

# Four Seasons Health Care (England) Limited

## Euxton Park Care Home

### Inspection report

Wigan Road  
Euxton  
Chorley  
Lancashire  
PR7 6DY

Tel: 01257230022  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit:  
19 January 2016

Date of publication:  
04 May 2016

### 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 

# Summary of findings

## Overall summary

This inspection took place on 19 and 27 January 2016. The first day was unannounced. There were 49 people who used the service at the time of the inspection.

Euxton Park is registered to provide accommodation and nursing or personal care for up to 63 people. The home provides care for older people and people who have a physical disability. There are two units within the home - one for people who require personal care and a nursing unit.

Care is provided on a 24 hour basis, including waking watch care throughout the night. All bedrooms at the home are single and some include en-suite facilities.

There are a variety of communal areas, including well maintained grounds for the use of people who use the service.

There was a registered manager in place at the time of the inspection. 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.

The last inspection of the service took place on 4 and 5 August 2015. During that inspection we found the provider was in breach of a number of regulations. The breaches were in relation to safe care and treatment, medicines management, safeguarding people from abuse, arrangements for the safe maintenance of equipment, infection control, nutritional care, person centred care, dignity and respect, staffing and good governance.

We found significant improvements across all areas of the service during this inspection. We have judged the service is no longer rated as inadequate for any of the five key questions. Therefore, Euxton Park will no longer be in special measures and we have stopped taking enforcement action against the provider. We found the provider to be meeting all the regulations we assessed. However, we identified some areas where further improvements should be made, which are detailed below.

During the last inspection of the service we had concerns about the way risks to the health, safety and wellbeing of people were managed. During this inspection we found the registered manager had implemented a robust risk assessment and care planning process. We found that risks to people's safety or wellbeing were clearly identified and there was clear guidance in place for staff about how to maintain people's safety. We found staff had a good understanding of people's needs and took appropriate measures to support them safely.

Concerns identified about the management of people's health care needs at the last inspection in August 2015 had been addressed and we found good improvements in this area. People's health care needs were

carefully assessed and planned for. There were processes in place to ensure that staff had the skills to care for people effectively. Where care workers undertook health care tasks, clear procedures were in place to ensure they received the necessary training and support to do so safely. We identified further possible improvements in relation to the support of health care assistants. We made a recommendation about this.

Arrangements for the safe maintenance of equipment and infection control were improved. There were designated staff members responsible for the auditing of these areas to help ensure that equipment was maintained to a safe standard and that all areas of the service were clean and hygienic. However, we found that some areas and equipment had not been included on the audits. We made a recommendation about this.

Significant improvements were found in relation to the management of people's medicines. We found there were safe systems in place, which helped to ensure people received the correct medicines at the correct times.

Feedback regarding staffing levels at the home was significantly improved. In discussion, people who used the service, their relatives and staff all confirmed that staffing levels were much better. People told us they were no longer having to wait for assistance for undue amounts of time. Most people also felt there was an improvement in consistency across the staff team with the use of agency staff having been reduced.

We saw the registered manager and provider had taken a number of measures to reduce agency staff use, including a determined recruitment drive of permanent staff. We also noted that staffing levels had been increased due to more effective use of the staffing dependency tool, used to calculate staffing levels.

During the last inspection, which took place in August 2015, we found the arrangements to protect people against abuse or improper treatment were inadequate and that allegations of abuse were not always reported or managed in line with safeguarding procedures. During this inspection, we found the registered manager had taken a number of measures to ensure all staff were fully aware of their responsibilities to report safeguarding concerns and were able to recognise them.

We found the feedback from people who used the service about the care they received was much improved and during this inspection, very positive. People spoke highly of staff and expressed satisfaction with the way care workers treated them. People felt they were involved in their care and able to make choices and decisions about their daily lives.

We found that the rights of people who did not have capacity to consent to all aspects of their care were protected because the service were working in accordance with the Mental Capacity Act 2005.

We found people's care was planned in line with their individual needs and wishes. We saw some very good examples of care that was tailored to meet people's preferences and took into account the things that were important to them. Care plans were very detailed and contained a lot of information. We noted that some information was difficult to find quickly. We made a recommendation that one page profiles and clinical alert sheets be put in place for each person who used the service so staff could quickly find pertinent information.

During the last inspection carried out in August 2015, we identified some concerns about the leadership of the service. Some staff felt they were not able to raise concerns and were not confident they would be supported if they did so. We saw during this inspection that a number of measures had been taken to address these concerns. Staff had been provided with additional whistle blowing helplines and contacts.

Open surgeries were now held during which staff could speak directly with senior managers and members of the organisation's Human Resources Team.

We saw that supervision of staff had improved and measures had been taken to ensure that all those providing it, had received the appropriate training to do so.

The governance of the service had improved. During the inspection carried out in August 2015, we found the registered manager was not always aware of significant incidents that had occurred and the service didn't always learn from adverse incidents. During this inspection we found the provider had made changes to the reporting system which meant registered managers were required to clearly record any lessons learned from adverse incidents and what measures could be taken to prevent a reoccurrence. These incidents were now more closely monitored by senior managers to ensure this work was followed through.

Significant improvements to the home's internal quality assurance processes were noted. These included the implementation of a much improved medicines auditing system, which helped to ensure that any areas for improvement could be identified and addressed in a prompt manner.

## 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 consistently safe.

Further improvements to the supervision of staff carrying out medicines administration and infection control audits were required.

Risks to the health, safety and wellbeing of people who used the service were assessed and carefully managed.

Staff were able to recognise safeguarding concerns and were aware of their responsibilities to report them.

Significant improvements in the management of people's medicines meant people were better protected against unsafe medicines practice.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People's health care needs were carefully assessed and managed well. People experienced good outcomes as a result of the health care they received. However, some records relating to people's daily care, for example, fluid input and output charts were not always fully completed. We also recommended that the processes for auditing tasks carried out by CHAPs (Clinical Healthcare Assistant Practitioners) be reviewed to ensure they are provided with adequate supervision and support.

There was a detailed training programme in place which was closely monitored by the registered manager. This helped to ensure staff had the correct skills to care for people effectively.

The rights of people who did not have capacity to consent to all aspects of their care were upheld because the service worked in accordance with the Mental Capacity Act 2005.

### Is the service caring?

**Good** ●

The service was caring.

People felt they were cared for in a kind and compassionate manner and that their privacy and dignity was respected.

People's care was planned in line with their personal wishes and preferences.

### **Is the service responsive?**

The service was responsive.

Staff had a good understanding of people's needs and the support they required.

People who used the service, staff and other stakeholders were enabled to express their views and raise concerns.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Accidents and incidents were managed appropriately and the registered manager ensured any learning from such incidents was identified and followed up. However, actions taken, specifically in relation to the support and supervision of staff following adverse incidents were not always clearly recorded.

Systems for monitoring safety and quality across the service were significantly improved. This enabled the registered manager to identify potential areas for improvement and address them.

Staff reported a culture which they felt was much improved and within which they felt able to raise concerns or express their opinions.

**Requires Improvement** ●

# Euxton Park 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 was planned to check whether the provider had taken action to make improvements following the last inspection, when the service was awarded an inadequate rating and placed into 'Special Measures.'

The inspection took place on 19 and 27 January 2016 and was unannounced.

The inspection team consisted of three adult social care inspectors, a pharmacy specialist advisor and a specialist advisor in the care of people who have or are at risk of developing pressure ulcers. We were also accompanied by 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. This expert-by experience had expertise in services for older people.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

A provider information return, which tells us about how the service is managed and planned improvements, was not requested for this inspection.

We spoke with seven people who used the service during the inspection and five relatives. We also had discussions with the registered manager, an acting manager, the deputy manager, eight nurses or care workers, the activities coordinator, the cook and a member of the maintenance team.

We contacted fourteen community professionals as part of the inspection and received feedback from three of them. We also contacted the local authority contracts team who commission the service.

We closely examined the care records of nine people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs

and manage any risks to people's health and wellbeing. We looked at medicines records for 18 people who used the service.

We reviewed a variety of other records, including policies and procedures, safety and quality audits, five staff personnel and training files, records of accidents, complaints records, various service certificates and records relating to quality assurance.



# Is the service safe?

## Our findings

At the last inspection of this service carried out in August 2015, we found the service was not safe. We judged the service to be in breach of regulations relating to safe care and treatment, safeguarding, staffing levels and safe use of equipment. The registered manager provided us with an action plan advising us how the service would achieve compliance. We found during this inspection that significant improvements had been made in order to address the concerns raised following the inspection carried out in August 2015.

People we spoke with told us they felt safe living at Euxton Park and knew what to do if they had any concerns. People's comments included, "I do feel safe here, everything is not too bad really." Every person said they felt staff had the necessary skills to keep them safe and did so. People told us they could come and go as they pleased and had no problems seeing visitors in private, if they wished to. People said they could make decisions about their care, that their rights were respected and that their medicines were handled safely.

During the last inspection of the service we identified concerns about the way risks to the health, safety and wellbeing of people who used the service were assessed and managed. The action plan provided by the registered manager, detailed new and improved processes for risk assessment, management and review. All the care plans we viewed contained a variety of risk assessments and risk management plans. These were in relation to areas such as falls, nutrition and pressure sores. In all examples, we found that risk assessments contained up to date and accurate information and that where a risk was identified, clear actions were in place to help maintain people's safety.

For example, we viewed the care plan of one person who had experienced some changes in their health and as a result, their prescribed medication had changed. We saw that staff had recognised their changing needs and the increased risks they faced. Appropriate action had been taken to help maintain the person's safety.

We had concerns at the last inspection of the service because we found that safeguarding concerns including allegations of abuse, had not always been reported and addressed in line with safeguarding procedures.

During this inspection we found that a number of actions had been taken to ensure that all staff employed at the home had a good understanding of what constituted abuse and the action they must take if any such concerns were identified.

Training for all staff had been refreshed to ensure they had an up-to-date understanding of safeguarding procedures. In addition, Safeguarding Champions had been appointed within the service, whose role would be to ensure that all staff were fully aware of their responsibility to report any concerns immediately. The Safeguarding Champions had additional training in the area scheduled and would act as a source of information and guidance for any person requiring advice about safeguarding matters.

All the staff we spoke with demonstrated a good understanding of safeguarding procedures and said they

would be comfortable in reporting any concerns. Staff were also confident that the registered manager and senior managers from the organisation would respond to any concerns they raised in an appropriate manner.

No evidence was found during this inspection that the registered manager or any staff members had failed to report any safeguarding concerns.

We identified concerns about medicines handling at our last inspection in August 2015. The action plan provided by the manager following this inspection detailed a number of planned improvements. We were able to confirm these had been completed during this inspection.

We looked at ten people's medicine records and stocks of their medication on the nursing unit and eight on the residential unit. Records and medicines stocks were generally well organised and followed national guidance. Medicines, nutritional supplements and creams were now only used for the people they were prescribed for and accurate records were usually made.

Medicines were stored securely in locked treatment rooms and access was restricted to authorised staff. Medicines rooms and trolleys were now cleaned regularly and were appropriately maintained. Controlled drugs were stored in a suitable controlled drugs cupboard and access to them was restricted. Medicines which required cold storage were kept in a fridge within the medicines store room. Maximum and minimum temperatures were now recorded in accordance with national guidance. Medicines were disposed of appropriately.

We found detailed information to guide staff how to safely administer 'when required' medicines. However, we saw medicines that were prescribed at a variable dose, for example as one or two tablets, did not always have clear information recorded about how many to administer. However, when we spoke with staff they were aware of people's needs and were able to tell us how they would make that judgement.

Improvements to medicines audits (checks) had been further developed since our last inspection. These now included daily, weekly and monthly checks by staff and managers. Issues that had been identified by us had been acted upon and improvements made. We identified a number of recording errors that we fed back to the managers and were assured action would be taken to prevent them happening again.

Staff had all received medicines handling training and their competencies had been assessed to make sure they had the necessary skills. Clinical Health Assistant Practitioners (CHAPs) were being utilised to support nurses in the administration of medicines on the nursing unit. Improvements had been made to their training programme to make sure they had the necessary skills and we saw paperwork to support this. Further development of the audit procedures of tasks carried out by CHAPs was recommended to make sure they were appropriately supported and supervised by the lead nurse on any particular shift.

During the last inspection of the service we identified concerns about staffing levels. We found that staffing levels, did not meet people's needs and received feedback from a number of people about long waiting times for assistance. We found during this inspection that a number of measures had been taken by the registered manager to address these concerns.

The registered manager advised us that staffing levels had been increased. This information was supported by records we viewed including staff rotas and our discussions with people who used the service and staff. Every person we spoke with described an improvement in staff response times when they requested assistance. One person commented, "They are a lot better at coming to me now. That is one thing I have

noticed these last few months." Another person told us, "They [the staff] seem to have more time. I think they are better organised." However one person said, "Over the years they have lost some very good staff. The staff they have now do seem to have the right skills, mostly, and they do cope as long as everyone turns up for work. I do think things are improving again although, last week, they struggled with the afternoon drinks on three days. I believe that was due to one carer being off."

We noted that occupancy levels had reduced at the service since the last inspection. The registered manager advised us that more consideration was now given to people's needs when making decisions about offering them a place. We were also shown that improvements to a tool used within the service to determine staffing levels had been made, to ensure greater consideration was given to people's care needs and other pertinent areas such as the layout of the building.

We viewed a selection of staff personnel files and found the registered manager followed robust recruitment procedures to help ensure people recruited to the service had the appropriate skills and were of suitable character.

In all the files viewed we found that people had undergone a formal recruitment process, which included a standard application form and interview. Candidates had also been required to undergo a variety of background checks including a full employment history, references from previous employers where possible and a DBS (Disclosure and Barring Service) check, which would show if a person had any criminal convictions or had ever been barred from working with vulnerable people.

We carried out a tour of the home during the inspection. We found the majority of areas in the home were clean and clutter free. We noted improvements had been made to cleaning schedules that meant most equipment, such as hoists and wheelchairs were regularly cleaned. However, we found there was some equipment used for providing support that was not included on the cleaning schedules.

We also noted some small areas where attention to detail had not always been paid when cleaning. This meant the areas appeared generally clean, but on closer inspection we found some areas had been missed. This was discussed with the registered manager, who immediately reviewed cleaning schedules and systems for checking equipment and rooms to ensure they were more robust. This task was completed before the inspection ended.

We noted a number of improvements had been made in relation to infection control practices within the service. An infection control lead had been appointed to oversee the area and ensure all staff were supported to maintain good practice. We saw there were good supplies of hand gel and PPE (personal protective equipment) around the home and all the staff we spoke with told us this equipment was always available.

Following the last inspection of the service the registered manager had carried out an audit of slings used to assist people in mobilising with the use of a hoist. Stocks had been renewed to ensure each person had their own sling and that these were all in good condition. We spoke with staff about processes for the cleaning and de-contamination of air mattresses (used for people at risk of developing pressure sores). It was confirmed that there were no set procedures in place for this. This was discussed with the management team who advised us they would address this immediately.

We found good improvements had been made with regards to audit systems designed to promote the safety and wellbeing of people who used the service, staff and visitors. A lead person had been designated to oversee the regular safety checking and maintenance of equipment used at the service. This person

showed us their audit schedules, which were well organised and regularly completed. They also advised us that the provider had been helpful in ensuring any equipment found to be in need of attention was repaired or replaced without delay.

Environmental audits were carried out regularly during which the safety of all areas was assessed. A 'walkaround' check was also completed by a member of the management team on a daily basis with the aim of quickly identifying any safety issues and ensuring these were addressed in a timely manner.

It is recommended that the processes for auditing medicines administration carried out by Clinical Health Assistant Practitioners be reviewed to ensure they are provided with adequate supervision and support.

## Is the service effective?

### Our findings

During the last inspection carried out in August 2015, we identified significant concerns about the skills of care staff to meet people's health care needs. We found that the registered manager did not operate a safe system to help ensure that all staff had the necessary skills and knowledge to meet people's needs safely.

During this inspection we found that significant improvements had been made in this area, overseen by a Clinical Lead who had been appointed to the management team of the service.

A new and very detailed competence framework had been introduced for all non-nursing staff who carried out any health care tasks. These staff members, known as CHAPs (Clinical Health Assistant Practitioners), had been required to undergo a comprehensive in-house training programme, which covered all the tasks they may be required to undertake. Each CHAP had a designated mentor who was a registered nurse and who observed and assessed their competence to carry out each task on a regular basis.

The supporting nurses were fully aware of their role in terms of delegating and monitoring the provision of health care within the service. We saw there were systems in place to regularly check the safety and quality of care being provided. However, we identified possible improvements to the frequency and content of checks and made a recommendation about this.

Everyone we spoke with told us that staff responded properly if they felt unwell. People told us staff seemed to notice when they were not feeling well and listened when they expressed any concerns about their health. No person we spoke with had experienced any difficulty in seeing a doctor or a community health care professional when they needed one.

When viewing people's care plans we found good improvements had been made in the way people's health care needs were assessed and managed. We found a number of examples of positive outcomes experienced by people as a result of the effective health care they had received.

We viewed the care plans of several people who had pressure ulcers or were at high risk of developing pressure ulcers. Detailed risk assessments and clear guidance was in place in relation to each one of these person's care, which meant staff had the information they required to help maintain their safety and wellbeing.

There was solid evidence of people's wounds healing well in both units. Their care plans were extensive and informative. Photographs and measurements of wounds were being completed regularly and kept in the person's records, with clear descriptions of their ulcers. These showed good, consistent healing in all cases. Staff spoken with demonstrated a good understanding of people's needs and obvious pride in contributing to the improvement of people's healing progress.

We found evidence that people's nutritional needs were carefully assessed and safely managed. One relative we spoke with commented that her loved one had experienced some weight loss, which staff had quickly

identified and acted upon. Staff had sought the input of a community dietician to help plan this person's care. The relative was pleased with the way this had been managed.

People's care plans detailed any nutritional risk and the care people required to maintain adequate nutrition and hydration. We viewed the plan of one person who was assessed as having a very poor appetite and who was very underweight. We saw that staff and a community specialist worked closely with the person to support them in maintaining adequate nutrition.

We viewed the care plan of another person who had some swallowing difficulties and required a soft diet. We saw that this person's care was well managed in partnership with community health care workers and their food and fluid intake and weight was closely monitored by staff.

When viewing daily care documentation we found one person's records of output via a urinary catheter were incomplete. We also found one example where important information regarding the safe amount of thickener to use in a person's drinks to assist them in safe swallowing was not properly complete on the unit's handover documentation. We discussed this with the unit manager and with the registered manager who took action to address these issues straight away.

People we spoke with were complimentary about the standard and variety of food provided at the service. One comment we received was, "I have been pleasantly surprised at the standard of food. Another told us, "They do a very good job with that [meal provision]. I certainly have no complaints." With the exception of one person, everyone we spoke with felt the variety of food was good and confirmed there was plenty of choice available. The person who did not feel this was the case, was the relative of someone who had specific health related dietary requirements, which they acknowledged meant their diet was limited.

One member of the inspection team joined people who used the service for lunch. The lunch time service was a pleasant occasion during which people enjoyed their meals in a relaxed and cheerful environment. We noted that staff were available to assist people throughout the meal and responded to people's requests in a prompt manner. Staff were observed offering people choices about what they ate and drank. We were also able to confirm that people were offered snacks and drinks throughout the day.

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 make 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. The application procedures for this in care homes and hospitals are 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 were being met.

At the last inspection of the service carried out in August 2015, we identified some concerns regarding the support of people who did not have the capacity to consent to some aspects of their care. We found the service was not always working in accordance with the MCA and DoLS. In the action plan provided to us, the registered manager described a number of measures to improve practice. During this inspection we found evidence that significant improvements had been made to ensure people's rights were upheld.

Records confirmed that training in the area of MCA and DoLS had been rolled out to the whole nursing and care team. The few staff members remaining who had yet to complete the training were booked to attend it in the near future. Staff we spoke with demonstrated an improved understanding of the area. Staff were able to tell us about how they asked for people's consent before providing care and the action they would take to support those who may not have the capacity to give consent.

People's care plans contained a good level of information about their mental capacity and any support they required to make decisions. Where people were assessed as lacking capacity to consent to specific decisions, there were a wide range of professionals involved in their care.

Evidence was available to show that any restrictive practices had been thoroughly considered through best interests processes and that all the appropriate people including relatives and external professionals had been consulted through the decision making process.

Where it was identified that a person was being deprived of their liberty the registered manager had made the appropriate application to the local authority in line with legal requirements under the MCA.

We were told by the registered manager that much work had been done to recruit permanent staff and reduce the use of agency staff. This information was supported by feedback we received from people who used the service and their relatives. People we spoke with told us they had increased confidence in the staff team and many had noted a reduction in the numbers of agency staff working at the home. However, one person did comment they felt the staff team was not yet stable enough. They told us they had seen several staff members leave who they felt were a loss to the home but they were hopeful things were starting to settle down.

People we spoke with told us they now had confidence in the staff team to meet their needs. One person who used the service said, "I think things are a lot better now. It's usually staff on who know me." A care worker told us, "The use of agency staff has reduced a lot."

We saw that a process had been introduced to monitor staff retention rates. This showed that these had started to improve resulting in better consistency for people who used the service.

Measures had been taken to improve staff training rates. Staff training figures were now monitored more carefully and when it was identified that any staff member's mandatory training was out of date, this was raised appropriately through recorded supervision.

In addition to the service's core mandatory training programme, which included areas such as moving and handling, safeguarding and infection control, all non nursing staff were being encouraged to undertake nationally recognised qualifications in care.

Staff we spoke with felt they were provided with appropriate training to carry out their roles. However, several commented they would like to see more classroom based training as opposed to on line 'e-learning'. This was discussed with the management team who advised us of future plans to provide a greater mix of training, which would include an increase in face-to-face, classroom based training.

During the inspection, we carried out a tour of the home viewing all communal areas and people's private accommodation. We found all areas of the home to be comfortable and maintained to a generally good standard.

All areas of the home were accessible and there were a variety of communal areas for people's use. We were able to confirm there was a rolling programme of improvement in place which helped to ensure all areas of the home were well maintained. Plans for improvements in the near future were in place, including the refurbishment of several bathrooms and further developments for the benefit of people who lived with dementia.

It is recommended that the processes for auditing health care tasks carried out by Clinical Health Assistant Practitioners be reviewed to ensure they are provided with adequate supervision and support.



# Is the service caring?

## Our findings

During the last inspection of the service carried out in August 2015, we received concerning feedback from some people about the attitude and approach of some staff members. We found the service was in breach of the regulation relating to privacy and dignity.

In their action plan, the registered manager described a number of measures taken to address the issues raised. We found during this inspection that these measures had resulted in a number of improvements and people we spoke with were far more positive about this aspect of the service.

People's comments included, "I do think their attitudes have changed for the better recently." "I can honestly say they are all lovely with me. I haven't had any problems with any of them." "I think people seem to care that little bit more now." "The staff seem to have more time now. They seem less rushed." "I find them [the staff] not too bad at all." "When I am in my room I usually like to keep my door open so that I can see the staff and others passing by. The staff here are lovely and I don't really have problems with anyone or with anything."

Every person we spoke with told us they found staff to be kind, caring and patient. Nobody expressed any concerns about the way they were cared for.

Several people commented on what they felt was improved staff turnover. People told us they appreciated the increased continuity and felt this enabled them to get to know their carers better.

Following the last inspection of the service the registered manager had appointed a number of dignity champions across the staff team. The role of the dignity champions was to promote best practice across the service and challenge any practice they observed that could be improved.

In discussion, people told us they felt their privacy and dignity was respected. One person said, "They do everything possible to protect [name removed]'s dignity. It's the small things that matter, they remember those." Another said, "I have absolutely no regrets at having chosen this home. She can see a doctor or a nurse when she needs to, the staff are very good and they are all kind and caring."

Care workers were able to give us numerous examples of how they ensured people's privacy and dignity was protected on a day-to-day basis. One care worker said, "You treat people the way you would want your own mum to be treated. That's what I go by."

We found that people's care plans contained a good amount of information about their preferred daily routines. The things that were important to people about the way they were supported were well detailed. This helped to ensure staff had the information needed to support people in the way they wanted.

We also noted that the registered manager and other senior managers from Four Seasons had increased satisfaction monitoring of people who used the service. This meant that they engaged with people who used

the service more frequently so as to enable them to provide more feedback about their experiences. In addition, out of hours spot checks had been increased at the service, for example throughout the night, to help ensure that people's individual choices were being respected.

We saw there was improved information posted in the home for people who used the service and their relatives. This included information about independent advocacy services and how to access them. Independent advocates are workers external to the service, who will support people to voice their choices and decisions.

## Is the service responsive?

### Our findings

People who lived at the home and their relatives expressed satisfaction and described a service they felt was responsive to their needs. Comments we received included, "I visit more or less every day. The staff have been brilliant. They keep me involved with everything. Any of the reports, they tell me about." "Our relative is very well cared for here." "My family talked me into coming here to be nearer to them. If I had known how much better off I would be I would have moved a lot sooner. I have nothing to complain about at all. I could possibly see to my own medicines but the staff do it so well. The carers are all kind and pleasant and the food is good with drinks always available". "While I am here I feel confident I will be very well looked after as all the staff are very good. There is nothing I could criticise them for and it all seems very well run to me. I have been in a few homes, but this one is top of the list". "I have only been here about three weeks so far and I hope to get back home as soon as possible. I can't fault this place or the staff and I am pleased with my room."

In all the care plans viewed we saw that the registered manager had carried out a pre admission assessment before offering the person a place at the home. This information was also supported by our discussions with people who used the service, or their loved ones, who confirmed that the staff had a full understanding of their needs at the point they were admitted.

People felt staff had a good understanding of their needs and told us the care they received was provided in the way they wanted it to be. People also told us they had no problems in talking to staff if they were concerned or wished to change anything.

In discussion, all staff we spoke with were able to speak confidently about people's individual needs and the support they required. Throughout the inspection we saw staff providing care and support in accordance with the information we had seen in people's care plans.

We looked at the care plans of a number of people who lived at the home. The care plans were very well written and person centred, covering all aspects of people's needs. They had been reviewed each month and any change in need had been recorded well to ensure staff were aware of people's changing needs.

People's care plans included the importance of promoting their privacy and dignity. They demonstrated involvement of a wide range of community professionals. People's choices, likes and dislikes were recorded well. For example, whether a person preferred to have a bath or shower or any preferences they had about what to wear. People's care plans also stated the importance of involving people in every day decision making relevant to their care.

We saw good examples of communication care plans, which provided a good level of detail about people's individual methods of communication. In addition, some good examples of care planning for people who experienced anxiety or displayed distressed behaviour were noted.

Whilst care plans were very well detailed, they were very large documents and information was sometimes

difficult to locate. We spoke with staff about this who felt care plans were very informative, but that it was sometimes difficult to ensure they were fully up to date with all the information in them, due to their size.

We discussed this with the registered manager. We were advised that plans were in place to introduce one page profiles and clinical alert sheets in each plan. This would mean that staff would be able to access a brief overview of someone's daily needs and preferences, as well as any risks relating to their health or wellbeing quickly and efficiently. The registered manager assured us she would be completing this task as soon as possible.

We talked with people who used the service and their relatives about the activities provided at the home. Most people expressed satisfaction with this aspect of the service describing them in ways as 'quite good' and 'not bad.' However, one person felt that whilst group activities were satisfactory, more consideration could be given to the provision of 1-1 activities for people not wishing or unable to take part in group sessions. They told us. "I know they do their best with activities but many, such as [name removed], don't really join in."

In the action plan provided after the last inspection of the service the registered manager advised us that training had been provided for the activities co-ordinator and an improved programme, which was better advertised for people who used the service had been put in place. This information was supported by our observations and through discussions we had. We spoke with the activities coordinator who told us, "I am still building up what we do but, so far, there is Bingo with good prizes, Ladies mornings, Dominoes, and other games. We are also doing a gentlemen's morning and trips out to places like Chorley Market, Euxton Mills, and local pubs." It was apparent that the activities programme was still under development and we recommended the comments regarding possible improvements in relation to 1-1 activities be considered.

People who used the service and their relatives felt they were involved in the running of the service. Some comments included, "We are fully involved and I am sure that our opinions count. We have made suggestions and they were well received." And, "We feel most welcome as visitors and we get on well with the staff who do a difficult job with a smile and, occasionally, a joke, We are aware of the meetings they hold here and we do sometimes attend". "They do have residents meetings and relatives can attend, so I do".

Two people we spoke with told us they had made comments or suggestions for improvement and both said they were listened to. Everyone was aware of the residents and relatives meetings which were regularly held and told us that feedback from the meetings was posted in communal areas of the home.

The home had a complaints procedure in place which provided information to people about how to raise concerns and what they could expect if they did so. The procedure also included details of other organisations people may wish to access if they had concerns about the service.

Following the last inspection carried out in August 2015, the registered manager had ensured that the procedure was posted in a number of accessible places around the home. Everyone we spoke with told us they knew how to raise a complaint but we did not speak to anyone during the inspection who had made one.

Procedures for recording and responding to complaints made verbally had been improved since the last inspection. This helped to ensure that people's concerns were responded to in an appropriate manner no matter how they raised them.

# Is the service well-led?

## Our findings

Following the last inspection of the service carried out in August 2015, we identified some significant concerns in relation to a number of aspects of the service. The service was rated inadequate and placed in Special Measures.

Whilst we identified a number of concerns, we found the registered manager and senior management team to be very cooperative in discussing the issues and providing us with regular updates on the action they were taking to make improvements. We also received positive feedback from other organisations, such as the local authority, regarding the willingness of the registered manager and senior managers to work with them in a positive manner to achieve improvements.

People we spoke with who used the service and their relatives felt they had been kept well updated about the concerns identified and the work carried out by the management team to address them. One person commented they did not think the previous concerns were reflective of their own experience of the service, but said the registered manager had kept them updated at all stages. Another person said, "It was quite worrying seeing all the problems, but they [management team] didn't shy away from it. They were quite open and told us what they would do about it all. I can see improvements. I hope you can."

Since the last inspection of the home there had been some changes to the area management structure. Although the changes were quite recent, people we spoke with were aware of the structure and who to approach if they had any concerns.

It was apparent that the registered manager had been given a good level of support from senior managers from Four Seasons to assist her in making the necessary improvements following the last inspection of the service. This included the assistance of a floating manager from another area and close support from regional managers. The registered manager told us the home had been 'supported 100 per cent' by senior managers.

During the last inspection of August 2015 there were concerns about the culture of the service and at that time, we identified that not all staff felt able to raise concerns. This was taken very seriously by the provider who took a number of measures including the provision of a 24 hour whistleblowing helpline and email address. In addition, anonymous staff surveys and staff open surgeries were held by members of the Human Resources team.

Exit interviews for all staff who had left the service were reviewed by senior managers to see if any themes for staff leaving the home could be identified.

During this inspection people we spoke with told us they would be comfortable approaching the manager with any worries and all said they were encouraged to give their views on the home.

In addition to being able to raise concerns staff also felt well supported in terms of being provided with

adequate resources, such as improved staffing levels. A member of the maintenance team commented that the registered manager always ensured he had the resources he required and that the provider was quick to act if any maintenance was required.

A staff member commented, "One thing that has really improved is communication. Everyone knows what is going on now and people work together better." We also saw that training for senior care workers and nurses who provided supervision to other staff, had been provided so they could carry out this role effectively.

Many people we spoke with commented on what they believed to be significant improvements across the service. Some comments we received included, "I definitely see improvements. Everyone can." And, "I know the home has had bad times, but the new staff are really good. Things are much improved."

Since the last inspection, systems for monitoring safety and quality across the service had been reviewed and improved. This meant the registered manager and provider were able to identify any areas for improvement and address them in a prompt manner.

For example, audit procedures for medicines management were now very comprehensive and in line with national guidance. They were carried out more frequently and were more effective. Risk assessments and care plans were monitored by a senior manager from the organisation to ensure they were robust and regularly reviewed.

Other audits carried out on a regular basis included health and safety checks, such as fire equipment, water temperatures and moving and handling equipment. The improvements in checks and audits across the service helped to ensure that improvements made would be sustained and further developed.

Improvements had also been made in terms of the way adverse incidents were recorded and analysed. The providers reporting system for adverse incidents now included a lessons learned section which the registered manager was required to complete. Senior managers then followed up on action taken as a result of the incident to ensure any possible measures to prevent reoccurrence had been taken.

During the inspection we looked into the management of two adverse incidents which had occurred. One was an accident which had involved a person who used the service, the other was a near miss, which could have potentially resulted in harm. After speaking with various people involved and reviewing information from the local safeguarding team, we were satisfied that appropriate actions had been taken in response to these incidents, including measures to prevent reoccurrence. However, not all actions taken had been clearly recorded, specifically those actions taken in relation to the support and supervision of the staff members involved. We discussed the importance of ensuring that staff supervision be appropriately utilised in such circumstances, to ensure that any retraining or other such action taken, was clearly recorded.