

# Day Care Services 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Four Seasons is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 22 people with different health and care needs, including those living with dementia, in one adapted building.

### People's experience of using this service and what we found

People's experience of using the service was positive. This was confirmed by the consistently good feedback we received. Some aspects of meeting regulatory requirements and ensuring robust record-keeping needed to be improved. We made a recommendation regarding this.

People felt safe with the care from staff and enjoyed the close, family-like and personalised support this relatively small service provided. People, relatives and staff were involved in the development of the service and felt listened to. One person told us, "[Managers] meet with us at least weekly to see how things are going and involve us in decisions. I like that it is a small home, it means for example the chef knows us well, what we like and do not like."

Staff enjoyed working at the service and people were cared for by an established team, who knew them well and supported them with sensitive encouragement and respect. The service was overseen by a well-respected manager, who was praised for their 'hands-on' approach in their support to people and staff.

The service worked effectively with a variety of professionals to achieve good outcomes for people and promote their health and wellbeing. This included supporting people to maintain or regain their independence.

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.

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

### Rating at last inspection

The last rating for this service was good (published 17 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

Requires Improvement ●

The service was not always 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

The inspection was carried out by one inspector.

#### 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 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 seven people who used the service and one person's relative about their experience of the care provided. We spoke with four members of staff in depth, including the registered manager and care

staff. We observed interactions between people using the service, as well as care and support provided at different times of the day.

As this was an inspection at which we checked whether the service had sustained its good rating, we reviewed a smaller range of records. We checked different sections of four people's care records and multiple medication records. A variety of records relating to the management of the service, including recruitment, supervision, training, quality checks and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People told us staff ensured they got their medicines at the right time. We completed some stock checks of people's medicines and found these matched records.
- Staff were aware of safe medication procedures and described these to us. Staff knew people and their needs well, which helped to ensure overall people received their medicines safely.
- However, records to underpin safe practice needed to be improved in line with practice. We considered this as a record-keeping issue when checking whether the service was well-led.

### Assessing risk, safety monitoring and management

- People had personalised assessments of risk to their health and safety in place. Staff discussed safety precautions with people and, where appropriate, their families. This helped to keep people safe while maintaining their privacy and independence.
- Risk assessments were reviewed regularly, however we highlighted to the registered manager a few needs for improvement as part of record-keeping.
- Health and safety checks were overall completed regularly. An electronic system informed managers when these were overdue. We discussed some minor repair needs and safety considerations with the registered manager, which they addressed immediately.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Four Seasons. Everyone we spoke with echoed one person's comment that stated, "Oh yes, I feel very safe here. The staff are great, I could not fault them at all."
- staff were aware of safeguarding responsibilities and had confidence in the registered manager to address and act on any concerns

### Staffing and recruitment

- People and staff told us there were enough staff to meet people's needs and people did not have to wait long to be helped.
- People were supported by a long-standing staff team. The low turnover of staff helped to ensure consistency of care.
- New staff continued to be recruited using appropriate checks.

### Preventing and controlling infection

- The service appeared clean and hygienic throughout. When there were concerns about infection risks, staff took appropriate action to reduce these. Personal protective equipment, such as gloves and aprons,

was available.

- The service had recently been awarded the highest possible rating by food hygiene inspectors.

Learning lessons when things go wrong

- All incidents and accidents were reviewed by the registered manager and they took actions to prevent recurrence.
- There had been few incidents and accidents therefore no monthly overview analysis had been completed. The registered manager understood their responsibility to continuously review this.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were invited to visit the service and complete an assessment prior to moving in. People's care plans were based on these initial assessments, so that their needs could be met effectively.
- Staff gave us examples of achieving positive outcomes for people, such as supporting people to be able to move more independently again.

Staff support: induction, training, skills and experience

- Staff felt well supported. Staff received regular formal supervision, but also told us the registered manager was always at hand to offer guidance and support.
- Staff completed a variety of training on a yearly refresher basis, to provide them with the skills and knowledge to carry out their role.
- New staff received a 12-week induction mapped to the Care Certificate. The Care Certificate is a recognised set of standards for those working in health and social care.

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

- People praised the food and told us kitchen staff were very knowledgeable about their preferences and dislikes. One person told us, "That is what is so lovely about being in a smaller home. When the chef knows they are cooking something you may not like, they come and speak to you about what you would like instead."
- People were encouraged to eat and drink enough. There was plenty of choice and snacks were offered regularly throughout the day.
- Staff were knowledgeable about people's specific dietary and fluid requirements. When staff were concerned about people's food or fluid intake, they completed relevant records and made appropriate referrals.

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

- People saw a doctor when they needed them. Staff checked with people that they were happy for health professionals to come and see them.
- The service worked with a variety of professionals and made appropriate referrals when needed, to maintain people's health and wellbeing.
- Staff were responding to a person's changing health needs when we visited and kept relatives informed.
- Staff used activities to promote people's wellbeing through exercise.



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

- The service was in the process of being refurbished. Communal areas had been refurbished and individual rooms were being updated on an ongoing basis.
- Basic orientation aids were in place to help people find their way. The registered manager explained plans to further develop the service's dementia-friendliness.

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.

- Staff sought people's consent before providing care and supported people to make informed decisions, while respecting their wishes. The service for example supported a person's rights to make decisions about their specialist nutrition.
- An effective template to assess people's mental capacity with regards to specific decisions was in use. We saw that the service had made appropriate applications to the local authority and consulted with social workers for follow-up when required.

# 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

- We received consistently positive feedback from people and relative about the staff team. People's comments included, "They are just so enthusiastic" and "I have not got a bad word to say about them, we are better looked after than in a hotel."
- People and their relatives enjoyed the close, family-like atmosphere of a relatively small home and the way in which this helped staff to be provide personalised care.
- Staff knew people well, which helped them to recognise early when people needed support, to maintain their dignity. Staff spoke warmly about people living at the service and gave us personalised examples that showed how much they cared for those they supported.
- We observed calm, unrushed interactions between staff and people who lived at the service. Staff supported people with sensitivity and understanding. For example, when people did not wish to join in with others and spend time on their own, staff respected this but ensured support was still easily available.
- Relatives were made to feel welcome and people's spouses were encouraged to join their loved ones for meals.

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

- Staff supported people to make decisions and give consent about aspects of care, for example checking whether they were happy for a professional to come and visit them.
- People and their relatives, where appropriate, were encouraged to take part in initial assessments, as well as the planning and reviews of care.
- Information to signpost people to independent advocacy services was available. At the time of inspection, nobody living at the service required these.

Respecting and promoting people's privacy, dignity and independence

- Staff were supportive and respectful in their encouragement for people to remain independent. A staff member summarised this by saying, "We make sure we work at [the resident's] pace, not our pace."
- People's electronic care plans and records were password protected, which helped to keep them confidential.
- People and their relatives had consented to photos and information displayed on people's bedroom doors. We considered with the registered manager how these displays could be reviewed, to show only essential information, while maintaining people's privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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 personalised care was supported by individualised plans in place to guide staff. These were based on initial assessments and included information about people's life stories, needs and preferences.
- Care plans were regularly reviewed by key workers and the registered manager, who encouraged people and relatives to take part in the review.
- An electronic care plan system was in use that guided necessary completion of records. Staff recorded their entries throughout the day, to reflect people's ongoing support.
- Staff were knowledgeable about people's individual needs and gave us examples of how they supported these.

Meeting people's communication needs; 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

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.

- A variety of activities was on offer to engage people. This included visits by a local school, which helped people to connect and enjoy activities together with the school children. There were regular visits by entertainers, as well as church members representing people's different faiths.
- People had developed friendships within the service and were supported to maintain important relationships. Some people stayed in touch with family members via video calls. People used their own or the service's shared computer tablets to do so. Communal Wi-Fi was available to support this.
- People felt involved in decisions, such as about trips out. These took place on a more individual basis, however larger group days out had also been arranged.
- The service worked with people and professionals to support individual communication needs.
- A service user guide was available, providing people with important information, such as how to make a complaint. We discussed with the registered manager the different formats in which this, as well as displayed information, could be made available in different formats.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint or concern and felt listened to.
- People told us senior staff came to speak with them at least weekly to see how things were going and

involved them in decisions.

#### End of life care and support

- The service worked with people, relatives and professionals to care for people at the end of their life with dignity and respect for the person's wishes.
- More detailed assessments and related care plans of people's wishes and needs at the end of their life were in development.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant that although leaders had created a culture that supported the delivery of high-quality, person-centred care, some aspects of service management, including record-keeping, were inconsistent.

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

- Ratings from our last inspection had been displayed within the service. However, they had not been displayed on the provider's website in line with regulations.
- Staff had safely supported people to receive medication, including controlled drugs and prescribed patches. However, the recording of this was not always robust and consistent and in line with best practice. For example, the service had not ensured the continued use of a bound controlled drugs book. Controlled drugs require particularly careful overview management, as they are at risk of being misused.

We recommend the service consult best practice guidance from reputable sources for the consistent management and application of controlled drugs, including transdermal patches.

- The registered manager had raised record-keeping issues with staff, to promote greater consistency. This had led to improvements, however we highlighted a few gaps in monitoring charts and records that needed to be addressed.
- The registered manager had notified CQC of specific events in line with legal obligations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke highly of the registered manager and their hands-on, approachable support.
- There was a warm, family-like atmosphere throughout the service, which people, relatives and staff enjoyed. A staff member told us, "It is a good atmosphere here. Everybody is just very 'down-to-earth' and get on with things."
- Staff respected and supported people's individuality. Staff had received some training in promoting people's equality and diversity. The registered manager explained further training would be made available to help staff support people's diverse needs.

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

- The service was developing community connections, for example through 'fun afternoons' involving shared activities with a local school.
- Regular meetings took place for people using the service and staff to raise concerns and get involved in

the development of the service. People and staff felt listened to.

#### Continuous learning and improving care

- A variety of checks and audits were in place to support the provider and registered manager to identify improvements needed and take action to address these.

#### Working in partnership with others

- The registered manager used best practice information from a variety of sources to continuously develop the service.
- We saw thank you cards and compliments from different stakeholders, praising the service for their professionalism and good care. Compliments we received included, "This is a lovely home, it is so much nicer, because it is smaller. [The residents] are well looked after here, the staff are lovely. I have no concerns about the home whatsoever."