

# Four Seasons (No 9) Limited

## Midfield Lodge

### Inspection report

Cambridge Road  
Oakington  
Cambridgeshire  
CB24 3BG

Tel: 01223232267  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

About the service: Midfield Lodge provides accommodation for older people, some of whom may have nursing needs or live with dementia. The service can accommodate up to 60 people. On the day of our inspection visit there were 48 people living at the service.

People's experience of using this service:

- People at this service were well cared for by dedicated staff. People benefited from good nursing care. Care planning was of good quality and regularly reviewed.
- People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.
- People's feedback was consistently positive about the care, support and staff. People particularly liked the home because of the caring staff employed. One person told us, "It's very good here; the carers are very, very good."
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff were well trained and supported by management. There were sufficient staff, but some people spoke of having to wait on occasion. Once activities staff are recruited as planned this will enhance people's social needs. Particularly those supported in their rooms.
- The environment was being maintained with furniture, curtains and flooring being replaced. One boiler that effected some radiators was imminently to be repaired.
- We fed back areas for further development that included ensuring all areas of the service were clean, along with ensuring mobile heaters do not pose a scald risk. Signage could be better improved, and decoration of corridors would help people living with dementia navigate their way around.

Rating at last inspection: We rated Midfield Lodge as overall good and published our report on 18 August 2016.

Why we inspected: This was a scheduled inspection based on previous rating.

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

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

## 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 not always safe

Details are in our Safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

# Midfield Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Membership of the team consisted of three inspectors and an expert by experience. An expert by experience is a person that has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had a relative who used a similar service.

#### Service and service type:

Midfield Lodge is a care home with nursing. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

#### What we did:

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with 23 people and 12 visitors. We spent time observing staff interacting with people, especially at lunchtime. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven staff, care and housekeeping along with the area manager. We looked at documentation relating to seven people who used the service and information relating to the management of the service. We reviewed medicine administration records, observed medicines storage, audit arrangements and spoke with staff involved in medicines management.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- The service was not consistently clean throughout. There were areas that were unclean and coated in dust. Examples brought to managers attention included bathrooms, chairs and trolleys. One arm chair in a person's room had a brown stain on both sides of the cushion that indicated that the chair had not been cleaned effectively.
- There were cleaning staff employed, but not in sufficient numbers to effectively clean and maintain a clean safe environment. There were cleaning schedules in place, but these contained gaps.
- The laundry was well equipped but had a back log of laundry to process. This too added to the conclusion that insufficient staff were deployed in housekeeping.

### Assessing risk, safety monitoring and management

- Risks within the environment had not always been considered. The heating in part of the building was broken. Steps had been taken to replace broken parts and an imminent date was set for repair. However, mobile radiators were in use in people's rooms and in the lounge. Upon touch these were scaling hot and unguarded and therefore posed a potential scale risk to people. This was verbally feedback on the day of inspection for immediate action to protect people.
- People's needs, and abilities had been assessed prior to moving into the service and risk assessments had been put in place to guide staff on how to protect people.
- Risks associated with tissue viability, malnutrition, choking, and moving and handling had been assessed. Detailed oral health assessments were available.
- Pressure care prevention was good, given the number of people nursed in bed. Records of repositioning were of good quality and people were on pressure relieving mattresses.
- Where people needed equipment to transfer this was provided based upon their assessed needs and staff were seen to follow that assessment. Falls risk assessment tools were used and plans in place for those at risk.

### Staffing and recruitment

- All people and staff spoken with said there were sufficient care staff on duty, but people said that there were often delays in answering bells when staff were busy at a weekend. Our observations on the day found sufficient care staff available to meet people's needs, but the call bell sounded throughout the afternoon.
- Rosters clearly showed that sufficient staff were employed and allocated to meet people's care and nursing needs. A relative said, "They can be a bit short of staff at times, but turnover has improved, and the staff seem to be a lot more settled now and there are fewer agency staff at the moment."
- Previously activities staff had been employed, but currently none were employed. People's social needs

were not consistently met. This role was being recruited.

- The service had a recruitment policy and process in place. This was consistently followed. Checks included a Disclosure and Barring Service (DBS) check. DBS checks are completed to enable employers to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People consistently told us they felt safe at the service. One person told us, "They look after me very well; as well as they can do and I feel safe here."

Using medicines safely

- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.

Learning lessons when things go wrong

- Management were keen to develop and learn from events. They welcomed any support from external agencies with advice.
- Actions were taken to improve the service for people when issues came to light. For example; we saw evidence of staff supervision to address staff performance and learning from incidents such as topical medicines not being consistently administered.
- Accidents were appropriately recorded, and actions taken to prevent similar occurrences.

# 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

Good: 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's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records. People's diverse needs were recorded and responded to.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff said that they had received a good induction that included training and shadow shifts.
- Nursing staff confirmed they had access to clinical updates to meet the medical needs of people resident, for example, nutrition, tissue viability and verification of death, and they had access to clinical supervision.
- Staff had received appropriate training to support people using the service and more specialist training in matters such as dementia, end of life and mental capacity. One relative told us, that permanent staff knew people's needs very well and were competent and communicated well with them.
- Staff told us they were supported by the management team and received one to one sessions to discuss any work-related issues. Staff welcomed team meetings and one staff member told us that they had completed the care certificate, had care qualifications and received regular and meaningful supervision.

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

- People received home cooked food that constituted a balanced diet. One person said, "The food is good; the puddings are lovely."
- The meal time experience was relaxed with people being offered choices of where they wished to eat their meal and what to drink. A variety of drinks and snacks were available throughout the day. One person said, "The lunch today was lovely."
- Advice was sought from appropriate health professionals in relation to nutrition. The chef and staff had updated information to hand on special diets required. Staff were aware of the new international descriptors used to describe modified food and drink to a consistent standard. There were sufficient staff to support people to eat with dignity.

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

- The service was purpose built a number of years ago. All rooms were single. There were lounge areas and a separate dining area for people to congregate and share. There were additional rooms such as conservatories and activities rooms.
- We fed back the potential to positively develop the long beige corridors to enhance navigation and the



experience for people living with dementia.

- The courtyard garden had underdeveloped potential to provide a secure and attractive facility for people.
- There was an ongoing program of decoration and replacement of flooring. The lounge area had recently been upgraded. Stained carpets in corridors were due to be replaced.
- There were appropriate facilities to meet people's needs such as accessible bathing and sluice rooms.

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

- People were routinely registered with healthcare professionals. A GP visited regularly and when required to ensure access to treatment and medicine. There was a good relationship between the service and healthcare professionals and this was confirmed by a visiting healthcare professional. They told us that nurses had appropriate clinical skills to meet the needs of people, communication was appropriate, they trusted their judgement, but most importantly the staff were very caring towards people.
- People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments. Relatives confirmed they were kept informed as appropriate of changing health conditions.
- Appropriate information was shared in a timely way, if a hospital admission was required.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- The registered manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notifications to us about those applications being granted.

# 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

Good: 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

- People told us that staff were kind and caring. We observed some lovely practice by staff who emotionally supported people with compassion. One person told us, "My carer is absolutely lovely. [Care staff] come in every morning and gets me up and gives me my shower. [Care staff] does what [they are] supposed to do very well."
- Our observations showed people displayed signs of well-being. One person spoke of the staff member on duty about how they shared a personal joke when greeting one another.
- Staff knew people very well. One relative told us, "Some of the staff are exceptional, dedicated; particularly those who've been here the longest."

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

- People and their representatives were regularly asked for their views on their care and their plans. Regular meetings with people and relatives were in place. A relative said, "I've been to a couple of residents meetings; at the last one we raised the timing of drinks after lunch and that was then changed."
- In the entrance was an electronic feedback pad for people and visitors to leave their comments easily. We were told it was used frequently. Feedback forms that could be filled out manually and sent with free postage were also available.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were polite, courteous and engaged with people. People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- People and their families completed life histories and this enabled staff to develop meaningful relationships and have respect for people as individuals. Daily notes made by care staff showed clear respectful recording of care given.
- People were enabled to be as independent as possible. People were encouraged to use aids such as frames and wheelchairs to mobilise. At lunchtime people were encouraged to eat independently but offered support when required.
- Relatives confirmed to us that people's privacy and dignity was always maintained. Our observations were that staff were mindful in their actions and how they spoke with people. People consistently said staff ensured their privacy with knocking on doors and closing doors before care. One person told us, "They always close the door when helping me with the toilet and they always speak nicely to me."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People gave mixed responses when we asked if they were enabled to follow interests and activities. Some people were supported to attend a local day centre. One person said they sat and met the same people each morning by choice, "You can think or talk and reminisce on how things were." Another person told us, "We have things organised for us like bingo and getting to know people."
- Whilst there were activities such as a pantomime at Christmas and trips to garden centres, some people told us there were insufficient activities arranged. We fed back development potential particularly for those people who were cared for in their rooms to have more meaningful social support. We were aware that recruitment for activity staff was underway due to recent resignations.
- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs. Relatives said that they were kept informed of changes and were consulted regularly.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

End of life care and support

- All aspects of people's lives were planned and this included end of life care planning for some people. People's wishes were appropriately recorded and families were involved as appropriate with regards resuscitation. A visiting health professional confirmed that palliative care was a strength of the service and advanced care plans were in place.

Improving care quality in response to complaints or concerns

- There were known complaints systems and procedures in place. The procedure was displayed.
- People and relatives said that they felt able to speak to the registered manager at any time. Staff were aware of resolving concerns at a lower level if possible.
- We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place. One person told us, "I've nothing to complain about, but I'd ask the senior nurse if I had a problem or want anything."

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Care and support provided did meet people's assessed needs. People benefitted from good nursing and personal care. There were plans to further develop the social needs of people with the recruitment of activities staff. The registered manager had already recognised this need and had set plans in motion.
- People and relatives spoke well of the registered manager. One person said, "I get on well with [named the registered manager] although I haven't seen her for a bit." Relatives said they knew the registered manager and deputy were available to them. One relative said how open managers were, "They don't keep anything from us."
- People praised the quality of care provided. One person said, "It's a lovely home; the carers are very good and I'm very pleased with it."
- Staff were supportive of the managers in control of the service. They spoke highly of the registered manager describing them as approachable and professional. One staff commented that their door was always open both for work and family issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were well supported in their role, supervision of care and ancillary staff was in place along with clinical supervision for nurses. There were regular staff meetings held and staff were aware of how they contributed to the performance of the service.
- Governance systems were embedded into the running of the service. There was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a sustained quality service maintained over time.
- Four Seasons (No 9) Limited had quality management systems in place. Audits and action plans were shared as required. This included regular visits from Four Seasons (No 9) Limited representatives who had oversight of the quality of care being provided.
- Continuous learning was improving outcomes for people. Staff told us how they kept up to date with best practice and developments. For example, they attended training and were made aware of developments through the wider organisation that supported them with regular reviews of policies and procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service regularly sought the views of people through care plan reviews, meetings and through regular

surveys.

- Management was listening and responding to feedback. Displayed in the main entrance was a poster entitled 'We did.' This described the increase in staff ratios and the replacement of flooring, how an activities person was being recruited and that outside entertainers had been booked.
- The service worked in partnership with health and social care professionals who were involved in people`s care.