Key Healthcare (Operations) Limited

Four Seasons

Inspection report

Ox Close
Marske Road
Saltburn By The Sea
Cleveland
TS12 1NR

Tel: 01287624494
Website: www.keyhealthcare.co.uk

Date of inspection visit:
29 March 2018

Date of publication:
24 April 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 29 March 2018 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 26 July 2017. After that inspection we received concerns about an incident involving a person using the service. As a result we undertook a focused inspection to ensure that people were safe and to see if the service was well-led. This report only covers our findings in relation to those topics. We did not investigate the specific concerns but did check to see how the provider had investigated them and acted to keep people safe. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Four Seasons on our website at www.cqc.org.uk.

Four Seasons is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Four Seasons 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 58 people were using the service.

There was a registered manager in place. 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 registered manager was also one of the owners and registered providers of the service.

At our last inspection in July 2017 we found people who lived at Four Seasons were not always safe because the provider did not ensure the premises were properly maintained and was not effectively monitoring the level of cleanliness in the home. The provider's quality assurance processes had not identified this. We took action by rating the safe and well-led domains as requires improvement. When we returned for this latest inspection we found that improvements had been made to the premises, furniture and quality assurance audits.

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. Measures were in place to ensure appropriate standards of infection control. Policies and procedures were in place to safeguard people from abuse. Medicines were managed safely. There were enough staff deployed to support people safely. The provider's recruitment procedures minimised the risk of unsuitable staff being employed.

Staff spoke positively about the culture and values of the service and said they felt supported in their roles by the registered manager. The registered manager had worked to create and maintain a number of community links to help enhance people's quality of life. 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.

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.

The premises and equipment were monitored to ensure they were safe.

Risks to people were assessed and action taken to address them.

Policies and procedures were in place to safeguard people from abuse.

People's medicines were managed safely.

Effective infection control policies and practice were in place.

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

Is the service well-led?

Good

The service was well-led.

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

The registered manager carried out a range of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service and their relatives and was acted on.

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 29 March 2018 and was unannounced. The inspection team consisted of one adult social care 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) because this inspection was conducted in response to concerns raised. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

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

We spoke with four people who used the service and one relative. We looked at five care plans, five medicine administration records (MARs) and handover sheets. We spoke with eight members of staff, including the registered manager, the head of care, the clinical lead, two senior care assistants and three care assistants. We looked at six staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Good

Is the service safe?

Our findings

People and a relative told us staff at the service kept them safe. One person we spoke with said, "I feel safe here." Another person told us, "Oh, I feel safe."

At our last inspection in July 2017 we found people who lived at Four Seasons were not always safe because the provider did not ensure the premises were properly maintained and was not effectively monitoring the level of cleanliness in the home. Furniture had not always been installed safely, radiators did not always have heat protection covers, a number of doors had missing handles and some items were broken or poorly maintained. We took action by rating the safe domain as requires improvement. When we returned for this latest inspection we found that improvements to the premises and furniture had been made in line with the requirements.

Furniture was now secured to walls and radiators had heat protection covers in place. Communal bathrooms were clean and well-maintained. Damaged or loose furniture had been replaced. The registered manager told us a programme of redecoration was in place now that basic maintenance issues had been addressed and this would be starting in the next two to three months. They told us they would be prioritising the nursing unit, which was the oldest part of the service and most in need of redecoration. Regular checks of the premises and equipment were carried out to ensure they were safe to use, including of water temperatures and window restrictors. Required test and maintenance certificates were in place. Accidents and incidents were monitored to see if any lessons could be learned to improve people's safety.

Risks to people were assessed and plans put in place to reduce the chances of them occurring. Risks were assessed in a number of areas relevant to people using the service, including nutrition, continence, moving and handling, falls and mobility and the use of bedrails. Recognised tools were used assess risk, such as Waterlow and the Malnutrition Universal Screening Tool (MUST). Waterlow gives an estimated risk for the development of a pressure sore. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. Where relevant, external professionals had been consulted in assessing risks to people. For example, for one person who had behaviours which can challenge others, we saw the local mental health service had been involved in taking steps to manage this. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Plans were in place to support people in emergency situations. People using the service had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The provider had a business contingency plan in place to ensure people received a continuity of care in situations which disrupted the service.

We received feedback from the fire brigade that the service had been audited by them in July 2017 and was considered broadly compliant with fire safety regulations, but some issues requiring remedial action were identified. The registered manager told us these had been addressed. However, we did see that fire drills

had not been carried out as regularly as required in the provider's policy. We spoke with the registered manager about this, who said the situation would be immediately reviewed and improved. We received evidence following our visit that fire drills had been carried out.

Measures were in place to ensure appropriate standards of infection control. Staff had access to infection control policies for guidance on infection control, and supplies of personal protective equipment (PPE) were available throughout the service. Staff received infection control training, and the registered manager was attending a planned event organised by local infection control nurses to share best practice. We saw that the service had received positive feedback from an infection control nurse on measures taken to manage a recent sickness outbreak.

Policies and procedures were in place to safeguard people from abuse. The provider had a safeguarding policy that contained guidance to staff on the types of abuse that can occur in care settings and how any concerns they had should be reported and investigated. Following our last inspection of the service, we received concerns about an incident involving a person using the service which had allegedly been shared on social media. We saw that these concerns had been appropriately reported by staff using the provider's safeguarding policy and that the registered manager had engaged with the local safeguarding team to investigate it. Members of staff involved had received appropriate sanctions in line with the provider's disciplinary policy. Staff received safeguarding training and said they would report any concerns they had.

Medicines were managed safely and securely stored. Prescribed controlled drugs were appropriately monitored and recorded. Controlled drugs are medicines that are liable to misuse. Each person receiving support with medicines had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and a record of when they have been administered. The MARs for five people were reviewed and no errors or omissions were noted. When medicines were refused or withheld these were recorded in the appropriate section of the MAR. We saw that improvements had been made since our last inspection in July 2017 with involving pharmacists in best interest decisions when people were receiving covert medicines. Covert medicines are given in disguised form, usually in food or drink. As a result, the person is unknowingly taking the medicine. Pharmacists had also been asked to carry out regular reviews of covert medicines. Medicines were regularly audited by the service's clinical lead to reduce the risk of errors occurring.

There were enough staff deployed to support people safely. The registered manager told us staffing was based on the assessed level of support people needed, which was regularly reviewed. Day staffing levels across all three units were one nurse, two heads of care, two senior care assistants and 12 care assistants. Night staffing levels across all three units were one nurse, two senior care assistants and six care assistants. Rotas we looked at confirmed that these staffing levels were met.

People told us there were enough staff at the service. One person we spoke with said, "I definitely sleep better at night as I know there's someone who can help me." Another person told us, "Plenty of staff." A relative we spoke with said, "There are enough staff and they all do a great job." Staff also said there were enough staff to provide safe support. One member of staff told us, "There can be busy times but generally it's okay." Another member of staff said, "There are enough staff here."

The provider's recruitment procedures minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, provide written references and proof of identify and submit to a Disclosure and Barring Service (DBS) check. 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 also to minimise the risk of unsuitable people from

working with children and adults. The fitness to practice of nursing staff was also regularly checked with the Nursing and Midwifery Council (NMC). The NMC is the professional regulatory body for nurses and maintains a register of nurses and midwives allowed to practise in the UK, including any restrictions that have been placed on the individual's practice.

Good

Is the service well-led?

Our findings

The registered manager carried out a number of quality assurance audits to monitor and improve 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. At our last inspection in July 2017 we saw that the service was not always well-led as audits had not identified the issues we found with maintenance and cleanliness. When we returned for this latest inspection we found that improvements to audits had been made.

There was a weekly check on the premises and equipment, as well as of health and safety, staffing levels and safeguarding issues. Regular audits of medicines and care plans were also carried out, by the registered manager, clinical leads and heads of care. Where issues were identified action was taken to address them. For example, one person's care plan had some information missing and an action plan was put in place to improve this. The provider also carried out reviews of the service every three months.

Staff spoke positively about the culture and values of the service. One member of staff told us, "I love it here. Absolutely love it." Another member of staff said, "I enjoy it here. Every day is different and the staff and people are all lovely. We all help each other."

Staff said they felt supported in their roles by the registered manager. One member of staff told us, "The manager is absolutely spot on. She has helped me out a lot." Another member of staff said, "I get everything I need from the manager." People and relatives spoke positively about the registered manager, who was a visible presence around the service. One person we spoke with said, "I know who is in charge, to say hello." Another person told us, "They (the registered manager) come down to see us." A relative we spoke with said, "I know the manager here, and also the regional manager. I'd speak to them if needed."

Feedback was sought from people, relatives and staff. Feedback questionnaires were made available to complete should people or relatives wish to. An annual survey of staff was carried out. The next survey was planned for June 2018, and we saw that the feedback from the last survey was positive. Regular meetings were held for people, relatives and staff and minutes of these showed that they were encouraged to raise any issues or concerns they had. We saw from minutes of staff meetings that they involved open and honest conversations between management and staff on how the service could be improved.
Meetings were also held to inform people and their relatives of any major changes or developments at the service. For example, following the allegation about an incident involving a person using the service that had allegedly been shared on social media a meeting was arranged with people and relatives to update them on the investigation. We saw in records of other staff meetings that they were used to share ideas and the latest best practice.

The registered manager had worked to create and maintain a number of community links to help enhance people's quality of life. These included accessing training provided by the local authority and other agencies, links with local churches and schools and visits from a therapy dog. The registered manager told us they were always looking for new opportunities to improve the service.

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.