

The Four Seasons Trust Limited

The Four Seasons Trust Limited - 33 Abbotswood

Inspection report

33 Abbotswood
Guildford
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29 March 2016
12 April 2016

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 29 March and 12 April 2016. Our first visit was unannounced. There were three people using the service at the time of this inspection. At our last inspection in December 2013 the provider met the regulations we inspected.

The home had a registered manager in post. 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.

Three people told us they liked living at 33 Abbotswood and said staff were kind and caring towards them. There was an informal relaxed and friendly atmosphere when we visited.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers were sufficient to help make sure people were kept safe.

People received care and support from staff who knew them well and understood their needs and preferences. Each person had individualised support plans to make sure they received the support they required.

People were supported to have their health needs met. We saw that people's medicines were being stored securely and administered as prescribed. The systems to safely manage and audit medicines could however be improved.

The registered manager supported staff to deliver appropriate care and support. Staff attended regular training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

The systems in place to monitor the quality of the service required improvement. Quality assurance and management supervision processes were not fully embedded, consistent and robust. The provider organisation did not have the necessary governance in place to ensure full oversight of the service and drive improvement where required.

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 ●

Some aspects of the service were not safe.

Identified risks to people's safety and welfare were assessed however the process for checking water temperatures requires review.

There were enough staff to meet people's needs.

People's medicines were being stored securely and administered as prescribed. The systems to safely manage and audit medicines could however be improved.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety.

Is the service effective?

Good ●

The service was effective. Staff were trained and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

People were protected from the risk of poor nutrition and hydration.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and their privacy and dignity respected.

Relationships between staff and people using the service were positive. Staff knew people very well and provided care and support in line with their wishes and preferences.

Is the service responsive?

Good ●

This service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities and to maintain contact with family and friends.

Arrangements were in place for dealing with concerns and complaints.

Is the service well-led?

Some aspects of the service were not well led.

There was an experienced management team who were visible and approachable. Staff felt supported in their job roles.

The systems in place for quality assurance required improvement to fully ensure the quality of service provided.

Requires Improvement 

The Four Seasons Trust Limited - 33 Abbotswood

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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the home on the 29 March and 12 April 2016. The inspection was carried out by one inspector.

We spoke with three people using the service, the registered manager, the provider Trust Chair and three members of staff.

We looked at records about people's care, including two files of people who used the service. We checked two staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People told us they felt safe living at 33 Abbotswood. One person said, "I Just like being here, I like the house, I like the garden. I do feel safe here." Another person told us, "I have been here a long time, I like it." A third person commented, "I like the house, I'm happy."

We saw people received care and support from staff who knew them well and understood their needs and preferences. Staff spoken with felt that there were enough staff on duty to meet people's individual needs. Staff rotas were prepared in advance with vacant shifts covered by permanent staff as required due to vacancies, sickness and leave. The registered manager told us that the service was in the process of recruiting new staff and their priority was to ensure people were supported by staff who they knew, felt safe with and who understood their needs. Agency staff were not used by the service.

We saw the provider protected people against the risk of abuse and safeguarded people from harm. Safeguarding procedures were available for reference and staff knew what action to take if they had concerns about anyone. They were confident that senior staff would act appropriately to protect people from harm.

People using the service told us that staff were kind and treated them well. One person told us, "They are nice to you." A second person commented, "They are alright, I like them." Staff had undertaken safeguarding training and the staff spoken with said they would raise any issues with the registered manager or other senior staff immediately. One staff member said, "People are looked after here."

One safeguarding concern had been reported to the local authority and an independent person had been commissioned by the provider to conduct an investigation into the allegations made. Their findings were shared with us and we saw that some improvements had been made following their report. For example, in how staff helped people to manage their finances. We saw revised procedures were in place with improved records of people's finances being kept by staff therefore reducing the risk of financial abuse. It was however noted that further work was required to make sure that the provider's governance of the service was structured and maintained through regular visits and audits.

We saw that care documentation included information about what staff should do to help people to stay safe. Support files seen included assessments of any risks associated with the person's care and their home environment. These were reviewed regularly with support plans updated to reflect any changes required.

Medicines were stored securely and administered safely however shortfalls were noted with record keeping and auditing processes. We checked a sample of Medicine Administration Records (MAR) against people's prescribed medicines and found them to be completed correctly. Staff received training to support them in administering medicines, which included checks on their competency. It was though noted that MAR's were handwritten and did not always accurately reflect the labelled instructions supplied on each medicine. The system for recording the quantities of each person's medicines could be further improved to allow accurate auditing of medicines at any given point in the supply cycle. These issues were discussed with the registered

manager at the time of our inspection.

The home environment was clean, comfortable and well maintained. There were systems in place to help ensure the premises and equipment were maintained safely. For example, fire equipment was checked regularly. It was noted that the system for testing and recording hot water temperatures of bath and shower outlets required review to make sure that they were tested and recorded at regular intervals. The registered manager told us that staff checked the temperature of hot water when supporting people with personal care but this was not formally recorded.

Recruitment records showed that the provider undertook employment checks before staff started to work at the home. The files seen included references from previous employers and proof of identity documentation. Criminal Records checks had been completed. These important checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.

Is the service effective?

Our findings

People spoken with were happy with the support provided by the staff working at 33 Abbotswood.

Staff told us they had opportunities for on-going training and there was a programme to make sure they received relevant training and this was kept up to date. The registered manager ensured that there was training provided more specific to the needs of people living in the service such as person centred planning and the Mental Capacity Act 2005 (MCA).

Staff said they felt supported by the registered manager and his deputy and confirmed they received regular one-to-one supervision. This gave staff the opportunity to discuss their work and for any training or support needs to be identified. It was noted that records of supervision sessions varied as to frequency between staff members and this was discussed with the registered manager at the time of inspection. We saw staff meetings had taken place however there were no minutes available for 2016. The registered manager stated that staff tended to communicate on a daily basis both informally and through handovers given the small size of the home and staff team. He acknowledged the need for regular structured supervision sessions and staff meetings particularly when new staff have been recruited for the service.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had assessed where people may be deprived of their liberty and had made contact with the local authority DoLS team. We saw that referrals had been made as appropriate for each person using the service and the home was awaiting further contact. Staff understood the importance of gaining consent before providing support to people and had received training on the MCA and DoLS. Individual decision specific assessments around people's capacity to manage their own finances had been completed.

People were supported with their nutritional needs to maintain their wellbeing. We saw staff monitored people's weight and encouraged individuals to make healthy choices when planning meals. People spoken with were happy with the food provided to them. One person told us, "We all do a weekly menu – we sit round and choose." A second person commented, "I like the food. I help with cooking." They were observed baking with staff on the second day of inspection. Another person was helping peel the vegetables for lunch. Staff spoken with had a good understanding of people's individual nutritional needs and preferences for meals. For example, staff were aware of the different meals people liked and disliked.

Each person had an up to date health action plan that identified their health needs and the support they

required to maintain their physical and mental well-being. This helped staff to make sure that people's needs were addressed and were supported to access relevant health and social care professionals. Records showed that staff supported people to attend appointments with their GP and other specialist health services as required.

Is the service caring?

Our findings

The atmosphere during our visit was relaxed and homely. Observed interactions between the registered manager, staff and the people who lived there were warm, friendly and familiar. People shared jokes with staff and moved around their home freely. One person used the dining room regularly to pursue their own activities.

The senior staff at 33 Abbotswood had worked with the three people using the service for a long period and clearly knew them very well, each talking knowledgeably about their preferences and daily routines.

Each staff member spoken with was positive about the service provided and felt the care given was of a high standard. They gave us examples of how they ensured the privacy and dignity of people using the service including making sure the person were afforded their privacy during personal care and given space when they wanted it. The managers talked of the importance of treating people with dignity and respect and making sure that people felt valued.

Work had recently taken place to make support plans more individualised and goal orientated. Each plan reflected the values of the service including making sure people felt safe in their home, had privacy and that their choices and decisions were respected. The plans documented the person's history, the things they liked to do and the things they didn't.

We saw people could have visits from their friends and relatives when they wanted. Support plans included information about the people who were important to the person and records showed they were supported to maintain these important relationships. Two people told us they went to stay with their family regularly and how important this regular contact was to them.

One person talked about plans for their holiday with staff who knew where they liked to go and why. Pictures and photographs were displayed in communal areas helping to personalise the house to the people who lived there. Two people showed us their bedrooms which were comfortable, decorated with photographs and their own possessions which reflected their interests.

Staff spoken with understood the need to protect the confidentiality of people using the service. It was noted that an up to date confidentiality policy was not in place at the time of our inspection. This was discussed with the registered manager who said that they would ensure an updated policy was put in place.

Is the service responsive?

Our findings

People told us they were supported to take part in activities and be part of the local community. One person said, "I like going out, going on trains. I go to badminton and sometimes go to the cinema." Another person said, "I go out shopping, I go to the disco, I like it." A third person said, "I like going bowling and to badminton."

Records documented people seeing their family, going bowling, attending day activities at a local centre and going out with staff for shopping and meals. People were supported as required by staff to undertake activities of daily living including helping with household chores, doing laundry and cleaning their rooms. One person was doing the recycling outside when we arrived for our second visit.

People using the service were aware of their support plans and said that staff involved them in their development. One person told us, "I have seen my care plan; the staff help me with that." Another person told us, "I've done my care plan."

The newly revised support plans seen documented each person's care needs including their personal details and addressed areas such as activities of daily living, personal hygiene and physical health. We saw that care documentation was very well organised and regularly reviewed. A member of staff acted as a key worker for each person using the service. They updated the plans around individual goals and the outcomes people were achieving. For example, one person was working towards managing their own medicines and a structured plan had been put in place to help them do this that was reviewed and developed with them.

Handovers, a communication book and daily notes helped to make sure that staff had access to the most up to date information about the people they supported. The daily handover was used to share information between staff. Records kept additional documented information for staff about recent health appointments and reviews.

Monthly community meetings were held to check in with people using the service and obtain their views. The meeting were used to discuss activities and to make sure people were happy with the support provided.

The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This procedure was being updated and we discussed the importance of having clear guidance at each stage of the procedure for each party to follow. Timescales and the person responsible for investigating the concern at each stage should be clearly specified and followed.

Concerns and complaints were taken seriously. The records kept of any concerns received by the service were reviewed and showed that one complaint had been received which had been investigated under safeguarding procedures.

Is the service well-led?

Our findings

The registered manager and his deputy had worked at 33 Abbotswood for a number of years and demonstrated an in-depth knowledge of the service throughout our inspection. They clearly knew the service and the people living there very well.

People and staff spoken with said the managers were approachable and they felt able to raise any concerns. Staff spoke about the small nature of the service and that people's family members were also trustees of the provider organisation. They said that, whilst this had benefits, there could also be issues around maintaining professional boundaries and ensuring best practice was followed at all times. One staff member told us, "It could be a bit more professional." Staff said the registered manager or the deputy manager were available for out of hours support if required.

In addition to the house meetings, feedback was obtained informally from people using the service as the managers worked on shift and knew people using the service well. Staff talked knowledgeably about people's needs and how they tried to work in different ways to meet these. For example, recognising how people could be helped to be more independent and putting plans in place for them to work towards this.

Records showed the home had some systems to regularly check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on the financial and care records.

The registered manager met with the Trustees on a regular basis, providing a written report on progress made by the service including maintenance of the premises, staffing, social activities undertaken and training.

Following safeguarding concerns reported to the local authority, an independent person had been commissioned by the provider to conduct an investigation into the allegations made. The independent report noted that further work was required to make sure that the provider's governance of the service was structured and maintained through regular visits and audits. We found that quality assurance arrangements were not robust and processes were still not fully in place to enable managers to account for the quality of service and the performance of staff.

Monthly provider quality assurance visits had taken place between November 2015 and February 2016. The reports from these visits were detailed, reflected the views of people using the service, the staff working on shift and documented checks on care and financial records. Any actions required following each visit were reviewed to ensure any necessary improvements had been made. There was however no evidence of regular visits or audits outside of this time period to maintain oversight of the service and ensure its quality. The Chair of the Trustees was visiting the home on the first day of inspection and they stated they were implementing a revised schedule of regular visits to the home and meetings with the manager and staff.

One record was available of a one to one supervision session held between the provider and the registered

manager in addition to their annual appraisal for the last 12 months. There was additionally only one documented record of supervision available for the deputy manager in the same time period.

The above shortfalls meant the safety and quality of the service was not always being appropriately audited and assessed. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not fully in place to ensure that the quality of the service is assessed, monitored and improved.