The Four Seasons Trust Limited

The Four Seasons Trust Limited - 33 Abbotswood

Inspection report

33 Abbotswood
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Tel: 01483440352

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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?	Good

Summary of findings

Overall summary

We inspected this service on 20 April 2017. The inspection visit was announced.

The Four Seasons Trust Limited - 33 Abbotswood is a residential care home for three people who have a learning disability and autism. People have varied communication needs and abilities. At the time of inspection there were three people living at the service, although one was on holiday with their family.

A week before the inspection the registered manager left their post. '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 provider had been proactive and appointed a new manager who had started work. Unfortunately on the day of inspection the new manager was unwell.

We last inspected the service over two days. The inspection happened on 29th March and 12th April 2016. We identified concerns with the water temperature monitoring and the quality assurance systems in place. The provider had made improvements with regards to these areas.

People felt safe at were safe at The Four Seasons Trust Limited - 33 Abbotswood. Risks of harm to people were identified at the initial assessment of care and staff understood what actions they needed to take to minimise risks. Staff understood people's needs and abilities.

People were supported by staff who understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

People were supported by regular members of staff who supported people in a timely manner. Staff were confident and had the knowledge to administer medicines safely. They knew how to support people to take their medicines safely and to keep accurate records.

Staff felt they received the training and support they needed to meet people's needs effectively. Staff felt supported by the management team.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People praised staff for their caring nature. Staff were kind and respected people's privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People received person centred care and people were supported with activities which were meaningful to them and were in line with their interests and preferences.

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them.

The provider audited the care and support delivered and sort feedback from people and relatives regarding the support received. All feedback from audits and questionnaires was positive so it was hard to judge if this had been used to improve the service provided to people.

The provider understood their responsibilities in terms of notifying CQC of significant events at the service. Staff support people in line with the organisational values as support was centred around increasing people's independence.

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 always safe.

People were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

People were supported by sufficient staff who were recruited safely.

Medicines were managed and administered safely

Is the service effective?

Good

The service was effective.

The requirements of the Mental capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

Staff had the skills and training to support people's needs and staff felt supported.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful. They treated people with dignity and encouraged them to maintain their independence.

Staff took into consideration people's communication needs and involved them in daily decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care was person centred and care planning involved people and those close to them. People were supported to enjoy activities.

People's needs were assessed and reviewed to ensure they received appropriate support. Staff were responsive to the needs and wishes of people

People knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Good

The service was well led.

Improvements had been made since the last inspection.

The Provider audited the care and support provided.

Staff knew and understood the organisational values which were reflected in the support we observed.

The Four Seasons Trust Limited - 33 Abbotswood

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 April 2017 and was announced. The provider was given 24 hours' notice because the location is a small provider and we needed to be sure someone would be available to meet with us. This inspection was carried out by one inspector who has experience of people with learning disabilities.

The provider completed a 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 reviewed the information we held about the service. We looked at information received from relatives, social workers and commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law.

We observed care and support being provided in the lounge, dining areas, and with their consent, in people's bedrooms. We also observed people receiving their medicines and spent time observing the lunchtime experience people had.

During the inspection we spoke with two people, three staff, and the provider. We reviewed two people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people

received a quality service.

Good

Is the service safe?

Our findings

People said they felt safe at 33 Abbotswood. One person said, "I feel safe." Another person said, "I do feel safe and I like living here."

During our last inspection we found that water temperature was not always recorded and monitored before people used facilities such as the bath or shower. This put people at risk of being burnt or scolded with hot water. During this inspection we found that the provider had implemented daily checks of water temperature on all taps and facilities. There was also guidance in place to ensure staff were aware of how to manage the risk of the water temperature exceeding the recommended temperature. Staff had knowledge of this guidance and the daily checks were happening everyday. We were reassured that this risk was now being managed appropriately.

Risk assessments had been undertaken on the home to ensure it was safe for people, staff and visitors; this included a premise health and safety risk assessment. Annual safety checks included items such as general lighting, power circuits and PAT testing. Generic risk assessments were in place that covered areas such as infection control and first aid.

People would be protected in an emergency because arrangements were in place to manage their safety. These arrangements included a contingency plan, which listed the actions staff needed to take in the event of an emergency. Each person had their own personal emergency evacuation plan, known as a PEEP, which explained the safest way to support someone to evacuate the home in an emergency. These plans were person specific and took support needs and risks into account. Staff had knowledge of these procedures and knew how to keep people safe during an emergency.

People were supported by staff who were able to describe different types of abuse and how to report suspected abuse. This meant staff had the knowledge to keep people safe if concerns for their safety were raised. A staff member said, "I would go to the owner if I had any concerns." The provider had raised safeguarding alerts with the local authority when abuse was suspected and the service had taken steps to address any concerns.

People were helped to keep safe from harm because staff could identify and minimise risks to their health and safety. Several risks had been identified by staff and had been appropriately risk assessed. These risks included, falls, being out in the community and personal hygiene. Staff informed people of the risks, to help them understand and make their own decisions around safety. People were kept safe by staff when carrying out activities around the home. We observed staff encouraging people to maintain their safety in line with their risk assessment when they were preparing their own lunch.

People were kept safe while at the same time not being denied their privacy and independence. A member of staff said, "We have to monitor to see if they are ok. We give them freedom and privacy at the same time check there are safe." Staff had good knowledge and understanding of how to keep people safe when people had seizures. We saw that one person had the use of assistive technology to alert staff if they were

having a seizure. This technology aided the person to be as independent as possible, while ensuring staff could respond promptly when needed.

Accidents and incidents were recorded and monitored by the provider so they could identify any patterns or trends and take action to prevent further incidents. Staff had completed first aid training and helped people if they had an accident.

The provider had ensured that only fit and proper staff were employed to support people. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way while increase their independence. People were supported with their medicines by staff who had received medicine training and an annual medicine competency assessment. Staff had knowledge about people's medicines and what they were prescribed for.

People said they were given the time needed to take their medicines safely. People had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis, which were reviewed regularly. Staff checked that people had taken medicines before signing the medicines administration records (MAR) to ensure that records accurately reflected the medicines people were prescribed.

Medicines were stored and disposed of in a safe way. Medicines were locked in a secure cupboard. Regular medicine audits were in place and the MAR charts showed all prescribed medicines were signed as being taken by staff trained to do so.

Good

Is the service effective?

Our findings

People were supported by staff who were trained to meet their needs. Members of staff said they had the training to carry out their roles effectively. Training courses covered areas such as The Mental Capacity Act, first aid, safeguarding and Epilepsy awareness. One member of staff said, "I feel I have enough training."

People were supported by staff who received an induction to the role, the people and the home. One new member of staff we spoke to said that the induction was, "Good." One member of staff explained that the induction gave a good introduction to social care. They also explained they had shadowing experience with experienced staff. New staff were supported to complete the Care Certificate. The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. Time was block out on the rota for you staff to complete the Care Certificate while at work.

People were supported by staff who had regular supervisions (one to one meeting) with the registered manager. The supervisions gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. One member of staff said, "I'm happy and feel supported. I had a supervision (recently). The deputy manager also asks if I am okay."

We looked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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.

Where people could not make decisions for themselves the process to ensure decisions were made in their bests interests were followed. Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff said, "We assume everyone has capacity until you prove they do not." Throughout the inspection people were asked by staff if they consented to care and support before it was given to them. People were observed to be supported to make decisions with all aspects of their care. For example, people were asked if they wanted to take their medicines before it was administered.

When people lacked capacity and did not have an allocated person authorised to make decisions in their best interest the provider took appropriate steps. These steps included working in collaboration with an Independent Mental Capacity Advocate (IMCA) during best interest meetings and reviews where appropriate. An IMCA is involved when a person who lacks mental capacity needs to make a decision about serious medical treatment, or accommodation. They offer help to people to make decisions in their best interest. The IMCA had been involved with Deprivation of Liberty Safeguards for one person.

All the people living at 33 Abbotswood had their freedom restricted to keep them safe. For example, the

front door was locked, people were subject to constant supervision and some people had 'as required' medication when these became anxious and distressed. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for a care home are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the local authority. At the time of the inspection all applications were still being processed by the local authority. Whilst they waited for them to be agreed staff supported people in line with the application that had been made.

People's nutritional needs were met. People planned the menu each week with the support from staff. The menu contained a variety of nutritious meals. People were encouraged to prepare the meal for themselves. On the day of inspection we observed a person peeling potatoes and then cooking an omelette. People were offered choice. One member of staff said, "If they don't want it you can't force it. We ask what else they want, for example, there was choice about the omelettes today. X wanted mushrooms and X did not." People told us they enjoyed the food. People were supported by attentive staff who gave enough time for them to eat and enjoy their meals and checked if they wanted more. Staff were aware of people's dietary needs and preferences.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in people's health needs by supporting people to attend healthcare appointments, such as to the dentist, podiatrist, opticians or doctor. People had annual health reviews with their GP and their medicines were reviewed at least annually. People had health action plans, which help monitor the health input they received.

Good

Is the service caring?

Our findings

People said that the staff at 33 Abbottswood cared for them. One person said, "□I like them (the staff)." Another person said, I do like living here as I like being with friends."

People were supported by staff who knew their background history and the events and those in their lives that were important to them. Staff knew people's interests, and staff were observed using these interests to engage with people in meaningful ways. Our observations and conversations showed there was a caring culture amongst staff and staff demonstrated they knew people well. Staff took time to listen and interact with people so that they received the support they needed. People were relaxed in the company of staff. They were seen smiling and communicating happily, often with good humour. The atmosphere at the home was quiet and calm. We observed staff talking with one person about their collection of football mascots and stuffed toys. The person was seen to appreciate this conversation as they were seen smiling and laughing throughout.

Staff understood how to communicate effectively with people and understood people's character. Staff did not rush people; they took time to engage with them. A member of staff was observed answering questions about a film that a person was watching. This was done in a calm and natural way, which the person we seen to respond well. Members of staff were observed giving praise to people on several occasions. An example of this was when they were supported to water the plants in the garden. The member of staff spoke in a soft, calm voice, which was seen to encourage and motivate the person. The person said they enjoyed watering the plants.

People were supported to express their views and be involved in decision making about their care. People had regular meetings to discuss menus and activities. We observed a natural conversation about what people wanted to do the following day. People choose to go on a picnic and play football. Staff were observed asking people what food they wanted to take for their picnic.

People were supported by staff who understood and celebrated their skills and attributes. Staff ensured that people were being encouraged to use them. One member of staff said, "We don't just encourage independence, we encourage interdependence, for example (if appropriate and with consent) X can read correspondence for others." We were told by staff this makes the people happy and fulfilled and builds on their friendships. Although we did not observed this on the day of inspection we did observe people being encouraged to help each other when they completed day to day tasks, which as laying the table. Another member of staff said, "I learn a lot from them."

People were actively involved in making choices about the decoration of their rooms, which gave a caring and homely feel to the home as rooms were individualised and reflected people's characters.

People were treated with dignity and respect. One person said, "There is no bad thing about living here. It's nice." A member of staff said, "We all have to respect each other. Before you do something you have to ask. You don't just do it." Another member of staff said, "We give people the dignity to make decisions for

themselves." We observed this approach on countless times during the inspection.

Staff respected people's privacy and confidentiality. A member of staff said, "We give people privacy when they want it." During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character.

Good

Is the service responsive?

Our findings

Before people moved into the home a comprehensive assessment of people's needs was completed with relatives and health professionals supporting the process where possible. The assessment process meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified in the initial assessment.

People's care plans were focused on the goals people wanted to achieve to increase their independence. Progress on these goals were regularly reviewed. For example, a person wanted to increase their independence around their medicines. We saw from the records that staff had implemented an individualised plan for this person to work towards. At the time of inspection this person was safely taking their own medicines with staff monitoring them. We also observed staff encouraging the person to be involved in the daily medicine audit by counting up the remaining medicines they had left.

People's health needs were monitored so that staff could respond to them effectively. People were diagnosed with epilepsy and people's seizures were monitored. This information was shared with health professionals to ensure they were receiving the best possible support to meet their needs. People had appropriate personal centred guidance for staff to follow if people had a seizure. Staff had good knowledge of this information. We also saw that guidance had been written for staff to follow relating to a person who had just had their medicines reduced. This guidance informed staff of possible side effects and how best to support this person. Again staff had good knowledge of this information.

People were supported by staff who had a good knowledge of person centred support. One member of staff said, "It about being able to realise the potential of someone and how to reach that through them. It's about communicating with the person and understanding their needs." People were involved in planning their care. People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. There was information concerning people's likes and dislikes and the delivery of care. For example, one person enjoyed a specific musical band, which staff knew without looking at their care plan. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them, which staff were seen to understand and follow.

People were supported to be independent and involved in the day to day running of the home, for example, laying the table, washing up, making cups of tea and preparing meals. This included an independent cooking session on Thursday which we observed people getting involved with. Members of staff were observed to positively encourage people to fill their days with activities and tasks.

People were supported with a wide range of stimulating activities that met their interests and preferences. Activities included arts and crafts, badminton, cookery and swimming. One person loved to dance and they were supported to discos. Another person liked football and had been supported to go and watch teams play. We saw that each person had their own activity timetable. This information tied in with the information in the person's daily notes. One person said, "I like living here because I get to go out more."

Another person said, "Sometimes we go to the cinema and go bowling. I like the staff. They take me out."

People were made aware of the complaints procedure and told us they knew how to raise complaints and concerns. There had been one complaint in the last 12 months. This had been responded to in line with the provider's complaints procedure. Staff informed us that if a complaint was received they would be taken seriously by the provider and used as an opportunity to improve the service.

Good

Is the service well-led?

Our findings

People spoke of the service in high regard. All people said they enjoy living at the home and they were complimentary of the staff who supported them.

During the last inspection we found that the home did not have adequate quality assurance systems in place to aid continuous improvement of people's support. During this inspection we saw that improvements had been made in this area. These improvements included implementing a quarterly audit of the service that included looking at medicines, staff support, complaints, meeting minutes, daily records and incidents. We saw that improvements to the delivery of people's support had been evidenced in the audits. For example, one action was to implement a water temperature monitoring system. We saw that this was in place and being used regularly.

Feedback from people and their relatives was sought. People were supported to fill in a satisfaction survey. The results were very positive. Relatives received telephone feedback sessions, which gave them the opportunity to talk about their loved ones support and what they thought of the service being provided. The provider informed us that if there were concerns that were raised then an action plan would be implemented to improve the service provided. As no concerns had been raised there was not an action plan.

A week before the inspection the registered manager had left their position. The provider had been proactive and already appointed a replacement manager. Unfortunately this new manager was unwell on the day of inspection. The deputy manager was also on leave on the day of inspection. Despite the lack of managerial presence at the service staff had a good grip on what needed to be done and what their responsibilities were. Staff also had a good understanding of the running of the home and knew where to find information when requested. For example, incident reports, care plans and health and safety information.

The service had a culture that was friendly and caring. People told us that the provider and staff knew people well. This was made evident on the day of inspection. We observed the provider visit. He interacted and engaged with people, sitting down in the lounge and asking how everything was going. People felt comfortable approaching the provider and staff with questions they had about their support. The provider and staff were seen to give time to answer these requests.

A member of staff told us about the home's missions and values of, "Seeing potential and giving a safe environment for people to achieve it.' This reflected the values of the organisation and the support we observed on the day of inspection. Staff we spoke to understood the values and ensured people received the care they needed.

Staff were involved in the running of the home. Team meetings were used in an effective way to concentrate on important themes when they arose such as the implications of the Mental Capacity Act on people. Staff were given the opportunity to raise concerns in these meetings, which were followed up management. Staff

had a good understanding of the key challenges and achievements of the home, which were highlighted in their provider information return (PIR). For example, ensuring that training offered continued to meet the changing needs of people.

People and staff felt that they could approach the management team with any problems they had. Members of staff agreed that the provider was approachable and supportive. The provider understood their legal responsibilities. They sent us notifications about important events at the home and their PIR explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effective.