date information detailing how risks to their health and wellbeing should be managed. A record of people's

Summary of findings

individual care preferences was also needed to ensure this information was readily available and accessible to the staff. This would reduce the risk of people receiving inconsistent care.

Improvements were also needed to ensure the quality of the information contained in people's care records was assessed and monitored to ensure it was accurate and up to date.

We found that staff understood how to keep people safe, but they were unsure of the agreed local procedures in place to report safety concerns to the local authority.

There were sufficient numbers of staff to meet people's needs and keep people safe. Staff received regular training and support to enable them to provide safe and effective care.

Staff sought people's consent before they provided care and support. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. These requirements ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to access suitable amounts of food and drink of their choice and their health and wellbeing needs were monitored. Advice from health and social care professionals was sought and followed when required.

Staff treated people with kindness and compassion and people's dignity and privacy was promoted. People were encouraged to make choices about their care and the staff respected the choices people made.

People and their relatives were involved in the planning of the care and care was delivered in accordance with people's care preferences. People could also participate in leisure and social based activities that met their individual preferences.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and staff were supported by the registered manager. Some systems were in place to enable the registered manager and provider to assess, monitor and improve the quality of care.

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?

Requires improvement

The service was not consistently safe. Improvements were required to ensure staff understood how to promptly report safeguarding concerns. Improvements were also required to ensure records relating to peoples medicines and risks to their health and wellbeing were accurate and up to date.

Sufficient numbers of staff were available to keep people safe. Safe staff recruitment systems were in place which meant staff were checked to ensure they were suitable to work at the service.

Is the service effective?

Good

The service was effective. People could eat and drink in accordance with their personal preferences. People consented to their care and support, and staff knew how to support people to make decisions in their best interests if this was required.

People were supported to stay healthy and they had access to a variety of health and social care professionals when required. Staff used the training they completed to meet people's needs and promote people's health and wellbeing.

Is the service caring?

Good

The service was caring. People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

People were encouraged to be independent and staff respected the choices people made about their care.

Is the service responsive?

Requires improvement

The service was not consistently responsive. Improvements were needed to ensure people's individual care preferences were recorded. This was to enable the staff to have access to the information they needed to provide consistent and responsive care.

People were involved in the assessment and review of their care and they were supported to engage in leisure and social based activities of their choosing. People knew how to complain and complaints were managed in accordance with the provider's complaints policy.

Is the service well-led?

Requires improvement

The service was not consistently well-led. Some systems were in place to regularly assess and monitor and improve the quality of care. However, improvements were needed to ensure these were effective.

Summary of findings

The service had a homely and relaxed atmosphere. People's feedback about the care was sought and acted upon to improve quality. Staff were supported by the registered manager.

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

This inspection took place on 2 November 2015 and was unannounced. Our inspection team consisted of 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.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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 used this information to formulate our inspection plan.

We spoke with 10 people who used the service, four visiting relatives, three members of care staff, the registered manager and the provider. We also spoke with a visiting health care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Requires improvement

Is the service safe?

Our findings

People told us the staff knew how to keep them safe. One person said, "I'm at risk of falling, so the staff always walk with me now". We saw that staff supported people in a safe manner. For example, people were supported to move around the home using safe and appropriate equipment. People's care records contained risk assessments and plans, which provided staff with information to help them manage the risks to people's safety and wellbeing. However, we found that people's care records were not consistently reviewed and updated to reflect changes in the way their risks were managed. For example, one person's records showed staff needed to introduce and follow a repositioning schedule to prevent the person's skin from breaking down. However, a change in the way staff managed this person's risk of skin damage meant a repositioning schedule was no longer required. This showed that accurate records relating to people's risks were not always kept, meaning there was a risk people could receive unnecessary, inconsistent or unsafe care.

We found that staff were not always aware of the agreed systems in place to report incidents of alleged abuse. Staff showed they understood how they would recognise potential abuse. However, they were not aware of the requirement to promptly report potential abuse to the local authority's safeguarding team. This meant there was a risk that in the absence of the registered manager or provider, alleged abuse would not be reported correctly or promptly. The registered manager and provider told us they would address this by meeting with the staff as a matter of urgency to remind them of the safeguarding procedures. The registered manager and staff confirmed there had been no safeguarding concerns at the service since our last inspection.

People told us medicines were administered as prescribed. One person said, "I always get my tablets when I need them. They are very good with that side of things". We saw that systems were in place that ensured medicines were ordered, stored and administered to protect people from the risks associated with them. However, some improvements were required to ensure the recording of medicines stock and medicines administration were completed accurately. For example, records did not always reflect that people's creams were applied as often as they told us they were.

People who used and visited the service told us they felt safe because staff were always available to provide care and support. One person said, "I feel very safe here, I just have to press a buzzer and the staff are right here". Another person said, "No matter what time of day it is, they come to help straight away". We saw there were sufficient numbers of staff to meet people's needs. Call bells were answered promptly and people were supported in an unrushed manner. We saw that the registered manager and provider regularly reviewed staffing levels to ensure they were based on the needs of people.

People told us they had confidence that staff were suitable to work with them. One person said, "The staff are very nice, I've always found them to be like that". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Good

Is the service effective?

Our findings

People told us and we saw they could eat foods that met their individual preferences and choices. One person said, "I get two choices at dinner. If I don't like either, they get me something different". People told us they were involved in making menu decisions during regular meetings. The minutes of these meetings confirmed this. For example, one person told us and records showed they had requested crumpets to be on the menu. This person confirmed they were now frequently offered crumpets and the menu records also confirmed this.

People told us and we saw that their risk of malnutrition and dehydration was assessed, managed and reviewed. One person said, "The staff try their best to fatten me up, but I have a small appetite. They weigh me to check I'm okay". We saw that nutritional supplements were given as prescribed and people's weight was monitored as required. We saw that specialist diets were catered for. For example, people who had difficulties swallowing received thickened drinks which enabled them to drink safely. We saw that people who required support to eat and drink received the support they needed.

People told us the staff respected their abilities to make decisions about their day to day care and support. One person told us that even though staff encouraged them to only walk around the home with their assistance, the staff respected their decision to walk unassisted. They said, "The staff always tell me I shouldn't be walking on my own, but they know I like to be independent. I know I could fall, but I have my frame to keep me steady".

Staff showed they understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation is in place to ensure that where appropriate; decisions are made in people's best interests if they are unable to do this for themselves. Staff told us they involved people's relatives and visiting health care professionals in making best interest decisions. One relative told us they had been called to meet with the registered manager to assist in making an important decision about their relatives care. At the time of our inspection, no one was being restricted under the DoLS.

People told us and we saw that people were supported to access a variety of health and social care professionals if required. One person said, "They get the doctor in when I'm unwell, they are very quick with that". Another person said, "The doctor's been a few times to see me when I've wanted him to". We saw that people's health and wellbeing needs were monitored and action was taken when changes in people's health or wellbeing were identified. For example, when people were unwell and showed signs of increased confusion, the staff immediately sought medical advice and obtained urine sample's so any urine infections could be promptly diagnosed and treated. A visiting healthcare professional confirmed the staff sought appropriate and prompt advice and support. They said, "The staff are very good at contacting us to ask for advice and support".

Staff told us they had received regular support and training which included an induction that provided them with the skills they needed to meet people's needs. One staff member said, "We have lots training. Some of it's mandatory like fire, first aid and moving and handling, but we can also do extra trainings too. I've got my level four NVQ (a qualification in health and social care that is now called a diploma)". Another staff member told us how their recent training had enabled them to provide effective care. They said, "For me, the moving and handling training was the one I learned a lot from. I learnt how to stand people properly and how to walk with people to protect them and myself". We saw that the training provided had been effective and staff had the skills they needed to provide care and support. For example, we saw staff assisting people to move safely using specialist equipment and safe techniques.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "The staff are very kind". Another person said, "All the staff are friendly". We saw staff treated people with compassion. For example, we saw one staff member ask a person if they were comfortable in their chair. The person said they were not, and the staff member promptly supported them to increase their comfort. The person responded to this by smiling and they thanked the staff member.

People told us the staff knew them well. One person said, "The staff know what I like to talk about, and they spend time chatting to me". We saw that staff knew people's likes, dislikes and life histories which enabled people to receive care and support that reflected their individual preferences. For example, the cook demonstrated they understood one person's preferences when they said, "The vegetables today are carrots cabbage and peas. I know you don't like cabbage so I will leave that out for you. That's right isn't it?". The person replied, "You know me well".

People were enabled to make choices about their care. One person told us, "I can get up when I want to". Another person said, "The staff asked me if I wanted to go shopping with them, but I said I didn't fancy it, so I didn't go". We saw that staff supported people to understand information about their care. For example, when people were hard of hearing, we saw that staff spoke clearly and checked people had understood what had been said. A relative also confirmed this by saying, "[Person who used the service] can't hear well, but staff make sure they understand".

People told us they were treated with dignity and their right to privacy was respected. For example, one person told us how staff helped them to feel comfortable when they supported them with their personal care. They said, "At bath times they respect my privacy by covering me up as much as possible". Another person told us that staff checked it was okay to enter their bedrooms. They said, "They knock on my door first". We saw that people were supported to receive treatment from visiting healthcare professionals in private areas of the home to maintain their privacy and dignity.

People told us their right to independence was promoted. One person said, "They like me to be a mobile as I can". Another person said, "The staff let me try and do things for myself". We saw that people were enabled to be as independent as they could be. For example, hoists were only used to help people to move safely, after other alternative options had been explored.

Requires improvement

Is the service responsive?

Our findings

People also told us they received care in accordance with their individual preferences. They said this was because the staff had been working at the service for long periods of time and they knew their likes and dislikes. One person said, "We get the same staff all the time here, that's one of the reasons why I feel happy here".

However, we found that people's care records did not always contain information about how they wished to receive their care. For example, information about how people wanted to be supported to wash and dress was not recorded. Information about people's individual care preferences such as; their preference to bathe or shower, their preferred toiletries and their preferred clothing styles would enable staff to provide consistent and individualised care. Not recording this important information meant there was a risk that people may not always receive consistent care that reflected their individual preferences. This risk would increase if new or temporary staff started to work at the service.

People and their relatives told us they were involved in the planning of their care before they started to use the service. One person said, "The manager came to see me before I moved in, we went through what help I needed". This showed the registered manager checked they could meet people's needs before they moved to the service.

People and their relatives told us their care needs were regularly reviewed. One relative said, "We meet with [The person's keyworker] on a monthly basis". Another relative confirmed they had been involved in a review of their relations care where the person, the staff and a social care professional had attended.

People told us they were encouraged to participate in leisure and social based activities that met their individual preferences. One person said, "I like being able to listen to music and play BINGO here. I also like the exercises we do in our chairs. It's helped my arthritis feel better". People confirmed they were also supported to access the community if they chose to do so. One person said, "Staff have taken me shopping a few times now when I've asked". Minutes of meetings with people confirmed that staff asked people what activities they wanted to participate in. We saw and people confirmed that when a request for a specific activity was made, the staff arranged for people's activity needs to be met. For example, when people had asked for an external entertainer to visit the home, this had been arranged.

People and their relatives knew how to complain and they told us they would inform the staff if they were unhappy with their care. One person said, "I would tell the manager". Another person said, "I would tell my keyworker". The complaints process was clearly displayed and staff told us how they would manage and escalate a complaint. We saw that complaints had been managed in accordance with the provider's policy.

Requires improvement

Is the service well-led?

Our findings

Checks of the quality and content of people's care records were not in place. This meant the registered manager and provider had not identified that the information in people's care records was not always accurate, individualised or up to date. For example, one person's care records suggested they could walk, but the person and staff confirmed this was not accurate. Despite this lack of recorded information, staff showed they had a good understanding of people's needs.

The registered manager told us that information about how people wished to receive their care was missing from people's care records because the electronic care records package they used had some limitations in the information that could be recorded. Care plans were mostly created by staff answering tick box questions about people, rather than asking and recording how people wished to receive their care. The registered manager and provider told us they would contact the electronic care records company and organise more training to ensure they used the package effectively.

We found that safety incidents were investigated and action was taken to reduce the risk of further incidents from occurring. However, systems were not in place to enable the registered manager to monitor the overall numbers of incidents at the service to identify patterns or themes. The registered manager told us they would start to log incident information immediately so they could start to monitor incidents at the service.

Some quality checks were completed by the registered manager. These included checks of medicines management and the suitability and safety of the environment. Records showed and people confirmed that improvements were made in response to any concerns raised during these quality checks. For example, a medicines stock sheet was being used to address previous concerns with medicines management. We saw that this change in practice had meant the registered manager could now accurately account for the numbers of medicines stored at the service.

People also told us and we saw that their feedback about the care was sought. An annual satisfaction survey was sent to people, their relatives and visiting health and social care professionals. The results were analysed by the registered manager and provider and improvements were made in response to people's feedback. For example, people told us that some re-decoration had occurred as a result of their feedback.

People and staff told us, and we saw that there was a positive and homely atmosphere at the service. One person said, "We have a bit of fun". Another person said, "I feel very comfortable here". Staff also told us there was a homely atmosphere and they enjoyed working at the home. One staff member said, "I enjoy working here and spending time with the residents. We all have a laugh together". Another staff member said, "It's lovely here".

Staff told us and we saw that they were asked to evaluate training sessions, so that improvements to training could be made. We also saw that the registered manager checked the staffs understanding of the training by discussing this during meetings and by completing assessments of people's learning.

Staff told us they were supported by the registered manager. One staff member said, "I like the manager, she's very fair. I know I can go to her if I have a problem. I have had to go to her a lot recently and she's been very comforting". Another staff member said, "The manager is approachable, honest and fair. She can be firm when she needs to be". Staff told us the registered manager assessed and monitored their learning and development needs through regular meetings. One staff member said, "I have meetings with the manager every month, but if I can always go to her anytime in-between. She's arranging for me to start on my diploma in care". This showed the registered manager offered the staff the support they needed to provide a good standard of care.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.