Key Healthcare (Operations) 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?	Requires Improvement
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 24 October 2018 and was unannounced. This meant the provider and staff did not know we would be attending.

Four Seasons is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Four Seasons accommodates up to 72 people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of our inspection 66 people were using the service.

The last comprehensive inspection of Four Seasons took place in July 2017, when the service was rated requires improvement. This was due to maintenance and cleanliness issues on the unit for people living with a dementia.

After that inspection we received concerns about an incident involving a person using the service that had allegedly been shared on social media. As a result, we undertook a focused inspection in March 2018 to look into those concerns. We saw that improvements had been made to maintenance and cleanliness of the unit for people living with a dementia, and the rating of the service was changed to good.

There was a registered manager in place, who had been registered since March 2017. 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 premises and equipment were not always clean or well-maintained. Medicine records were not always accurately completed. Staff had not always received training deemed mandatory by the provider, and training records were incomplete. The provider's governance systems were ineffective at ensuring mental capacity assessment and best interest decisions were made and recorded effectively. People were supported with food and nutrition but records relating to this had not always been consistently or effectively completed. The provider's governance processes had not identified or resolved the issues we saw during the inspection.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Plans were in place to support people in emergency situations. People were safeguarded from abuse. Staffing levels were monitored to ensure enough staff were deployed to support people safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff were supported with regular supervisions and appraisals. People's health and social needs were

assessed before they moved into the service to ensure the correct support was made available to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The service worked with other external professionals to ensure people received the healthcare they needed. The premises had been adapted for the comfort and convenience of people living there.

People spoke positively about the support they received from staff. People were treated with dignity and respect. Staff worked to promote people's independence by encouraging them to do what they could safely for themselves. Throughout the inspection we saw numerous examples of staff delivering kind and caring support. Policies and procedures were in place to support people to access advocacy services.

People received person-centred support based on their assessed needs and preferences. People were supported to access activities they enjoyed. Policies were in place to investigate and respond to complaints. At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to provide this where needed.

Staff spoke positively about the culture and values of the service and the leadership provided by the registered manager. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Feedback was sought from people, relatives and staff. The registered manager and staff had worked to create and sustain a number of community links for the benefit of people living at the service.

We found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to the premises and good governance. You can see what action we took at the back of the full version of this report.

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 always safe.

The premises and equipment were not always clean or well-maintained.

Medicine records were not always accurately completed.

People were safeguarded from abuse.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff at the service had not always received the training deemed mandatory by the provider.

People were supported to have maximum choice and control of their lives, though this was not always recorded.

Staff sought out and worked to best practice to deliver effective support.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about staff at the service.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

Is the service responsive?

Good

The service was responsive.

People received person-centred support.

People were supported to take part in activities they enjoyed.

The service had a complaints policy and people and their relatives said they would use it.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's governance processes were not always effective at identifying and resolving issues.

Staff spoke positively about the culture and values of the service.

Feedback was sought from people, relatives and staff.

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 24 October 2018 and was unannounced. This meant the provider and staff did not know we would be attending. The inspection team consisted of one adult social care inspector, a pharmacist inspector, an assistant inspector and a specialist advisor nurse.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was not asked to complete a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, other professionals who worked with the service to gain their views of the care provided by Four Seasons.

We spoke with four people who used the service and three relatives of people using the service. Most people at the service were unable to communicate with us verbally so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six care plans, 10 medicine administration records (MARs) and handover sheets. We spoke with 18 members of staff, including the registered manager, a member of office staff, three kitchen staff, one domestic member of staff and 12 care staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Requires Improvement

Is the service safe?

Our findings

The premises and equipment were not always clean or well-maintained. In dining rooms on two units we saw food and spillage stains on the floor and encrusted on walls, blinds and windows. We also saw stains on a stairwell carpet. Paint was flaking away from some walls and window areas. Water stains were visible around windows on a communal corridor in one of the units. In one shower room bare concrete around the plughole was exposed. There was a sponge and liquid spillage on the floor of the shower room, which appeared to be dirty.

The premises were not always used appropriately or for the purpose for which they were intended. We saw items of furniture, decoration and people's walking sticks stored in communal bathrooms. In one bathroom a person's towel had been left on top of a bin, and bedding left stacked on drawers filled with toiletries.

This meant the provider had not ensured a clean and appropriate environment that facilitated the prevention and control of infections, as required by 'The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.'

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We observed medication being administered to people safely. Medicines kept at the home were stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks on the temperature of the rooms and refrigerators where medicines were stored.

Arrangements were in place for recording of oral medicines. However, we could not be sure people's creams and ointments were used as prescribed. Where care staff applied creams as part of personal care the guidance on the frequency of application or where to apply was incomplete. Some creams had been signed on the MAR but were not available in the home. For medicines that staff administered as a patch, a system was in place for recording the site of application; however, for two people the application site was not clearly documented to show that the patch was rotated in line with manufacturer's guidance. This is necessary to prevent side effects.

We looked at records for residents who received their medicines covertly, hidden in food or drink. There was documentation in place; however, some information was missing on how staff would do this and who had been consulted when making the decision to administer medicine in this way. There was also no information on when covert administration would be used. This information would help to ensure that people were given their medicines in a safe, consistent and appropriate way.

We found guidance to inform staff about medicines prescribed to be given only when needed, was not always available. In addition, we found staff did not always record the outcome after giving the medicine, so it was not possible to tell whether medicines had had the desired effect. For two medicines the dose on the when required guidance did not match the dose on the MAR.

Our judgment was that people were receiving their medicines but that the provider's governance systems were ineffective at monitoring and recording this.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. This included risks to people arising out of their health support needs and equipment they used. For example, one person who was at risk of pressure damage had a risk assessment in place that had led to a care plan being produced so they would receive safe support.

The premises and equipment were monitored to ensure they were safe to use. This included checks of window restrictors, water temperatures and call systems. Required test and maintenance were in place, including for gas and electrical safety. Accidents and incidents were monitored for trends and to identify any improvements that could be made to increase people's safety.

Plans were in place to support people in emergency situations. Regular checks were made of firefighting plans and equipment, and fire drills took place so staff were familiar with evacuation routes. The provider had a business contingency plan to help ensure people received a continuity of care in situations that disrupted the service. Each person using the service had a personal emergency evacuation plan (PEEP). PEEPs are documents that are designed to give staff and emergency services an overview of people's support needs in emergency situations.

People were safeguarded from abuse. The provider had a safeguarding policy setting out how concerns should be reported, and staff said they would not hesitate to raise any issues they had. One member of staff told us, "I'd raise anything I was concerned about." Records confirmed that where issues were reported they were investigated following the provider's safeguarding policy.

Staffing levels were monitored to ensure enough staff were deployed to support people safely. Across all three units daytime staffing levels were one nurse, two senior care assistants and 11 care assistants. Night staffing levels were one nurse, two senior care assistants and six care assistants. Rotas we looked at confirmed these numbers. The registered manager told us, "What I normally do is if I think we need more staff I go to head office. They are quite good like that and we generally do get them."

We received mixed feedback on staffing. One member of staff told us, "We have enough staff." However, another member of staff said, "I don't think there are enough staff here." One person we spoke with said, "We need more staff." From our observations we saw that call bells were answered promptly and that staff had time to engage with people as they moved around the building. We passed on the comments about staffing to the registered manager, who said she would review staffing levels again.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, attend and interview and provide proof of identity. Written references were sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Requires Improvement

Is the service effective?

Our findings

Staff had not always received training deemed mandatory by the provider, and training records were incomplete. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. At Four Seasons this included training in fire safety, emergency first aid and moving and handling. The provider and registered manager both kept a record of when training had been completed and needed refreshing. Both records contained large numbers of gaps and showed overdue training. Also, the records did not match so it was not possible to establish an accurate picture of what training had taken place. For example, the provider's records showed that all moving and handling training was either overdue or had not been completed. The registered manager's records showed that most staff had completed this. In other areas records showed a low level of completion of mandatory training. For example, only 14 out of 77 staff were recorded as having training in behaviours that can challenge.

Training was arranged by the provider's training department. The registered manager told us they monitored completion of training and arranged training courses. The registered manager also said there had been technical problems with recording online learning, which the provider was working on fixing. A member of the office staff said, "My spreadsheet is the most up-to-date one. The training is all mandatory. There are gaps because we have so many staff that we can't get places for them all, so look to see which staff are available."

Staff told us they received the training needed to support people effectively. One member of staff said, "There is enough education and training." Another member of staff we spoke with said, "We get enough training to do our job."

Our judgment was that training was taking place but that the provider's governance systems were ineffective at monitoring and recording this.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. At the time of our inspection 56 people were subject to DoLS authorisations. Clear records of DoLS authorisations were kept to ensure any

applications for re-authorisation could be made in a timely manner.

Most people living at the service lacked capacity to make decisions for themselves. People had a 'capacity' care plan in place which set out their mental capacity as established by social workers or other professionals involved in admitting them to the service. However, we did not see any records of mental capacity assessments being carried out or reviewed by the service. In addition, decisions made in people's best interests were not recorded. Throughout the inspection we saw staff making decisions in people's best interests based on their knowledge of people and their preferences. However, this was not recorded which meant it was not possible to see how these decisions had been reached and whether people's relatives and other professionals in their care had been involved.

The registered manager told us, "With capacity, it usually comes through from the social worker before they come in. If we had doubts about someone's capacity we would ask the social worker to do a review. We would do best interest and capacity assessments around covert medication. If we had to make a decision for someone in their best interests we'd make sure that was recorded, too." We did not see records of best interest decisions in people's care records.

This meant the provider's governance systems were ineffective at ensuring mental capacity assessment and best interest decisions were made and recorded effectively.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were supported with food and nutrition but records relating to this had not always been consistently or effectively completed. People's dietary needs and preferences were recorded, and kitchen staff we spoke with were knowledgeable about these and any specialist diets people required. Appropriate referrals had been made to dieticians were additional support was required.

However, people's nutritional health was not always consistently monitored. Two different tools were used to monitor risk of malnutrition, but these were not consistently completed which made it difficult to identify people who were steadily losing weight. Weekly weights of people were not consistently recorded, including those rated high risk on the malnutrition tools, potentially leaving people at risk of malnutrition. One person's care records contained conflicting information on their dietary support needs. We spoke with the registered manager about this, who said these records would be reviewed immediately.

Our judgment was that people were receiving support with food and nutrition but that this was not always effectively monitored or recorded.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff spoke positively about the support they received at these meetings and said they were encouraged to raise any support needs they had. One member of staff told us, "My supervision and appraisal are done by [named member of staff] and are up to date."

People's health and social needs were assessed before they moved into the service to ensure the correct support was made available to them. These assessments included information from other professionals working with people and reflected current best practice.

The service worked with other external professionals to ensure people received the healthcare they needed. Care records contained evidence of timely referrals to professionals including GPs, tissue viability nurses and occupational therapists.

The premises had been adapted for the comfort and convenience of people living there. Areas of the building that had been adapted for people living with a dementia, including coloured light switches and doors coloured with themed pictures to help people identify their rooms. Communal lounges and living spaces were available for people to use, and on one unit we saw people helping themselves to drinks in a kitchenette area.

Good

Is the service caring?

Our findings

People spoke positively about the support they received at Four Seasons and said staff were caring and kind. One person told us, "The staff are all smashing and will always do their best to help." Another person told us, "They look after me."

Relatives also spoke positively about staff at the service. One relative spoke about the specific staff they knew worked closely with one person, saying, "[Named member of staff] is lovely and always very helpful."

People were treated with dignity and respect. Private conversations and care interventions were carried out in people's rooms with the doors closed so their privacy and dignity were protected. We observed staff knocking before entering people's rooms and using their preferred names when speaking with them. Staff spoke with people in a warm and friendly but always professional way.

Staff knew the people they were supporting very well, and used this information to enhance people's sense of dignity when the person was unable to communicate what they wanted verbally. For example, during lunchtime we saw staff supporting one person who was living with a dementia to eat. Staff chatted with the person while supporting them, and when the person dropped some food staff quickly and discreetly cleared this up. One person liked to have time on their own, and we saw a member of staff taking them for a walk outside several times during the inspection.

Staff worked to promote people's independence by encouraging them to do what they could safely for themselves. For example, we saw one person returning from a walk with a member of staff. The staff member guided the person on how to remove their gloves and scarf rather than intervening to take these off for them. This helped the person to maintain their sense of independence.

Throughout the inspection we saw numerous examples of staff delivering kind and caring support. For example, one person was being supported to get into their wheelchair so they could move around the building. The person started to joke with staff about how they felt tired so staff would have to push them around all day. We saw the person laughing and joking with staff throughout the day. We saw one person sitting in a communal area who suddenly became upset and started to cry. Staff were quick to see this and respond. One member of staff sat down next to the person, cuddled into them and spent time asking what was upsetting them and offering reassurance. We saw this helped the person to feel relaxed and less distressed.

Later in the day we saw staff taking drinks and snacks to people. One person said they could not remember which was their favourite biscuit, so staff suggested they would have to try a selection to bring the memory back. The person readily agreed to this and said it was an excellent idea. Staff took time to stop and chat with people as they moved around the building, and we heard lots of joking and laughing throughout the day.

At the time of our inspection seven people were using an advocate. Advocates help to ensure that people's

views and preferences are heard. Details of these were recorded in people's care records, and policies and procedures were in place to support advocate involvement.

Good

Is the service responsive?

Our findings

People received person-centred support based on their assessed needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. People and their relatives told us they received the support they wanted and needed. A relative told us the service had, "Some very experienced staff who know what they're doing."

A pre-admission assessment was carried out before people started using the service. Where a support need was identified care plans were drawn up based on the care people wanted and needed. We saw a wide range of care plans in place covering people's mental and physical health, such as mobility, pressure care and continence.

Care plans also contained a 'This is me' document, which gave staff an insight into people's personal history, family and relationships and hobbies and interests. This helped ensure people's voices were heard in the planning and delivery of care. Staff knew the people they were supporting well, and were able to have conversations with them about their past and things of importance to them.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication support needs and preferences were assessed before they started using the service to ensure they had access to information in as accessible a format as possible. Some people had whiteboards in their rooms that staff wrote information on, so the person could return to it and read it back when they wished to refresh their memory. Documentation was also made available in an easy read format where this would assist people.

Care plans were regularly reviewed, however these reviews were often limited to recording 'no change' and did not detail what level of review had been completed and who was involved. We spoke with the registered manager about this, who said they would look at how care plans were reviewed.

People were supported to access activities they enjoyed. The provider had two activities co-ordinators, and we saw a timetable of activities displayed in communal areas. We also saw posters relating to upcoming events that were taking place in the service, including a 'Halloween Party,' and a 'Let's all wear it pink' fundraiser. The service had its own sensory room for people to use, which was not in use when we inspected. When asked the activities coordinator told us some safety checks were being completed before the room could be used.

On the day of inspection five people had been on a trip to a local Memorial Hall community event. Active efforts were made by staff to engage those living with a dementia. One member of staff said, "I'm going to bring everyone down and then we're going to have a sing song" and, "As soon as they see the balloons it's like party time, and they hit it and no-one is going to get hurt. Balloons and music and singing, it creates a kind of party atmosphere." The activities co-ordinator told us, "I've been doing singing and dancing in

nursing, every Monday morning I like to come in and go into nursing and do a wake up, shake up thing, I like to use music and instruments and balloons, it's going really well actually." During the inspection we saw people enjoying activities at the service. People told us they were aware of activities on offer even if they chose not to take part. One person said, "I like my room and like to sit and watch TV in there."

People were supported to maintain relationships and social networks of importance to them, as well as make new ones. People's relationships were encouraged through group activities such as 'knitting' and singing events held fortnightly. Staff supported some people to maintain their faith by arranging regular visits by ministers of religion.

Policies were in place to investigate and respond to complaints. There was a clear complaints procedure in place, setting out how issues could be raised and explaining how they would be investigated. The registered manager had addressed people's complaints in a compassionate way and only closed complaints once actions were taken to people's satisfaction. Most relatives we spoke with said they were satisfied with the way complaints were addressed. One relative told us, "If I've been really upset I've just gone straight to [registered manager], she's always tried to act on something straight away." Another relative said, "I know who to speak to if I have any issues."

At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to provide this where needed. For people who did not wish to be resuscitated in the event of their heart stopping, documents known as 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were recorded. End of life care plans were in place, which meant information was available to inform staff of people's wishes at this important time ensuring their final wishes were respected.

We saw thank you cards from relatives of those that had passed away in the service. These included compliments such as 'Thank you for all the care and attention that you gave my dad during his final months' and, 'We know the kindness and care you provided made her final days more peaceful.'

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place, who had been registered since March 2017. 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 provider and registered manager carried out a number of quality assurance checks to monitor standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included audits of medicines, care plans, complaints, safeguarding and training. However, the provider's governance processes had not identified or resolved the issues we saw during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

After our inspection the registered manager sent us details of how some of the issues we had identified were being resolved, including by cleaning and decorating some areas.

Staff spoke positively about the culture and values of the service and the leadership provided by the registered manager. One member of staff told us, "It's absolutely fine with the manger. I can go to her with anything." Another member of staff said, "The managers are very supportive. The team works well together."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Feedback was sought from people, relatives and staff. Meetings for people, relatives and staff took place at which issues could be raised and feedback was encouraged. For example, a meeting had been held in August 2018 to discuss activities and suggestions from people and their relatives. Staff spoke positively about the support offered during meetings, which they said took place regularly. Feedback was also sought using surveys, which were made available to people, relatives and staff should they wish to complete them. We saw positive comments from one relative who had completed a survey and responded, 'Staff are helpful caring and kind. My mum is well looked after. All staff have a caring attitude and are well led.' The registered manager said they had plans to carry out the surveys more regularly, and we were shown a sample questionnaire to be sent to staff.

The registered manager and staff had worked to create and sustain a number of community links for the benefit of people living at the service. Pupils from a local school visited people at the service, and a similar

arrangement was being arranged with a local bursary. The service had links with local churches and places of worship. The registered manager attended local forums and groups arranged for managers of care services to discuss the latest best practice. Staff at the service were able to access training provided by the local authority and other healthcare agencies.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment were not always clean or well-maintained. Regulation 15(1)(a) and (d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Medicine records were not always accurately completed. Training records were not always accurately completed. Mental capacity assessment and best interest decisions were not recorded effectively. People were supported with food and nutrition but records relating to this had not always been consistently or effectively completed. The provider's governance processes had not identified or resolved the issues we saw during the inspection. Regulation 17(2)(c) and (d)(i).