Four Seasons Homes No 6 Limited

Wyndthorpe Hall and Court Care Home

Inspection report

High Street
Dunsville
Doncaster
South Yorkshire
DN7 4DB
Tel: 01302 884650
Website: www.fourseasons@fshc.co.uk

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 18 and 19 November 2014. The first day of the inspection was unannounced. This meant that the provider did not know in advance, when we were inspecting the service. We last visited the home in August 2013 and found there were no breaches in the regulations we looked at.

Wyndthorpe Hall and Court is a care home that provides care for up to 44 people who are aged over 65 years. It is located in Dunsville area of Doncaster.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People we spoke with who used the service and their visiting relatives told us they were very happy with the service. However, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in regard to cleanliness and hygiene, in relation to the management of medication, and the monitoring of the quality of some aspects of the service. This was because there were areas that were not clean enough, the room some medicines were stored in was too hot and the staff did not check all relevant records before administering controlled drugs.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the best interests and DoLS process had not always been followed or documented appropriately, so there was not always evidence that staff worked within the Mental Capacity Act 2005 Code of Practice.

You can see what action we told the provider to take at the back of the full version of the report.

The systems used to monitor the quality and safety of the service was not always effective as managers had not picked up all the areas of concern we identified at the inspection.

The management team asked people to give feedback about their care and support to see if there were any improvements they needed to make. People and their relatives were involved in the assessments about their care and involved in producing their care plans.

There was information available about how to make a complaint and people were confident they would be listened to.

Staff were recruited in accordance with the provider's recruitment policies and understood their role in safeguarding vulnerable adults from abuse. They were seen to be caring in their approach and treated people with respect. Overall, we found that staff received a good level of training and support.

People's health care needs were assessed and they had good access to healthcare services, such as GPs and district nurses. We saw evidence of people's nutritional needs being met. People said they enjoyed the food provided and they spoke positively about the care staff and about the way the home was run.

Staff showed people respect and took steps to maintain their privacy and dignity. People told us that staff always knocked on their bedroom door.

Summary of findings

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.

We saw that some areas of the home were not sufficiently cleaned.

The room some medicines were stored in was too hot and above the recommended temperature range for the storage of some medicines. We saw that staff who administered medicines did not check all relevant records before administering controlled drugs.

Staff had received training in safeguarding vulnerable adults and knew how to report any concerns regarding abuse or possible abuse and thorough pre-employment checks had been carried out before staff started work in the home.

Is the service effective?

Requires Improvement

The service was not always effective.

We found that the best interests and Deprivation of Liberty Safeguards (DoLS) process had not always been followed or documented appropriately, so there was not always evidence that staff worked within the Mental Capacity Act 2005 Code of Practice.

Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

People had a choice about what they wanted to eat and they told us they enjoyed the food.

Overall, we found that staff received a good level of training and support.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives spoke positively of the staff and about the care people received from staff. For instance, one person who used the service said, "Staff here are brilliant. I feel they care about me."

We saw that staff spoke to people with warmth and respect, took people's privacy and dignity into account and had a good knowledge of people's needs and preferences.

People and their relatives we spoke with felt involved in decisions about their care and staff supported people to be as independent as they could.

Is the service responsive?

Requires Improvement

The service requires improvement.

Summary of findings

Staff knew people well and were familiar with their care and treatment. Although, some information in the care plans was not clear or complete. This meant that staff may not have the right information they needed regarding some aspects of a person's care.

There were activities available for people to take part in and staff spent time engaging with people.

There was a complaints system in place, and people felt confident to raise concerns.

Is the service well-led?

The service requires improvement.

The systems used to monitor the quality and safety of the service was not always effective as managers had not picked up all the areas of concern we identified at the inspection.

The managers asked people, their relatives and other professionals what they thought of the service and took action to address areas that had been identified as needing change or improvement.

Requires Improvement

Wyndthorpe Hall and Court Care Home

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 checked 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 18 and 19 November and was unannounced.

The inspection team was made up of two adult social care inspectors, a CQC inspection manager, a specialist advisor, who had a background in nursing, and an expert by experience who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed information we held about the service, which included incident notifications they had sent us. We contacted Doncaster Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also obtained information from Doncaster Council who commission services from the provider.

During the visit we spoke with 15 people who used the service, five people's relatives and visitors, three nurses, eight care staff, the registered manager, the deputy manager and the regional manager. We observed care and support in communal areas and also looked at the kitchen and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care plans for seven people, people's medication records, and the recruitment, training and induction records for staff, the complaints records and quality assurance audits. 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.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt the home was clean and hygienic. One person who used the service said, "Yes I do." Another person referred to a member of domestic staff, "Yes, lovely woman" and another person told us, "Yes, definitely." We asked the visitors if the home was clean and hygienic and they confirmed that it was. One person said, "Yes, the rooms are always clean."

However, before the inspection we received information from members of Doncaster Council's contracts team. They told us they had recently received concerns about the hygiene in the home from a visiting professional.

At this inspection we found the home was generally well presented. Staff told us they had received training in infection prevention and control and regular updates. The records we saw confirmed this. However, there were areas around the home that did not smell or look clean. Two of the six toilets we looked at had an offensive odour and they lacked toilet tissue. One waste bin was dirty inside the rim. One bin which was used for contaminated waste had no lid and another had a lid that was broken. Two bins did not have pedals. This presented a risk of exposure to contaminated waste and could lead to the spread of infection.

The registered manager told us the funding for cleaning staff had been reduced about 18 months previously and they were trying various ways to manage with the available resources. It was clear to us that staff were struggling to make sure the home was clean within the time available. The main kitchen was clean. However, a small kitchen that was used by staff, relatives and some people who used the service was not as clean. For instance, the fridge door seal and handle were dirty.

We spoke with members of care staff and cleaning staff and found there was no system to keep track of the tasks staff had completed. This lack of clarity could lead to omissions, which put people at risk of cross infection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Cleanliness).

We were shown around the home and we found some areas that needed to be addressed in terms of safety and repairs. For example, the 'nurse call' pull cords were missing in one toilet and one shower room. These issues were brought to the attention of the registered manager and were addressed at the time.

We asked people if they received their medication at the right times. One person said they did and went on to explain they took tables for any pain. One person who used the service said, "Staff give me my medication four times a day, and through the night."

A member of care staff showed us the room where controlled drugs (CDs) were stored and explained the process of administering CDs. They said they did not check the MAR sheet before preparing the medication. This was unsafe practice because the prescription may have been changed and they did not check it until after administering the medication.

There was a space on medication administration records (MAR) for people's allergies to be listed. These were completed correctly for some people, but others were blank or included other details not related to allergies.

There was a fridge for medicines, which was kept locked and the temperature was checked daily. The records we saw showed this was within acceptable limits. However, the room where CDs, other medicines and nutritional supplements were kept was very warm. We looked at the daily room temperature records and over the previous 10 days the temperature had ranged from 29°C to 31°C degrees. However, the medication stored had a manufacturer's safe storage temperature of between 5°C and 25°C degrees. Medicines stored outside of the manufactures temperature range may not be safe to use.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Management of medicines).

Staff who administered medication had received appropriate training and information was available to staff about medication, including when to administer as and when (PRN) medication. Medicines were ordered two weeks before required, so that the correct medicines were available for people when they needed them and medicines that were no longer required were disposed of appropriately. We observed a staff member administering medicines to people at lunchtime. The staff member was

Requires Improvement

Is the service safe?

supportive, and gave people time to take their medicines. They told us they gave people who had chronic pain their medication as a priority, to make sure people did not experience unnecessary pain.

The care staff we spoke with showed they understood their role in safeguarding vulnerable adults from abuse. They described signs which might indicate possible abuse or neglect. They understood the procedure to follow to pass on concerns to senior staff. They said they had read the whistle blowing policy and would use it if they felt there was a need. The staff training records showed staff had received safeguarding training and periodic updates and the staff we spoke with confirmed this. Safeguarding incidents had been referred to the local authority safeguarding team and notified to the Care Quality Commission appropriately.

One person's relative said they felt people were safe because, "There is always someone there" and added, "He has never felt on his own." Another person's relative said, "Yes, everybody is very attentive." They added that there had been a big improvement for their family member, as they had an eye operation and were having less falls.

We asked people and their visitors if they thought there were enough staff on duty to meet people's needs. Everyone described the service as safe and said there were. One person said, "I do think there are enough staff." Another person agreed, saying, "There are a lot of staff in the day time and some at night." Whereas, one person said, "There are shortages of staff occasionally and it's a bit late getting dinners sometimes." Another person told us, "There are often staff off sick or on holiday. I have to wait a bit longer for things and there is no time to sit and chat."

One person's relative said there were enough staff and added, "I never come and not be able to get hold of anyone." Another person's relative said they felt staff had too much paperwork and this seemed to keep them from interacting with the people who used the service.

On the two days of the inspection we saw that staff had time to deliver care and to spend time engaging with people. We asked nine staff if they thought there were enough staff to meet people's needs. Most told us there were usually enough staff to meet people's needs. They said there were key times that were busy, but there were also quieter times, when they could spend time with people. We spoke with one member of care staff who did not think there were enough staff to meet people's needs. They told us this was because people with higher needs were being admitted to the home.

We looked at recruitment records of four staff members and spoke with three staff about their recruitment. Checks had been completed before staff worked unsupervised and these were clearly recorded. The checks included taking up written references, identification check, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The recruitment system included applicants completing a written application form with a full employment history and a face to face interview, to help make sure people were suitable to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

We asked the people who used the service if they were asked for their views, their consent to the care they received and if they felt happy with the support they received. One person said, "Yes, they would ask me." Another person told us, "I feel there is support. I don't feel I would be any better anywhere else."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. We spoke with a nurse on duty and they understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions.

Some people who lived at the home were not able to make important decisions about their care due to living with dementia or mental health needs. The service had policies in place in relation to the Mental Capacity Act 2005 (MCA). However, we saw that some people's care records did not make clear their ability to make a decision about treatment, care and support. This was particularly when people's capacity varied from time to time. It was not always made clear in people's care plans who held any Power of Attorney (PoA). Powers of Attorney confirm who has legal authority to make specific decisions on a person's behalf when they cannot do so for themselves. These may be in place for financial affairs and/or care and welfare needs. It is important that staff have this knowledge to make sure only those with the right authority make decisions on people's behalf. Where there was a need for decision specific assessments, these were not always available and not all the care staff we spoke with were aware of the principles of The Mental Capacity Act, or clear about the Deprivation of Liberty Safeguards, neither were they aware of the 'best interests' process.

The Mental Capacity Act 2005 includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so. As Wyndthorpe Hall and Court is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

No one was subject to a Deprivation of Liberty Safeguards authorisation at the time of the inspection. One person we met had restrictions placed upon them, the registered manager or staff had not recognised or considered that this person may be being deprived of their liberty and that an application to a Supervisory Body may be required. This meant staff were unaware of the correct procedures to follow to ensure people's rights were protected.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Consent to care and treatment).

Staff informed us they received one-to-one supervision with their line managers and an annual appraisal. They said the members of the management team were supportive. One staff member said the registered manager was, "Available in the office most of the time if we want her." They added, "I go to the senior carer on duty if I have a problem or need to know something."

The staff we spoke with confirmed they were up-to-date with their mandatory (required) training. The training monitoring record we looked at confirmed this. Although it was evident that previous e- learning provided regarding The Mental Capacity Act and Deprivation of Liberty Safeguards, the management of risk and consent to care and treatment had not been effective for some staff.

We asked the people who used the service if they felt the staff were sufficiently skilled and experienced to care and support them to have a good quality of life. One person said, "Yes, because they seem proficient enough," and another person told us, "They often go on courses for different things, like lifting and handling."

We asked three people who used the service if staff contacted their GP if they felt unwell. Two people said they did. One person went on to explain they had needed to see a GP once or twice and staff had arranged this. The third person said they hadn't needed to see a GP.

We asked people's relatives if people had access to their GPs and other health care professionals, such as district nurses. One person's relative said, "Yes, the GP calls here every Friday." Another relative said, "The GP comes here

Is the service effective?

when needed." People's relatives confirmed that staff in the home contacted them if there were any changes to their family member's health. One said, "Yes, mostly, they tell us if she is seeing the doctor."

We asked people's relatives if the service met people's special health and dietary needs. They confirmed this. One person's relative said their family member had a soft diet. They added,"[The person] has thickened liquids as she has problems swallowing."

People were referred to specialists if there were concerns about their health. We saw that records were maintained of consultations with healthcare professionals, such as GPs, district nurses, continence advisors and other specialist nurses, as well as chiropodists and opticians. People's care records showed that when they were at risk of choking or had suspected swallowing difficulties referrals to the speech and language therapy (SALT) team had been made. The risk of choking was assessed monthly. Each person had a nutritional assessment and they were weighed each month. We saw that nutritional supplements were available and staff said they were given to people after assessment by a dietician, if they had a risk of malnutrition.

We asked the people who used the service what they thought to the meals, if staff knew their dietary likes and dislikes, if they were offered a choice of meal, and if drinks were available throughout the day and night. One person who used the service said the food was, "Brilliant" and "I have no dislikes." They said they were offered choices and drinks were always available. They showed us their soft drinks which were kept in a mini fridge in their room. One person said, "Meals are lovely" and "cook is lovely" and another person told us, "The food is fine and staff know our likes and dislikes." They said they were offered two choices a day, they could have what they wanted for breakfast, and there were always drinks available.

On the first day of the inspection we observed the care delivered in one of the two dining rooms at lunchtime. There were approximately 20 people who used the service, supported by four members of staff and we saw that staff served the lunchtime food efficiently. The food looked and smelled pleasant. There was a choice between two main meals and people were asked which option they would like. One person asked for salt and vinegar and this was provided. We sat and chatted with three people during lunchtime. They all said that the food in the home was good and they had choices. One member of care staff agreed, saying, "The food is alright. The cooks are good." Most people ate in the dining room and people said they could choose to eat in a lounge or their room. The staff were familiar with people's needs and preferences and one member of staff told us one person always stayed in one of the lounges to eat, as they didn't like being with a lot of people. We reviewed people's care records and saw that people's preferences were reflected in their care plans.

A member of care staff told us fruit was available for people at any time and we saw that there was a bowl of fresh fruit in the dining room. They said that outside of meal times people could ask for biscuits if they were hungry. Another said they could have a snack anytime.

People had access to a safe and private garden. The bedrooms and shared areas were light and airy and, chairs were arranged in clusters in the downstairs lounges. There were different lounges, so people had a choice of where to sit. Some had the TV on and in others people were chatting and having some quiet time. There were also areas where people spend time with visitors. There was a 'coffee shop' where people who used the service and their visitors could sit and have a drink. We met a large family who were visiting one gentleman, and they all thought the coffee shop was, "A great idea."

The signs, such as those for people's rooms, toilets and bathrooms were clear and some people had space by the door to their bedrooms for pictures and other items that they liked and identified with. This helped people to identify their rooms. There was pictures and memorabilia displayed throughout the home. The home was suitable for people who used wheelchairs and there was a lift to the first floor and other adaptations, such as handrails, which helped to meet people's needs and promote their independence.

Good

Is the service caring?

Our findings

We asked people who used the service if the staff had the right approach and if they felt the staff really cared about them. Most people we spoke with and their visitors described the staff as kind, caring and compassionate. For instance, one person who used the service said, "Staff here are brilliant. I feel they care about me." Another person told us, “Yes, all caring people. I feel they are interested in me." They added that staff were, "Very approachable." Only one person had reservations, saying that some staff were more caring than others. One person’s relative said, “Yes brilliant.” Another relative said, “Yes, very much so. I think the things that they do with people are brilliant." One relative explained that staff were “Lovely, patient and kind.” And went out of their way to make people’s birthdays a very special day for them.

We asked people if staff understood their needs, and they said they did. One person added that staff often asked if they wanted a bigger room, but they were happy in their room, so didn’t want to move. We asked people if staff encouraged them to be as independent as possible, and if they allowed people time and did not hurry them. People confirmed that they did. For instance, one person said, "All okay, never hurried." Another person said, "I think all staff are patient. They don’t rush me." A third person said, "They don’t rush me. They try to help."

People told us they were involved and supported in planning and making decisions about their care and treatment and said staff explained things to them. One person told us they were very independent. We asked people if they had the opportunity to make decisions. One person who used the service said, “If I want something I get the chance." Another person told us, “I do definitely,” and went on to tell us that once a month they went out for lunch, by taxi, independently. They were very proud of their independence. People told us they made choices every day. This included what they wanted to eat and what clothes they wanted to wear. People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

We asked people’s visitors if they were involved in making decisions about their family members’ care. They said they did. For instance, one person’s relative said, “Yes, they have always informed us of everything." They added that just that morning, staff had discussed their family member attending the Christmas trip out for lunch.

We asked visitors if the staff supported their relative to be independent. One person’s relative said, “Yes, let him wash himself" and "They prompt him," adding that staff explained everything. One person’s relative said, “Yes" adding that they needed different degrees of help and "She can do lots herself some days." We asked them if they felt that people received individualised care, one person’s relative said, “Yes, seen staff sit with him and talk about his past." They added that staff involved the person in games and activities. Another person’s relative said, "Yes, they know her very well.”

The home had a friendly and welcoming atmosphere, and staff were calm and efficient. We saw staff taking part in activities with the people who used the service and singing and dancing with them. We saw staff happily chatting to people who used the service and handing drinks out throughout the day.

The manager told us people could have access to an independent advocacy service if they needed an advocate to speak up for them and we saw that the contact details for local advocacy services were displayed in the home. The staff completed a comprehensive assessment of people’s needs and risks, covering all aspects of people’s health and well being. This informed the care planning process and included the preferences of the person. The plans included what was important to people and how staff should support them to maintain their privacy and dignity. They included a section entitled, ‘My Choices’ and talked about people’s personal story and their preferences. This included information about people’s religious and spiritual beliefs.

The observation we carried out showed us there were positive interactions between the five people we observed and the staff who supported them. Staff engaged with people, showed patience, were gentle and had respectful attitudes. The staff we spoke with knew people well. They understood the way people communicated and this helped them to meet people’s individual needs. For instance, we saw that staff ensuring they were at eye level with people who were seated when they spoke with them. People confirmed that staff maintained their dignity and privacy,

Good

Is the service caring?

and said they were able to have some private time if they wanted. Staff confidently explained to us how they maintained each person's privacy when undertaking their personal care.

Requires Improvement

Is the service responsive?

Our findings

We asked people if they felt they got the care they needed, and if they had some choice and control over their care. Everyone said, "Yes". One person said, "If I want any help I just ask. That's what they are here for." Another person said, "Yes, I have a choice. I think I am very lucky."

We saw a full activities board, and what was scheduled on the board for that day was taking place. We asked people if the activities available suited their needs. One person said, "I take part in everything that is offered." They told us they liked to go to the Bowling Club, [which was next door] in the summer, as they had been a member before living at the home. One person said they liked playing music, doing art activities, such as making the Christmas decorations and liked watching television. One person said, "I made Christmas cards last week." They said they had been on some trips, but didn't like going too far away. They added, "There is always something going on." Several people said they had enjoyed making Christmas decorations.

One person's relative said their family member had lots of falls before moving in. They told that the staff managed the risk of the person falling very well, and person was now, "Much more settled."

We looked at care records for eight people. People's needs assessments included information about areas such as people's medicines, mobility, falls, nutrition, continence, pressure care, communication needs and behaviour. If people had any wounds or pressure sores these were assessed and people had a care plan in place. Their needs assessments had been reviewed monthly.

We asked one member of care staff what the arrangements were when people needed to be assisted using equipment to move and transfer, such as hoists and slings. They told us people were assessed by an occupational therapist (OT) and if they needed to be assisted using a hoist, each person had their own personal slings and the sling size was recorded in their care plan. The care plans we saw included the correct sling sizes.

All care staff we spoke with knew people well and were confident about talking about people's specific needs when we asked questions. However, there were some sections of people's plans and risk assessments that were left blank or had not been completed fully. For instance, we saw one person's risk assessments, which included an assessment about the risk of them having a fall. This lacked detail about the medication the person was prescribed, which had an impact on the likelihood of the person falling. Another person's risk of having a fall had increased. The staff member we spoke with was aware of the person's history and the increase in risk. However, their assessment had not been updated to reflect this. This meant there was a risk of staff not being up to date with people's care needs and associated risks.

There were forms that included space to record people's body mass index (BMI). A BMI is an approximate measure of whether someone is over, or underweight. These had not been completed consistently. We asked a senior member of staff about this and they said staff were not clear about how to complete the forms as they had had contradictory advice from different managers and trainers.

One person's records showed they sometimes hid their medication and would not take them. There was no care plan in place to provide staff with further guidance about this. This is an area we identified that needed improvement as there was a risk of staff not being up to date with how to deliver people's care. The management team were aware that the completion of people's care records needed to be improved. The regional manager told us there had been some changes made to the care planning format and that there was a programme of training underway to provide staff with further training in this area, including recording people's needs, support and progress. This was confirmed by several staff we spoke with.

A copy of the complaints procedure was available for people in the communal areas. When we asked people if they knew who to complain to, most said they would complain to the registered manager or a staff member. One person said, "If it was serious I would see the manager." They added that they had never needed to complain. Another person said, "I would tell the police or a carer."

We asked people if they would feel comfortable making a complaint, One person told us, "I can go and see the manager any time I want. She is approachable." They said they once wrote a letter to the provider about staff shortages, and this had been discussed with them. We asked if staff listened and if things were put right. They confirmed that they were. One person said, "I think staff are very good, I can't praise them enough."

Requires Improvement

Is the service responsive?

We asked the visitors if they knew how to make a complaint and if they had, if they had been listened to. One person's relative said they would go, "Straight to the manager" and added they once had to do this, as there had been a nasty smell from under the sink. They said that the problem had been addressed. Another person's relative said, "We would go to whoever we need to. If it is a managerial problem, we would speak with the manager." They mentioned that their family member's hearing aid had kept going missing. They said the staff had developed a, "Great system" to help with this. A form was kept in the person's room and staff signed each day, to help keep track of when the person was wearing their hearing aid.

No complaints had been recorded as received in the home from people who used the service and their relatives, in the last twelve months. Records from previous complaint we saw showed that the concerns had been properly investigated and responded to in accordance with the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. All the people who used the service and their relatives we spoke with spoke positively about the manager and the leadership at the service. For instance, we asked people if they thought the home was well managed, and if managers and staff looked for ways to improve the service. Two people said, "Yes, I do." One person said, “The manager is lovely.” Another person said, "They seem to know what they are doing.”

We looked at a number of quality audits that were undertaken in the service. These included infection control and maintenance audits, the management of medication, care plan documentation, health and safety, and fire safety. The systems in place had not picked some areas of concern we identified, such as shortfalls in infection prevention and control, the management of medication and how the DoLS process was applied.

Other areas of the systems used to monitor the quality and safety of the service were more effective. For example, data regarding accidents was submitted to the provider in a monthly report, actions taken to reduce the risk of accidents re-occurring were monitored by the regional manager and there was a very clear system to make sure lessons were learned and were shared with staff.

We saw that the manager had audited several care plans each month, and highlighted any inconsistencies and omissions in the way they were written. Staff were then asked to make any necessary amendments. Additionally, further training was being provided to make sure staff were competent and confident in the use of the care planning system.

The registered manager explained that there were regular meetings held with people who used the service, relatives and staff and the records we saw confirmed this. Four Seasons had a clear set of principles and ethics. These included choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff. They said the values of the service were clear and they demonstrated a good understanding of these values.

We asked people who used the service if there was a positive atmosphere at the home and if they felt involved. All said, “Yes” with one person adding, "Staff talk to me a lot." We asked people if they got the chance to offer any feedback about the home, or complete any surveys. One person said, "Yes, sometimes." They added that they could write on the forms in their room and that this got read. Another person told us, "I get one sent regularly.” They indicated that the feedback they had given had been used to improve the service.

We asked visitors if they felt there was a positive culture at the home, and if they felt they could approach the staff at any time and get a positive response. Most said "Yes” and one relative added, "I can approach them anytime.” Both also said they had filled in a satisfaction survey. We saw that meetings were held with people’s relatives and the outcome of the surveys had been shared with people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The provider had not always maintained an appropriate standard of cleanliness and hygiene in relation to the premises.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person did not always protect people against the risks associated with the unsafe use and management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **There was not always evidence that the provider was working within the Mental Capacity Act 2005 Code of Practice.**