

Four Seasons

Four Seasons

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 17 February 2016 and was unannounced.

Four Seasons is a converted domestic property in a residential area on the outskirts of Dover. It provides accommodation and support for five people with learning disabilities. Some people need help to manage their physical and mental health conditions and some people have mobility and sensory difficulties.

The deputy manager was leading the service and was present at the inspection as the registered manager was away. 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.

The home was run in a family style. It was warm, friendly and everyone was treated and respected equally. People were cared for and supported to develop their independence in a secure environment so that their confidence could grow. People said that they were happy and settled in the home and lived an active lifestyle. Staff were kind and caring and were skilled at supporting people to learn and develop new skills. A visiting relative said, "I knock on the door and it doesn't matter who's on, they always say do you want a cup of tea and have time for a chat. I couldn't wish for better."

People's needs were assessed and their preferences taken into account when they moved into the home. People were given time to get to know people and to settle into the home. Each person had a key worker who was the person who would take a particular interest in making sure they had what they needed. Care and support plans were designed around people's individual interests and needs. These were written in a way people could understand and included pictures and photos.

Staff were trained and competent to carry out their roles. Staff were supervised and had yearly appraisals. All staff were checked before they started work at the service to make sure they were of good character and safe to work with people. Staff knew about abuse and the signs to look for and how to report it.

People were given the support they needed to make any concerns known to the staff. Systems were in place to manage complaints received. People said or indicated that they felt safe and secure at Four Seasons.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary. People were not restricted and went out when they wanted to.

People were supported to participate in a variety of activities that they enjoyed. Potential risks to them had been identified and were managed to keep them as safe as possible. There were enough staff on duty to meet people's needs with staffing planned around peoples' appointments and activities.

People were supported with their health and to understand how to stay healthy. Staff spent time with people explaining in a way they could understand about health conditions and healthy living. Information was designed so that it was meaningful for each person. People had photos, pictures, large print explaining medical procedures. Some people had photos of the step by step procedure if they were attending medical appointments or treatment. For example, having a flu vaccination. Each person had learnt about their medicines and took their own with the support they needed.

People were encouraged to eat healthily and all were involved in deciding what to eat and helped at mealtimes.

People were able to share their views about the service provided and there was a system of gaining feedback from relatives, visitors and visiting professionals.

Health and safety audits of the environment and equipment were carried out regularly to make sure people were safe in the service. Environmental risk assessments were in place and each person has a personal plan to be actioned in the event of an emergency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse. There was a warm culture of support in the home.

Risks to people had been identified and action had been taken to keep people safe and well.

Staffing levels were flexible and determined by people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

People received good care and support that was based on their needs and wishes. Staff received training to have the skills and knowledge to support people and understand their needs.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in all areas of their life.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were supported to be independent.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood. Staff took time to understand what people were telling them.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People and their families were involved in planning their support. People received their care in the way they preferred.

People were listened to. There were systems in place to enable people to share any concerns with the staff.

Is the service well-led?

Good ●

The service was well led.

The registered manager, deputy manager and staff were committed to providing a warm, family culture in the home based on people's individual needs and preferences.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on but there was no summary of the results to show continuous improvement of the service and this was an area that could be developed.

Clear records were kept about the care and support people received. Organising and archiving some of the records no longer needed to support people was an area for improvement.

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

This inspection took place on 17 February 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at previous inspection reports and notifications received by CQC which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with all five people, a visiting relative, four staff, the deputy manager and one of the business partners. We sat with people and made observations of the care and support people received and the culture of the home. We visited people's bedrooms with their permission and looked at three people's care records, including medicines records and risk assessments. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and quality assurance surveys.

We last inspected Four Seasons on 2 December 2013. At that time we found that the registered provider was complying with the regulations.

Is the service safe?

Our findings

People said or indicated that they felt safe in the service. A person's relative told us that they had been very anxious about their relative coming into a care home but "I know [my relative] is safe here."

Staff showed a good understanding of different types of abuse and what they would do if they suspected abuse. Staff were able to recognise if people were unhappy or upset and respond appropriately. Staff had received training on keeping people safe, and were confident that any concerns they raised would be taken seriously and fully investigated to protect people. There were clear systems and procedures to support concerns if abuse was suspected. Staff were aware of the whistle blowing policy and knew how to blow the whistle on poor practice to agencies outside the organisation.

People were protected from discrimination. Staff had worked in the home for many years and had got to know people well. There was an open culture in the home and people were treated equally and with respect.

There was a clear procedure and records were kept to protect people's finances where staff were helping people manage their money. Everyone had an appointee from the local authority and their finances were checked at their reviews.

People were kept safe from the risk of emergencies in the home. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Risk assessments were reviewed, so they were up to date. People were protected against hazards such as falls, slips and trips. Potential risks to people were identified and assessed. The assessments considered the severity and likelihood of the risk. Control measures were then considered to reduce, or where possible, eliminate the risk.

Staff reported accidents and incidents to the registered manager who was responsible for ensuring appropriate action had been taken to reduce the risk of incidents happening again. All accidents and incidents were reported appropriately to the local authority and other organisations including CQC. The registered manager and deputy manager checked the reports for patterns and trends to address and learn from any mistakes.

Occasionally people became upset, anxious or emotional. Strategies were in place to support people to manage these situations when they occurred and to prevent them. Staff had got to know people well and could see the signs when something was wrong and knew what they needed to do to support and protect people. There were clear guidelines in place to inform newer staff and so that the staff team worked consistently.

Health and safety audits of the environment and equipment were carried out regularly to make sure people were safe in the home. Some of these routine checks were carried out by people supported by staff and all checks were overseen by the registered manager. There was a system for repairs to be carried out promptly.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in an emergency.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. The registered and deputy manager made sure that there were always the right number of staff on duty to meet people's assessed needs and kept the staff levels under review.

The registered manager and deputy manager shared an on call system so were available out of hours to give advice and support. Staff said they covered for each other when on holiday or if someone was unwell. There were other services run by the registered manager/owner so if necessary there were other staff available to support if necessary or in an emergency.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were involved in recruiting staff so they could have a say about who might support them.

Medicines were managed safely. Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent.

People were supported to take as much control over their medicines as possible. People said or indicated that they were happy with the way their medicines were managed and enjoyed doing some of it for themselves. Each person had an assessment and a plan was put in place for them to be involved in the way they wanted. Some people had a stamp they used for signing, others were able to sign and the signature box had been enlarged for this. There were pictures of the medicines so that people knew what they were taking. All medicines were stored safely in lockable cabinets in their bedrooms and people were given them individually as part of their routines.

Medicines were ordered and checked when they were delivered. The records were clear and up to date and had no gaps, showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

There was information in people support plans about their medicines, what they were for and side effects to look out for. If people wanted to take 'over the counter' medicines this was supported and staff checked this would not affect the action of the person's prescribed medicine. Staff made arrangements for people to take their medicines with them when they went out.

Is the service effective?

Our findings

Most of the staff in the team had worked in the home for many years and had got to know people very well. Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support.

New staff completed an induction during their probation period. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The registered manager and deputy manager were introducing the new Care Certificate for new staff as recommended by Skills for Care. Staff attended a mixture of face to face training, e-learning and workbook training during their induction and worked closely with other staff until they were signed off as competent and able to work on their own.

The registered manager and deputy manager had reviewed the training following feedback from staff and had sourced a new training provider. New courses were being organised. Training was provided about people's specific needs and staff had a good understanding of people's varying needs and conditions. Staff said they had received training in Autism, understanding learning disabilities and person centred planning.

Staff had regular one to one meetings with the deputy manager to talk about any training needs and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance and to talk about career development for the next year. Staff said they felt listened to by the registered manager and deputy manager. They told us that they had suggested some different courses that they thought would be useful in supporting people as they got older or their needs changed and these were being organised.

Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Related assessments and decisions had been properly taken.

Staff had been trained about the MCA and put what they had learned into practice. Staff asked people for their consent before they offered any support. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. Some people had to make important decisions, for example, about medical treatment. When this happened information about the choices was presented in ways that people could understand and their representatives were involved to help them decide.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as

being required to protect the person from harm. Some people had been constantly supervised by staff, at times, to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations to ensure that any constant supervision was lawful.

Everyone was involved in planning the menus, buying the food and preparing meals, snacks and drinks. Everyone took part in setting the table and clearing away and washing up. Meal times were a social occasion when everyone came together around the dining room table. Staff knew about people's favourite foods and drinks and about any special diets. If staff were concerned about people's appetites or about changes in eating habits, they sought advice. Healthy eating and exercise was encouraged. People were encouraged to be active and take regular exercise including walking to help the feeling of wellbeing.

People's health needs were recorded in detail in their individual health action plans. The plans had photographs and pictures with large coloured print to make them more meaningful to people. People were supported to take control of their own health as much as they were able. Plans were designed around people's understanding and they were helped to learn new things. For example, each person had learnt about their medicines and taking them as independently as they wanted to and were able to. People were supported to attend routine appointments including dentists and opticians appointments. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. Each person had a 'hospital passport' which gave important information to hospital staff should the person be admitted to hospital.

Is the service caring?

Our findings

People's care and support was organised around their needs and wishes. People talked about their lifestyle and said they were happy in the home. Special occasions were celebrated and people chose how they wanted to celebrate their birthdays. One person said, they liked to "go out on the train." Another person said they met up with their family. A person's relative praised the staff and said, "The staff go the extra mile. They meet [their relative's] every need and then some."

Staff had taken the time to get to know people well and find different ways to help them communicate with each other. The staff showed us how to talk with people so that they were confident and could share their experiences of the home in a relaxed way during the inspection. There were lots of different methods used to help people who had limited speech and difficulties communicating, including with unfamiliar people.

People were treated with kindness and compassion in their day-to-day care and were able to take as much control as possible over their lifestyle. One person liked to make sure the home was secure by checking the doors were locked and TV switched off and have some alone time before going to bed and this was respected and supported. Staff were caring and had found innovative ways to support people and encourage their independence. For example, staff had purchased a shower head that lit up with coloured lights when the shower was on for one person, making having a shower more fun.

People were supported to manage each other's wellbeing by removing themselves from potentially irritating situations and therefore preventing outbursts of distressed behaviour.

People received care and support from staff who had got to know them well. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People were actively involved in making decisions about their support. Staff communicated with people in a way they could understand and were patient, giving people time to respond. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were confident about 'having a say' and knew their views would be listened to. People's views were sought through one to one meetings with people who were important to them and staff they had a bond with. Care reviews and annual surveys were another way for people to share their views and make decisions about their lifestyle. Staff were in close contact with people's representatives who were involved in helping people to achieve their goals and aspirations.

Staff had spent time with people and got to know what they liked and what interested them. People showed us their bedrooms and expressed that they had chosen the colour schemes and décor. One person talked about their interests in music and trains. Their bedroom had been decorated to reflect their interests and

their lifestyle included outings to places of interest.

People's privacy and private space was respected. There was a day to day practice of knocking on people's doors or asking permission before entering rooms. People were able to choose who they wanted to support them. Call alarms were provided for people who may need support when they were in other parts of the home like their bedroom to maintain their independence, privacy and safety.

Staff supported people to learn new skills and to increase their existing skills. One person explained that handrails had been fitted to the stairs both sides so they were still able to get up and down them independently. The washing machine played a musical tune when the cycle finished to assist people with visual impairment to be as independent as possible when doing their laundry.

People were supported with their personal care and appearance. People were supported to have an appearance and clothing style that suited them and was appropriate for the activity and weather.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private. People could go and get their folders containing their care plans and health records when they wanted to and were aware that these were their private records. The design of the care plans included pictures, photos and straightforward language. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

Is the service responsive?

Our findings

People lived active, varied lifestyles and talked about their own interests. One person spoke about going shopping and another person said that they liked to go out to the local pub for meals and drinks. One person commented, "when I go out I have two drinks", and laughed. During the inspection one of the people who particularly liked trains was supported to go out on a train.

People had opportunities to go out for leisure, learn skills that would be useful in a work setting and help with the running of the home. People were supported individually or in small groups to attend clubs, places of interest and events. When people were at home they were occupied with their hobbies and interests. People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. One person told us they like live music and had recently seen Roy Orbison in Folkestone.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Support plans were designed around each person's individual needs and contained all the information needed to make sure each person was supported in the way they preferred. The support plans included photos and easy read language that helped people understand the contents of the support plan folder. Staff spent time with people individually to talk about their interests and what was most important to them.

Each support plan gave the staff clear guidance about how to give the right support. The support plan included contact information for people that were important to them, information about care and support needs and what interested them most so that activities that they enjoyed were included. There were plans for new opportunities so that people could try different activities and go to different places to increase their experience. They were personalised and detailed daily routines specific to each person. Support plans were regularly reviewed to make sure they were up to date and relevant. People were supported to update their support plan on a regular basis at informal and more formal review meetings. People's individual communication needs were supported so that they could meaningfully contribute to the support plans. The support plans, health action plans and activity plans were accessible for people and staff to refer to.

People had contact with friends, relatives and people that were important to them who would suggest ideas for new experiences and help make decisions in the person's best interests. People were encouraged to keep in touch with all their friends and family and to make new friends. There were no restrictions on when people's friends and families could visit and people were supported to make telephone calls and visits to friends and family.

Complaints and comments about the service were encouraged as the manager felt they helped to make improvements to the service. There was a policy asking visitors to give any feedback about the service including any comments, compliments or complaints.

People were confident that if they had a concern they would be able to go to the staff or deputy manager and it would be sorted out. One person responded with a member of staff's name immediately when asked who they would go to if they had a problem.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

Is the service well-led?

Our findings

People and staff told us the home was run like a family home. Everyone was involved in the running of the home. People's ideas and views were taken into consideration. The registered manager and deputy manager were available if people wanted to speak to them. There was a system of support for staff when the manager and deputy manager were away from the home. Staff and people said they felt well supported.

People were involved in the running of the home. They were asked their views and what they would like to see happen in the following year. Meetings were held and people also had one to one meetings to enable them to say what they wanted, when they needed more time and support with communication. Relatives were also asked their views of the service. People could give their views anonymously on a survey if they preferred as these were sent out each year to people involved in the service including visiting professionals, for example, learning disability nurses and social workers.

People took part in monthly house meetings, others carried out some of the health and safety checks and everyone took part in the cooking and cleaning. The manager made sure people had a say about the staff throughout the recruitment process when people were asked for their views and opinions about potential staff.

There was a culture of openness and honesty; staff spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential. Staff understood their roles and knew what was expected of them.

The registered manager and deputy manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were registered with Skills for Care and kept up to date with current good practice in supporting people with learning disabilities.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager and deputy manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

People, their relatives and staff were asked for their feedback about the service on a regular basis. A variety of methods were used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics. Surveys were produced in an easy read format to make them more accessible. Feedback had been read and considered and the registered manager acted to address any issues that were raised. Designing a more formal plan to develop the service following the feedback is an area for improvement.

Checks and audits were carried out regularly of the environment, records, staff training and the support provided. People were involved in these checks so took some control over how the service was run. Clear

records were kept about the care and support people needed. Organising and archiving some of the records no longer needed to support people was an area for improvement.