Key Healthcare (Operations) Limited

Four Seasons

Inspection report

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Date of inspection visit:
05 December 2019
06 December 2019
10 December 2019

Date of publication:
09 January 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Four Seasons is a residential nursing home providing personal and nursing care to older people and people living with a dementia. It can support up to 72 people across three purpose-built units, one of which accommodates people requiring nursing care. There were 56 people using the service when we visited.

People's experience of using this service and what we found
People were happy at the service and supported to live the lives they wanted. Staff knew the people they supported well, and had professional but close relationships with them.

Risks to people were assessed and addressed, including through monitoring the premises and equipment. People were safeguarded from abuse. Staffing levels were monitored to ensure people received safe care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received regular training, supervision and appraisal.

People received person-centred support that responded to their needs and preferences. A wide range of activities was in place, and was regularly reviewed to ensure people enjoyed them. The provider's complaints process was effective at addressing issues.

Good governance systems were in place to monitor and improve standards. Staff spoke positively about the culture and values of the service. Feedback was sought and acted on.

We have made a recommendation about medicine guidance for 'when required' medicines and staff training on the subject of eating and drinking.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 12 December 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We met with the provider following the report being published to discuss how they would make changes to ensure they improved their rating to at least good. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement

Since the last inspection we recognised that the provider had failed to make required notifications to us where serious injuries occurred. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Four Seasons

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
An inspector, an assistant inspector, a medicines inspector and a specialist advisor nurse carried out this inspection.

Service and service type
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.

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
This inspection was unannounced.

What we did before the inspection
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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care provided. 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 spoke with 15 members of staff, including the registered manager, nominated individual, deputy manager, clinical, care, kitchen and maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 11 people's care records and eight medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely
At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• Medicines systems were organised, and people were receiving their medicines when they should.
• The provider was following safe protocols for the receipt, storage disposal and administration of medicines.
• Some improvements were needed in the guidance available for medicines to be given 'when required'.

We recommend that the provider reviews its guidance for 'when required' medicines to ensure they are accurate and person-centred.

Preventing and controlling infection
At our last inspection the provider had failed to ensure the premises and equipment were cleaned and well maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (premises and equipment).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.
• Redecoration and deep-cleaning of communal areas had taken place. The premises were clean and tidy.
• Equipment was appropriately stored which meant communal areas could be effectively cleaned.
• Staff were knowledgeable on the principles of infection control and applied these, for example through using gloves and aprons.

Assessing risk, safety monitoring and management
• Risks were assessed and addressed. Some assessments of clinical risks were limited, but when we spoke with staff about this we saw action was immediately taken to address it.
• The premises and equipment were regularly checked to ensure they were safe to use.
• Plans were in place to support people in emergency situations, such as fires or events that disrupted the service.

Systems and processes to safeguard people from the risk of abuse

• People were safeguarded from abuse. Staff received safeguarding training and said they would be confident in reporting concerns. One member of staff told us, "We report any incidents straightaway."

Learning lessons when things go wrong
• Lessons were learned from accidents and incidents. Monthly reviews of these took place to see if steps could be taken to improve the service.

Staffing and recruitment
• Staffing levels were monitored to ensure people received safe support. This included monitoring call bell response times and ensuring staff absence through sickness or annual leave was covered.
• Staff were safely recruited. The provider's recruitment process included interviews, obtaining references and Disclosure and Barring Service checks.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
At our last inspection the provider had failed to ensure training records were accurately completed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• Most staff had completed mandatory training, and where not, plans were in place for this to be done.
• Training records were still not always up-to-date, but certificates were in place to show training had been completed.
• Staff spoke positively about the training they received. One member of staff told us, "The training is very good. It's getting a lot better."
• Regular supervisions and an annual appraisal of staff took place. Staff found these supportive and they were able to raise any concerns or support needs they had at meetings.

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.

At our last inspection the provider had failed to ensure effective systems were in place to make and record mental capacity assessments and best interest decisions. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

At this inspection we found enough improvement had been made and the provider was no longer in breach

of regulation 17.
• Mental capacity assessments and best interest decisions had been completed for people's care and treatment.
• DoLS were appropriately applied for and monitored to ensure they were in place when needed.

Supporting people to eat and drink enough to maintain a balanced diet
At our last inspection the provider had failed to ensure eating and drinking records were consistently or effectively completed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• People were supported with eating and drinking. Some records still did not include accurate information on people's specialist dietary needs, but the registered manager said records would be updated with this information.
• The registered manager had arranged for local dietitians to attend the service to begin a project on supporting people at risk of undernutrition.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to supporting people with eating and drinking and recording this support.

Adapting service, design, decoration to meet people's needs
• The area for people receiving nursing care was in need of modernisation to ensure it met people's needs. The nominated individual told us about the registered provider's plans to update the area.
• The other units were adapted for people's comfort and convenience. Since our last inspection outdoor areas had been created, including a garden for people living with a dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before they moved into the home to ensure the service could provide the support they needed. People, relatives and external professionals were involved in these assessments.
• Systems were in place to ensure staff were made aware of the latest guidance and best practice, for example around oral hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff worked in partnership with external professionals to ensure they delivered consistent and effective care and support for people.

Good

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
• The service had a happy and homely atmosphere. There was lots of laughter and interaction between people and staff.
• Staff treated people with kindness and compassion. We saw people having meaningful engagement with staff, which visibly increased their sense of wellbeing.
• People and relatives spoke positively about staff. One person told us, "The staff here are lovely. They're very empathetic and caring."
• Staff respected people's individuality and diversity, and supported them to lead the lives they wanted. For example, we saw staff helping one person to read their Bible and practise their faith.

Supporting people to express their views and be involved in making decisions about their care
• People were encouraged to give regular feedback on the care they received, informally through daily conversations and through structured meetings and questionnaires.
• Systems were in place to support people to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence
• People were encouraged to do as much as possible for themselves. They were free – and encouraged – to structure their days however they wanted to.
• Staff treated people with dignity and respect. This included speaking with them discreetly when discussing their support and protecting their privacy. One person told us, "They look after me."
• People said staff maintained and promoted their sense of dignity. One person said, "The big thing here is that they're respectful, that's a big thing when you get old."

Good

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People's support was based on their assessed needs and preferences, and was regularly reviewed. The registered manager was looking at how people and relatives could be more effectively involved in these reviews.
• Daily 'flash meetings' were held to ensure staff had the latest information about people's support needs. Handover documentation was improved to make it more detailed during our visit.

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
• Activities were personalised and tailored to people's individual interests and preferences. The activities co-ordinator changed planned activities if people wanted to do something different.
• The activities co-ordinator was committed to ensuring everyone could take part in activities if they wished. Regular reviews of activities took place to ensure they met people's needs.
• We saw a wide range of activities taking place, which people clearly engaged with. One person, who was helped to paint a picture, smiled and said, "I really enjoyed that."

Meeting people's communication needs
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.
• Care plans contained information on how people could be helped to communicate effectively. Information was made available to people in accessible formats where needed.
• We saw staff were able to communicate effectively with people during the inspection, including using appropriate words and gestures.

Improving care quality in response to complaints or concerns
• The provider's complaints process was effective at investigating and responding to complaints. Outcomes of complaints were shared with the parties involved.

End of life care and support
• End of life plans were in place for people to record the support they wanted at this stage of their life.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection the provider had failed to ensure training records were accurately completed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
• The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service.
• Since the last inspection we recognised that the provider had failed to make required notifications to us where serious injuries occurred. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.
• The registered manager joined the service in May 2019. We received positive feedback on their leadership. One member of staff said, "[The registered manager] is approachable, it's a big massive bonus."

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
• There was open and transparent communication with the registered manager. We attended a staff meeting and saw staff were able and encouraged to raise issues.
• Staff said morale was improving and the registered manager was promoting a positive culture and values. One member of staff told us, "We feel valued. We didn't before."
• People and relatives said they received the support they wanted. One person told us, "They help me whenever it's needed."
• The registered manager was aware of their duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Feedback was sought from people, relatives and staff. Meetings took place, and the registered manager was planning a feedback survey for 2020.
• People, relatives and staff said they felt able to express their views on the service. A relative told us, "They are open."

Continuous learning and improving care; Working in partnership with others

• Training from external professionals was used to ensure staff were aware of the latest knowledge and guidance.

• The service had a number of positive links with external agencies and organisations, that benefited people living these. These included churches, gardening clubs and supermarkets.