Key Healthcare (Operations) Limited

Four Seasons

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Overall summary

We inspected Four Seasons on 3, 12 and 19 June 2015. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

Four Seasons is a care home which provides care for up to 72 people. It is divided into 3 separate buildings, with one providing nursing care and two providing residential care. The home provides care for people with dementia. At the time of the inspection 69 people used the service.

The home had a manager in place and they were in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that a range of stimulating and engaging activities were provided at the home. The two activities

Summary of findings

coordinators had linked into a wide range of local resources, which included clubs and societies as well as people who used the service who volunteered for a garden preservation society. People routinely went to these clubs. The registered provider had developed the garden and this was now fully accessible and people who used the service had vegetable patches as well as chickens. The activities coordinators had organised a choir, which people who used the service sang in and this group made a yearly demo record.

Each year people who used the service were supported to enter competitions such as the National Activities Programme Award and had won several national prizes. They had come third last year in the picnic competition; people who used the service and staff knitting a huge blanket and all joining in a large picnic. People and staff, on several occasions, had attempted to become Guinness Book of World Records holders. The activities coordinators and people who used the service used their skills and expertise to fund raise and had collected over £36000 this year. The people who used the service and relatives had determined how this was to be spent and decided that some would be allocated to renting transport whilst the remaining monies would be used to enrich the lives of the people who were unable to get out and about.

People told us that staff worked with them and supported them to continue to lead fulfilling lifestyles. Staff outlined how they supported people to continue to lead independent lives. For those people who lived with a dementia, we saw that staff matched their behaviour to people's lived histories (the time of the person's life they best recall) and this enabled individuals to retain skills and work to their full potential.

We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. Those people, who were able to, were encouraged and supported to go out independently and others routinely went out with staff.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. A nurse, two heads of care, two senior care staff and ten care staff were on duty during the day and a nurse, two senior care and eight staff on duty overnight. However, we noted that staff could be deployed more effectively across the three units to ensure support was readily available during the early morning and at mealtimes. The manager undertook to provide a floating twilight and dawn staff member as well as review mealtime practices.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and saw that audits of infection control practices were completed.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia care. We found that the manager not only ensured staff received refresher training on all training on an annual basis but had introduced checks to make sure staff understood how to put this training into practice. Each month the manager questioned staff about different aspects of the courses and when staff struggled to find the correct answer they ensured staff received additional training.

Staff had a greater understanding of the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations. Staff had been working hard to ensure capacity assessments were completed in line with the Mental Capacity Act 2005 code of practice. They and the manager recognised that they were still developing the skills needed to always complete these accurately and they needed more space on the sections relating to people's ability to take on board information to write their analysis.

Summary of findings

People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity. Staff also sensitively supported people to deal with their personal care needs.

Where people had difficulty making decisions we saw that staff gently worked with them to work out what they felt was best. We saw that when people lacked the capacity to make decisions staff routinely used the 'Best Interests' framework to ensure the support they provided was appropriate. We found that staff had also obtained information to confirm whether relatives had been appointed to the role of lasting power of attorney care and welfare and that these powers had been enacted or confirmed as in place.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed; care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. The manager had ensured people were supported to access independent advocates when needed. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

The registered provider had a range of systems to monitor and improve the quality of the service provided. We saw that the manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

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?
The service was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good

Is the service effective?
The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they chose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good

Is the service caring?
This service was caring.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively supported people.

Staff were constantly engaging people in conversations and these were tailored to individual's preferences.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care.

The staff were knowledgeable about people's support needs.

Good

Is the service responsive?
The service was responsive.

We saw people were encouraged and supported to take part in activities and some routinely went on outings to the local community.

Outstanding

Summary of findings

The range, depth and breadth of activities and meaningful engagement people experienced was extensive and tailored to each person's needs. The activities coordinators ensured the people were consistently engaged in enjoyable activities, which also gave the people a sense that they were valued and were continuing to contribute to the local community life.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis. The staff were extremely knowledgeable about each individual's needs and rapidly identified any changes.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us when they had recently had concerns these were thoroughly looked into and reviewed in a timely way.

Is the service well-led?

Good

The service was well led.

The manager was effective at ensuring staff delivered a good service. We found that the manager was very conscientious. They reviewed all aspects of the service and took action to make any necessary changes.

Staff told us they found the manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Systems were in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Four Seasons

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 3, 12 and 19 June 2015 and was unannounced. We commenced the visit at 5.30am on the 3 June 2015, as a part of our routine process for reviewing the night time practices.

On the first day the inspection team consisted of an inspector, specialist advisor who was an occupational therapist and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who formed a part of the team specialised in the care of older people.

We did not ask the registered provider to complete a registered provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed the information we held about the home and contacted the Clinical Commission Group (CCG) to obtain their views after their recent audit.

During the visit we spoke with 15 people who used the service, four relatives, the manager, and two nurses, two heads of care, four senior carers, fourteen care workers, two activity coordinators, the cook and two assistant cooks, the maintenance person and two domestic staff member. We also undertook general observations of practices within the home and we also reviewed relevant records. These included ten people's care records, six staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw people's bedrooms, bathrooms and communal areas.

Good

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they liked living at the home. They found staff kept them safe and were very caring. People said, "I do feel safe with the staff, they are Angels and will do anything you ask them to do." And, "You won't find anywhere in the world better than these people, nothing is too much for them to do for you." And, "You can't beat the nurses or other staff in here; they all have the patience of Jobe."

Relatives told us that they thought the staff provided care that met people's needs and kept individuals safe. Relatives said, "I am sure my relative is well cared for and is safe with the staff. If she wasn't then I would move her." And, "There is nothing we are worried about. Nothing is a problem to them and the staff always go the extra mile." And, "My relative is very happy in here, the staff are really very good and I leave feeling happy with their care."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. Charts used to document change of position; food and hydration were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with 11 members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "I certainly would report anyone who treated anyone in here in a way that was unnecessary and unkind." And "I would report anything that I felt was unkind or poor behaviour towards any one of our people. It is not what they are here for. I have not seen anything wrong, but if I did I would not hesitate to report it."

We found information about people's needs had been used to determine that this number of staff could meet people's needs. Through our observations and discussions with people and staff members, we found that on the whole there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. A nurse, two heads of care, two senior care staff and ten care staff were on duty during the day and a nurse, two senior care and eight staff on duty overnight. In addition to this the manager provided cover during the week. Also additional support staff were on duty during the day such as activity coordinators; an administrator, catering, domestic and laundry staff. However, we noted that staff could be deployed more effectively across the three units to ensure support was readily available during the early morning and at mealtimes. The manager undertook to provide a floating twilight and dawn staff member as well as review mealtime practices.

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Good

Is the service safe?

Accidents and incidents were managed appropriately. The heads of care discussed how they were analysed incidents to determine trends and how they intended to use this to assist them and the manager look at staff deployment.

All areas we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six month for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. However we noted that the hot water was running below the recommended temperature of 43°c and mentioned that people may be experiencing baths in cool water. The registered provider undertook to ensure the staff made sure the bath water was comfortable for people.

We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home; and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines. We spoke with people about their medicines and said that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Good

Is the service effective?

Our findings

At this inspection the people and relatives we spoke with told us they thought the staff were good and had ability to provide a service, which met their needs. We spoke with people who used the service told us they had confidence in the staff's abilities to provide good care and believed that the home delivered an excellent service.

People said, "Some time ago I lost a bit of weight. The staff picked it up when I got weighed. I was given some medicine and I am alright now." And "Staff are always on hand." And, "The staff are always coming round asking if you want a drink. They know exactly what I want but they never presume, they always ask me what I would like." And, "They are wonderful in here. They are so very kind and helpful."

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The manager told us they had been working with relevant local authorities to apply for DoLS authorisations for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this outcome.

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had not only ensured that where appropriate, Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. The manager clearly understood the principles of the MCA and 'best interest' decisions and ensured these were used where needed.

We found that staff did struggle to understand that when people had capacity they could make unwise decisions and how to complete decisions specific capacity assessments. The manager had recognised this gap and outlined that they were sourcing additional training. Plans were in place for staff to complete other relevant training such as how to apply the Mental Capacity Act 2005 principles, how to complete capacity assessments and record 'best interest decisions'.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. All the staff we spoke with were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident that the manager would facilitate this additional training.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training. We also found that the manager had recently introduced the practice of checking that staff had applied the learning to their practice via questionnaires.

We found that staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures as well as shadowing more experienced staff. Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw that the manager was completing competency checks for nurses and care staff.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care and nursing needs. We saw that 'Snapshot assessment forms' were completed for people which readily provided information about their needs.

The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that MUST tools, which

Good

Is the service effective?

are used to monitor whether people's weight were within healthy ranges were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake. However, we saw that some contained over 30 separate plans to cover all the identified needs of a person. This, we found led to excessive and duplicated recording, which may lead to needs being missed. The manager had identified this as an issue and they, with the heads of care were looking at how to streamline the care records.

We observed that people received appropriate assistance to eat in both the dining room and in their own rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. We observed the meal time experience in different parts of the home. We found that on the whole during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. All the people we observed enjoyed eating the food and very little was left on plates.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who was at risk of dehydration had a minimum fluid intake over 24 hours documented on the fluid chart and this was regularly reviewed to ensure they continued to take adequate fluids.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that since the last inspection the registered provider had taken action to ensure staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. People were regularly seen by their treating teams and when concerns arose staff made contact with relevant healthcare professionals. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Good

Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. People discussed at length their views on the service and how they thought the care being received was very good.

People said, "Staff in here is as good as you can get. We can have a joke and a laugh with them. They are as daft as us, but I know they respect us." And, "You can't beat the staff here; you could not find better anywhere, always treated with respect and so very kind. What more could I ask for?" And, "I am totally content. It is socially acceptable. We are all treated the same. We all have a nice clean bed, good food and good staff."

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff we spoke with described with great passion, their desire to deliver high quality support for people and were extremely empathetic. Staff on all the units were seen to use a wide range of techniques to develop strong therapeutic relationships with people who used the service. We found the staff were warm and friendly.

Staff showed good skills in communicating both verbally and through body language. One person who was being assisted to eat their meal was unable to speak but staff constantly watched their face for signs that they were ready for more food and chatted to them throughout the meal. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example quickly recognising signs that were wished to move from the chair. The staff were also skilled in communicating with people who had hearing impairment; they approached them slowly; spoke clearly and checked that they had heard before moving away.

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One care assistant said,' I always treat people with respect'. Another member of staff said, 'We always give personal care in the bedroom or in the bathroom and we lock the door." We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join, or whether they wanted to go into the garden. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The service also promoted people to be as independent as possible. A member of staff said, 'We always give opportunity to do as much as they can for themselves, and give them time to do it as well without rushing - like cleaning teeth or washing face'.

The environment was well-designed and supported people's privacy and dignity. The bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs, pictures (both wall mounted and displayed on surfaces), furniture, lamps.

We found that the manager reviewed current guidance around supporting people living with dementia and took action to ensure staff used. The manager could show us how the environment met the needs of the people living with dementia and outlined further changes they were making to ensure the environment fully met the needs of people with a dementia type illness. We saw that the décor and environment of the dementia care units had created a place where people were relaxed and able to independently use the facilities.

Throughout our visit we observed staff and people who used the service engaged in general conversation and friendly banter. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood.

Outstanding ☆

Is the service responsive?

Our findings

We found that a range of stimulating and engaging activities were provided at the home. The two activities coordinators had linked into a wide range of local resources, which included clubs and societies as well as people who used the service volunteering for a garden preservation society. People routinely went to these clubs. The registered provider had developed the garden and this was now fully accessible and people who used the service had vegetable patches as well as chickens. The activities coordinators had organised a choir, which people who used the service sang in and this group made a yearly demo record.

Each year people who used the service were supported to enter competitions such as the National Activities Programme Award and had won several national prizes. They had come third last year in the picnic competition; people and staff knitted a huge blanket and all joined in a large picnic. People and staff, on several occasions, had attempted to become Guinness Book of World Records holders. The activities coordinators and people used their skills and expertise to fund raise and had collected over £36 000 this year. The people who used the service and relatives had determined how this was to be spent and decided that some would be allocated to renting transport whilst the remaining monies was to be used to enrich the lives of the people who were unable to get out and about.

We heard from relatives and people who use the service that they thought the activities workers was superb and deserved an award. We found that Four Seasons Care Home is the only Care Home in the North East involved in NAPA which is a Charity run by Volunteers on behalf of residents in Care Homes. NAPA organises National Events and Four Seasons has won events on two occasions. The activity coordinator told us that this year the event is to do "Fine Dining" and people who used the service had expressed a wish to compete again.

People said, "Our activities workers are really very good. They made arrangements for us to go to our church once a fortnight. We have a sing-a-long and a Service. A few of us from here go and it is nice to be outside and meet up with other people." And "Some of us go to our own allotment which is on a farm. We grow our own vegetables, it is great to see small roots grow and they do grow quickly. We have a really good time there."

People told us, "[Named activity coordinator] has so many good ideas, she keeps us busy and happy. We have been to Beamish with her for the day. It was a lovely run out. We all enjoyed it." And, "[Named activity coordinator] is so good; nothing is too much for her. She keeps us interested in doing all sorts of things – like knitting a scarf which was very, very long. We were entered into a competition. We did not win but it did not matter."

We saw that staff responded to any indications that people were experiencing problems or their care needs had changed. We saw that the nursing staff had sourced a range of current guidance such as NICE guidelines and was supporting staff to consistently apply these to their practices.

The staff discussed how they had worked with people who used the service to make sure their placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensured wherever possible the placement still met people's needs.

Staff on all of the units were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office on all floors. The nurse told us that the manager regularly reminded staff that if a complaint was made then the senior person on the floor should be made aware of it immediately and the person making the complaint should be brought into the privacy of the office.

We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. People told us that they had never felt the need to complain. We saw that when complaints had been made the manager had thoroughly investigated and resolved.

Good

Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke very highly of the service, the staff and the manager. They told us that they thought the home was extremely well run and completely met their needs. Relatives told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently. We saw that respondents to the local care home website rated the service highly and frequently made positive comments about the home.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred.

People said, "My relative is very happy in here, the staff are really very good and I leave feeling happy with their care." And, "The manager is excellent and really easy to approach to discuss issues and make suggestions to."

The staff had pride in the service that they worked in. Staff said, "I have worked in other places but this is by far the best one. The manager has high standards and we do too." Another member of staff said, 'People enjoy working here that's why people stay." And, "We get help and encouragement from management. We are here because we want to help care for people and make it happy for them." And, "I have been here a few years now. I would not want to go anywhere else. The manager is very supportive, and you feel valued by him. Also, If we identify any training we feel we need, and then we get it."

We found that the majority of the staff had worked at the home since it opened and changes related to staff going on to complete nurse training or retiring. We spoke with one nurse who had originally worked as a carer at the home and returned to work there as a nurse.

All the staff members we spoke with described that they felt part of a big team; one staff member said, "We all work together as a team".

The staff we spoke with described how the manager and senior staff constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices and how these could be improved.

Staff told us that the manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. The manager ensured staff kept up to date with the latest developments in the field. We found that the manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with a high quality service.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought.

We also saw that regular monthly meetings were held with the people who used the service. At these meeting people were actively encouraged to look at what could be done better. We found that their views and ideas were listened to and acted upon.

We found that the manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the registered provider had effective systems in place for monitoring the service, which the manager fully implemented. They completed monthly audits of all aspects of the service, such as infection control, medication, learning and development for staff. They took these audits seriously and used them to critically review the home. We found the audits routinely identified areas they could improve upon. We found that the manager

Good

Is the service well-led?

produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the home was well-run.