

The Four Seasons Trust Limited

# The Four Seasons Trust Limited - 33 Abbotswood

## Inspection report

33 Abbotswood  
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Surrey  
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Date of inspection visit:  
13 December 2019

Date of publication:  
13 February 2020

## Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Requires Improvement</b>  |
| Is the service effective?  | <b>Good</b>                  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Requires Improvement</b>  |
| Is the service well-led?   | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

### About the service

33 Abbotswood is a 'care home' registered to provide accommodation and personal care support for up to four people living with a learning disability and/or autistic spectrum disorder. At the time of this inspection three people were living there.

### People's experience of using this service:

Care plans were not fully up to date and did not always reflect people's risks needs and preferences. Work was in progress to review and update care plans, so they more accurately described how each person should be supported. However, aspects of the older care plans, which were still in use, were not up to date. This meant staff did not have accurate information about how to support people with specific needs. Renewal of one person's Deprivation of Liberty Safeguards authorisation had not been actioned before the expiry date, which meant the service was not adhering to the requirements of the Mental Capacity Act 2010. The registered manager had worked with local authority and Skills for Care quality improvement staff to improve the systems and processes to run the service effectively. This included developing audits and checks to ensure the safety and quality of the service. However, these checks had not identified all the issues found at this inspection.

Medicine storage was in the kitchen where it was possible the temperature would be above recommended levels. Medicines were administered and recorded by staff who were trained and competent. Where an error occurred, actions were taken to report the problem and find ways to reduce risks of reoccurrence. People living at the service were protected from abuse because staff had received training and were confident in raising concerns about people's wellbeing.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a domestic sized house, which was in keeping with other homes in this quiet residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear a uniform or anything that suggested they were care staff when coming and going with people.

People and relatives were very positive about the service, with comments about how much staff and the registered manager cared and often went above and beyond duty. There was a happy relaxed atmosphere in the service with people planning what they were going to do. Activities included opportunities to make and meet friends, follow hobbies and interests and keep active.

People were supported to develop life skills such as cooking, shopping and housework. People were supported to have choice and control of their lives by staff who supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in choices about food and said they enjoyed the meals they had at the service. People's

health was monitored, and staff involved health and social care professionals appropriately.

Rating at last inspection

The last rating for this service was Good (Report published on 17 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Safe, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people were at risk of harm from the concerns regarding care plans and the storage of medicines. The provider was acting to mitigate the risks working with the local authority and this had been effective. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Four Seasons Trust Limited – 33 Abbotswood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Four Seasons Trust Limited - 33 Abbotswood

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

33 Abbotswood 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection as the service is small. We therefore wanted to be sure there would be people at home to speak with us.

#### What we did

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, a senior care worker and three care workers

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed variety of records relating to the management of the service, including accidents and incidents, audits and complaints policies.

Following the inspection, we continued to seek clarification from the provider to validate evidence found. We reviewed information sent by the registered manager. We spoke with one professional who had visited the service three times in 2019 to support them with systems and processes. We contacted six health and social care professionals after the inspection by email. These included care managers, an advocate, a Mental Capacity Act Assessor and three medical professionals, including a GP. We also contacted the four members of the Trust Board which runs the service and relatives of all the people living at 33 Abbotswood. We spoke with one trustee. We also received one response from professionals and three responses from relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requiring improvement

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medicines storage was not fully safe. Medicines were stored in a locked cupboard in the kitchen, where medicines could be prone to changes in temperature and humidity. A thermometer in the medicine cupboard did not record the maximum temperature reached during the day. This put people at risk of receiving medicines which could be less effective. The registered manager provided evidence that showed the service had already decided to move the medicines cupboard to another room which would be a cooler environment before the end of February 2020.
- Staff had been trained to administer medicines safely. Staff were observed administering medicine to one person in a safe and caring way. Medicine administration records were completed accurately.
- Where a medication administration error had occurred, this was investigated, and appropriate actions taken to reduce the risk of a reoccurrence.
- A health professional commented; "Medicines are ordered and managed appropriately."

Assessing risk, safety monitoring and management

- Risk assessments to support people had been undertaken. However, these did not always describe the risks accurately or clearly describe what action staff should take to mitigate risks. For example, one risk assessment described what staff should do to support the person safely when swimming. However, when we discussed this with the registered manager, they agreed some information in this assessment was not accurate. The registered manager said they were reviewing all care plans and risk assessments. They said this was to ensure the care records described fully the current risks to people and what staff should do to reduce the risks.
- Care records contained some information about how staff should support people to mitigate the risks. For example, the measures to support one person who had a long-term condition both in the service and when in the community. Care plans described how the actions staff should always take to ensure the person's safety.
- Staff were able to describe how to support people safely to reduce the risks around the service and in the community.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. Comments included "I know about being safe, I am safe here." Throughout the inspection, people appeared relaxed and happy in the company of each other and of staff. Relatives confirmed they felt their family member was supported safely.

- People were kept safe by staff who understood what to do if they thought someone was at risk of being abused. Staff had completed training and were able to describe the action they would take if they suspected abuse.
- The registered manager understood their responsibilities to report safeguarding concerns to the local authority

#### Staffing and recruitment

- Changes to the roles and responsibilities within the staff team were being undertaken at the time of inspection. This had included changes to ensure the registered manager had sufficient time to manage the service safely and effectively. Additional staff had been recruited as senior care workers to support people as well as support the registered manager.
- Recruitment practices were safe and included appropriate pre-employment checks before a new member of staff started work. Where agency staff worked at the service, there were systems to ensure they had appropriate information about people's needs.
- There were enough staff to support people with their personal and social needs and protect them from risks. Where additional staffing was required the service had some flexibility to support people with 1:1 care. For example, arranging for additional staff to provide support to enable people to do activities on their own.

#### Preventing and controlling infection

- All areas of the service were clean and odour-free. There were systems ensure communal areas and bedrooms were cleaned regularly.
- Staff were trained in and followed guidance to reduce the risks of infection. This included using personal protective equipment such as gloves and aprons when supporting people with personal care.
- There were systems which staff followed to ensure food in refrigerators and cupboards was labelled and stored correctly.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was not fully acting within the principles of the MCA. Applications for DoLS had been made for all three people living at 33 Abbotswood. Authorisations had been granted in respect of all of them. However, one authorisation had expired in June 2019 and the service had not reapplied for authorisation at the time of inspection. The registered manager said they would take immediate action to reapply for the DoLS and ensure all future applications were made in advance of the expiry date.
- Another person's DoLS authorisation was in date and conditions associated with the authorisation were being addressed.
- Staff understood how to support people to make decisions and consider whether they had capacity to make the decisions. Care plans described choices people were able to make on their own. Where needed, independent advocates were used to support people to make particular choices.
- Throughout the inspection people were encouraged to make choices about what they did in the day, what they had to eat and where they spent time. For example, one person described how they liked to do an activity as they had a keen interest regarding trains.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were regularly reviewed. People were included in this process as much as possible. Holistic support plans had been created from these assessments to ensure staff knew how to meet people's

needs. For example, night staffing had been altered to take into account the needs of one person's long-term condition.

- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who used the service can live as full a life as possible and achieve the best possible outcomes, including maximising control, choice and independence in their lives.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable about how to support people. Staff undertook an induction to the service when they joined. Staff who were new to care work completed the Care Certificate. This is a nationally recognised course in induction for care workers.
- Staff also undertook training to ensure they had specific skills and competencies to support people safely. For example, staff completed medication administration and epilepsy training.
- Staff were supported by the registered manager who provided supervision both formally and informally, as well as annual appraisals. Staff said they felt very well supported by the registered manager who was in the home throughout the working week. One member of staff said "[Registered Manager] will listen and help with problems." Another said the registered manager was "a great support."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing and preparing food. Menus were devised at regular meetings to reflect people's choices and wishes. Staff provided people with information so they could consider healthy choices. Meals were prepared using fresh ingredients. A relative commented they had seen "weekly menus at the House and are satisfied that [person] is well fed and enjoying a balanced diet. However, another relative commented they felt more fresh produce could be used when preparing meals, as they felt people were often served tinned or processed food,
- People were encouraged to have regular drinks throughout the day to ensure they did not become dehydrated. A relative said "[person] is encouraged to drink plenty of fluids through the day in order to combat a slight constipation issue."
- Where people were at risk of choking there was guidance for staff to follow to reduce the risks. For example, ensuring a person was supported by staff throughout mealtimes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager, trustees and staff were working with staff from Skills for Care and the local authority to improve the care and support of people. This included staff in the local authority's quality assurance team who were supporting the service to improve.
- People were supported to lead healthy active lives and access healthcare when needed. This included attending appointments with their GP, dentist and optician as well as healthcare specialists where appropriate. A relative commented "[Person] is regularly monitored by his GP and dentist - appointments are booked and attended with the staff." They also commented the person had been supported to maintain good oral hygiene by staff which had "proved beneficial." A health professional commented "I know the registered manager well in a professional capacity and she contacts me whenever she has queries about the medical needs of [each person]."
- Staff followed information and advice from healthcare professionals to ensure the person's health and wellbeing. A health professional commented "[The registered manager] and the other staff are proactive with the residents' health, bringing them for regular reviews and ensuring they are up to date with any blood tests, medications and monitoring."

Adapting service, design, decoration to meet people's needs

33 Abbotswood comprised a three-storey domestic-sized property, set in a residential area of Surrey. The service was not distinguishable from other buildings in the area and was close to services and facilities people may wish to access and use.

- Each person had their own en-suite bedroom. Bedrooms were decorated, furnished and personalised according to each person's taste. On the ground floor there was a lounge, large kitchen/diner and separate dining room. On a lower ground floor was a room which people called the men's shed. People used this room to play games and activities which required space. For example, one person had a train set laid out. One person enthusiastically explained how they were able to go down to this room when they wanted to follow their hobby.
- No-one living at the service had any physical health needs which required adaptations to the service, such as specialist signage, lifts, specialist bathing equipment. There was a garden which people were able to use in inclement weather to relax in.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke highly of the care and support. People interacted with staff in a friendly, relaxed way sharing jokes and having conversations about their plans. One person was excited about Christmas and talked with a member of staff about their plans. A relative commented "We cannot speak highly enough of the care given to [person] by the staff." A health professional commented, "On all occasions that patients have been brought to see me..., I have been impressed with the kindness and compassion with which the carers treat them."
- Staff knew people well and supported them to be as independent as possible, while keeping them safe. Staff spent time encouraging each person, focussing on their achievements and skills. One member of staff said, "I don't do it as just a job for a few hours, you have to care and show you care, otherwise they wouldn't want to be with you." Throughout the inspection we observed how they engaged positively with each person, helping them to do activities the person wanted to do.
- Each person was seen as an individual by the registered manager and staff. Care plans described people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems or none. People were protected in line with the Equality Act (2010). The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in making decisions about their support. People were encouraged to get involved in developing their care plans and their activities.
- Resident meetings were held to allow people to have their say about things that were important to them. This included activities they wanted to do together or individually, meals for the week and how they were supported.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Care plans described how to support people, who needed close monitoring due to a medical condition. This included how to respectfully monitor them when the person may wish to spend time alone.
- Staff encouraged each person to be respectful to each other and allow each other space when they wanted it. For example, where one person indicated they were not enjoying another person's company,

staff spoke with them about alternative places to sit.

- Care records and personal information were stored securely.
- People were encouraged to be independent and make friends with others. For example, staff supported one person to have a close friendship with another person. Staff helped them to meet where they could enjoy each other's company. Staff stayed a discreet distance from the two friends to afford them privacy.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requiring improvement

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were in the process of being updated and amended following advice from a local authority quality assurance officer. However, information in care plans still in the old format had not been updated to reflect people's current risks and needs. This included information about how to support them with long-term conditions, such as epilepsy. This could be misleading, particularly for new staff and agency workers. The registered manager said she expected to have all the care plans updated by the end of January 2020. However, given the number of new staff supporting people there was a risk that they would read out of date information about a person.
- The new format contained information to ensure each person had the personalised support they needed. The new format care plan described the person's abilities as well as risks associated with their care. There was clear information about how to support each person, so their risks, needs and preferences were met.
- People received care and support in a way that was flexible and responsive to their needs. Positive behavioural support principles were used by staff to encourage and involve each person.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- All the people at the service were able to communicate verbally. However, they each had specific communication needs which were described in care plans. The service provided some information in different formats, such as in an easy-read format using pictures. One care plan described how the person's speech could be delayed due to their condition and so staff needed to allow time for them to communicate.
- Staff understood how to communicate with people and interpret their needs in different ways. We observed staff communicating with people, providing clear information and checking they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person was supported to be part of their local community, following their own hobbies and interests. This included being involved in local clubs and societies which provided opportunities to engage socially. A relative commented how the person had been able to form "relationships with the members of the club... staff support [person] in this activity." However, another relative said the activities on their relative's weekly

planner did not always match what the person had done. They also added that although the activities offered to people had improved since the summer 2019, people were still not being fully supported to do activities of their choice.

- Each person had an individualised weekly timetable which helped them to plan what they were going to do in the coming week. People developed life skills through doing domestic chores such as tidying their bedroom and shopping for food. For example, one person who had been shopping, then checked receipts against the amount of money they had left with a member of staff. A relative said the activities on their relative's weekly timetable did not always match what the person had done. They also added that the activities offered to people had improved since the summer 2019, However they said people were still not being fully supported to do activities of their choice, but rather doing mundane tasks.

#### Improving care quality in response to complaints or concerns

- People were supported to raise concerns and complaints. The registered manager was very visible around the home and people were free to talk to her at any time.
- Relatives knew who to contact if they needed to raise a concern or make a complaint. However, they said they had not had to complain.
- Staff understood how to support someone who wanted to complain. There had been no formal complaints since the last inspection. The registered manager said they would always listen to a complaint and identify ways to make improvements if needed.

#### End of life care and support

- The service was not supporting any people who were nearing the end of their expected life. However, the registered manager said that if someone became critically ill or near the end of their life, if at all possible, they would try to support them with the help of outside health professionals. For example, GPs community nurses and hospices.
- The registered manager said they would also ensure the person and their relatives would be involved in decisions about end of life care. For example, one person had an end of life plan which had developed with a relative.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requiring improvement

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some checks and audits were undertaken to monitor the quality and safety of the service. However, checks had not always identified some issues, for example care plan audits had not identified that some information in care records was out of date. For example, applications for Deprivation of Liberty Safeguards authorisations had not been renewed before they had expired. Action was being taken to address these issues at the time of inspection.
- Trustees from the board visited the service regularly throughout the year and were in close contact with the registered manager about running the service. However, none of the trustees were able to provide professional advice and support about delivering care to people. This meant the registered manager did not have anyone to provide them advice on how to ensure the care delivered met regulations. A trustee said they would investigate how this could be provided through an external source with the relevant expertise.
- The registered manager worked full time at the service and was involved in direct support with people. Recent changes to the management structure had enabled the registered manager to have time to develop more robust systems and processes. Two senior care workers had been recruited to ensure care was delivered to meet people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider, The Four Seasons Trust, is a not-for-profit company run by four volunteer trustees, including a relative of one person living at the service.
- 33 Abbotswood is a house in a residential setting, which supports people to have opportunities to be active in, and involved with, their local community. The service had a 'family' culture, which supports each person as an individual to maximise the opportunities available and lead full, active lives. People and staff were familiar and comfortable with each other, but also clear about maintaining professional boundaries and relationships.
- People and relatives told us the service was well run by the registered manager, who was very approachable. A relative commented the registered manager "is always available ...and is happy to speak to us even when off duty." A health professional commented "[The registered manager] absolutely has the needs of her residents as her highest concern and works tirelessly to ensure these needs are met."



- The service informed relatives of any concerns, for example if an accident had happened, and fulfilled their duty of candour. Notifications had been sent to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place for people, relatives and visiting professionals to become involved in having a say about the operation of the service. This included people being involved in house meetings.
- Staff were also involved in developing and improving the service. For example, a senior care worker described how they were working with the registered manager to introduce new paperwork to support improved emotional wellbeing.

Continuous learning and improving care; Working in partnership with others

- The registered manager was continually working towards improvements. They had positively engaged with staff from Skills for Care and the local authority. They had developed a service improvement plan which they were working on. This was leading to improvements in areas including recruitment, training and care planning.