

Key Healthcare (Operations) Limited

Four Seasons

Inspection report

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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

About the service

Four Seasons is a residential nursing home providing personal and nursing care to older people and people living with a dementia. It can support up to 72 people across 3 purpose-built buildings, one of which accommodates people requiring nursing care. There were 56 people using the service when we visited.

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

Medicines had not always been managed safely. People had not always been safeguarded from abuse or from risk. Effective support with eating and drinking was not always in place. Care plans did not always reflect people's needs, and people and relatives had limited involvement in these. Governance systems had not always identified or addressed issues at the service.

People received kind, caring support and spoke positively about their care. Staff treated people with dignity and respect.

The provider was acting to improve infection prevention and control standards at the service. Staffing levels were monitored and recruitment of new staff was ongoing. Recruitment practices had been inconsistent, but improvements were being made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The service was adapted for the comfort and convenience of people living there.

Staff supported people to access a range of activities. The provider had a clear complaints process in place.

The provider was working with external professionals to stabilise and improve the service. Staff reported that morale was improving and that they could see improvements taking place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 January 2020).

Why we inspected

The inspection was prompted in part due to concerns received about medicine management, risk management and staffing. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicine management, safeguarding and risk management, eating and drinking support and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Four Seasons

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

2 inspectors, a medicines inspector, a specialist advisor nurse and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Four Seasons is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Four Seasons is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager joined the service in November 2022, just before our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people and 4 relatives about their experience of the care provided. We reviewed a range of records. This included 8 people's care records and 13 medicine administration records, with accompanying documentation. We spoke with 13 members of staff, including the manager, the provider, care, kitchen and domestic staff. We also spoke with 1 visiting professional.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Using medicines safely

- Medicines were not managed safely. The amount of medicines available did not always match the records of doses administered, so we could not be assured medicines were given as prescribed.
- Information to support staff to safely administer medicines covertly, hidden in food or drink, was not always available. This meant there was a risk people might be given their medicines in a way that could affect the way they work.
- Medicines for 3 people were out of stock or could not be found therefore were not given as prescribed.
- Guidance and records were not always in place to support the safe administration of topical medicines, such as medicines applied to the skin. We found that guidance was not clear for how often creams should be applied and some records were missing.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing or not sufficiently detailed for some people. We discussed these issues with the manager, who said improvement action would be taken.

Systems had not been established to manage medicines safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were not always safeguarded from abuse. Staff had not always identified or reported concerns with people's care. Records had not always been completed that allowed meaningful safeguarding investigations to take place.
- Risks to people were not always effectively assessed or addressed. Care plans did not always contain accurate information on the risks people faced or how they could be kept safe from them. For example, one person who had suffered several infections did not have plans in place to guide staff on how to monitor or prevent these.
- Systems were not in place to effectively monitor and learn from things going wrong. For example, information on people falling was recorded in several different places with no clear oversight of causes or steps that could be taken to keep people safe.

Systems were not in place to assess and respond to risk. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The premises and equipment were monitored to ensure they were safe to use. Required test and servicing certificates were in place.

Staffing and recruitment

- Staffing at the service had recently been disrupted by a number of staff leaving, but the provider was working to resolve this. New staff were being recruited, and agency staff were used to try and ensure shifts were covered. One member of staff told us, "It is hard when you have lots of staff leave but I think we're getting there now. They are always trying to get new staff."
- The provider had identified that not all staff had been employed using its recruitment policy. This included not all staff having Disclosure and Barring Service (DBS) checks recorded before they started. Remedial action was being taken to address this, including carrying out risk assessments while DBS applications were made. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Items were not always stored in a way that promoted good infection control. For example, we saw clothes hangers being stored over hazardous waste bins. In another area we saw the laundry was overflowing and bags of dirty clothing were left in the corridor outside the laundry, directly next to an open kitchen door. We spoke with the provider about this, who said improvement action would be taken.
- Some areas of the home were in a poor state of repair, with paint flaking from walls and ceilings. Redecoration of the worst affected areas was planned, and people were moving to other areas of the home while this took place.
- The provider had an infection prevention and control (IPC) policy, but almost half of staff had no IPC training recorded. The provider had plans in place to improve training at the service.

Visiting in care homes

- The provider was supporting safe visiting to the service. We saw relatives visiting during our inspection, and staff welcomed them into the home.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's eating and drinking support needs were assessed, but information on these was not always consistently recorded. For example, for some people we saw records contained different information on the support they needed.
- Systems were not in place to effectively monitor people's dietary health. Where people refused to be weighed there was no evidence that alternative strategies were adopted to encourage this. Records did not always accurately record what people had eaten. For example, we saw one person had only eaten 3 fish fingers but their daily record said they had eaten a full meal, including pudding.

Systems were not in place to effectively support people with eating and drinking. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Pre-admission assessments took place before people moved into the service. These helped to obtain people's needs and choices before they moved into the service.

Staff support: induction, training, skills and experience

- Staff had not always received training deemed important to their roles. This included training in fire evacuation, behaviours that can challenge and nutrition. The provider was working on improving this, and had arranged training for staff who needed it.
- The provider had an induction process in place to introduce new staff to the home and their roles. However, not all staff had completed inductions recorded. The provider had a plan in place to ensure all new starters completed an induction before supporting people without supervision.
- Staff spoke positively about the training they received. One member of staff told us, "I get lots of training and support, they really guided me through it."

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

- Staff referred people to healthcare professionals where additional support was identified. Care plans contained evidence of close working with GPs, dieticians and other professionals.
- People were supported to access a range of external professionals to monitor and improve their health. One person told us, "The optician comes and the GP came to review the medications."

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

- The premises were designed for the comfort and convenience of people living there. For example, dementia friendly signage was in place to help people navigate around the home.
- People's rooms were customised to their tastes and preferences. One person told us, "It's nice here. I have my own room, own TV"

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS were appropriately applied for and monitored.
- People were supported to make decisions for themselves. Best interests decisions were made where people lacked capacity to do this. In some areas the provider had identified these had not been completed, and was working on putting them in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care they received. Comments from people included, "I like it here, the staff are good" and, "They are all nice here."
- Relatives said people were well treated and supported. One relative we spoke with told us, "They've (staff) been really good." Another relative said, ""They (staff) take an interest. If the residents get upset, they are genuinely concerned."
- Throughout the inspection we saw lots of kind and caring interactions between people and staff. This included staff chatting with people about things they enjoyed and helping them when needed.

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

- Staff regularly asked people how they were and if they needed any support. However, people and relatives had not always been asked their views in a structured and organised way, for example through questionnaires or at meetings. The provider was reviewing how feedback could be improved at the service.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff had friendly but professional relationships with people, and respected their personal space. For example, we saw staff knocking on people's doors before entering their rooms.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always respond to people's support needs. We saw examples of people with needs that had no plan of care in place. For example, one person with diabetes did not have a care plan in place to manage this.
- Reviews of people's needs and preferences were carried out. However, where these had changed care plans had not always been updated.
- Care plans contained limited evidence on the involvement of people and their relatives in care plan reviews. One person told us, "I've not been to a review or seen the care plan." A relative we spoke with said, "They haven't gone through the care plan with us."

Systems were not in place to ensure care records were accurate, complete and contemporaneous. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was not always made available to people in ways they could easily access. For example, notice boards with details of activities contained small text and there was no menu on display in the dining rooms.
- Communication care plans were in place which provided guidance for staff to help them communicate effectively with people. We saw staff effectively speaking with people during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage in activities they enjoyed. During the inspection we saw people engaged in activities such as board games, a cinema session and colouring therapy. One person told us, "We have a laugh with the staff. There's enough going on, yes, Bingo, Tombola, puzzles - we join in."

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. People and relatives were made aware of the complaints process. One person told us, "I would complain if I had to."

End of life care and support

- Nobody was receiving end of life care when we inspected, but policies and procedures were in place to provide this should it be needed.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A range of quality assurance checks were carried out at the service. However, these had not always identified or remedied the issues we found with medicines, risk management, safeguarding, eating and drinking and IPC issues. Where audits had identified issues there was no record of improvement action being taken.

Systems were not in place to effectively assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager joined the service in November 2022. The provider had also appointed an operations manager to help stabilise and improve the service. Staff we spoke with said improvements were being made. One member of staff told us, "It is hard when you have lots of staff leave, but I think we're getting there now."

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

- People and relatives had not always been given opportunities to engage with the service. Feedback meetings and surveys had not taken place regularly. One person told us, "They've not asked me for feedback or to fill in a survey." Plans were in place to increase feedback opportunities for people and relatives
- The provider was reviewing how communication amongst staff could be improved to ensure important information and updates were acted on. This included introducing daily 'flash' meetings to ensure all staff were aware of what was happening at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had updated people and families about ongoing changes at the service. Regular staff meetings had taken place to ensure staff were informed about developments at the home. One member of staff said, "Everyone is working together to get things right."
- The manager joined the service during the week of our inspection visit. We saw them meeting and getting to know people and staff during the inspection.

Continuous learning and improving care; Working in partnership with others

- The provider was working with a range of external professionals to stabilise and improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. People were not always safeguarded from abuse or protected from risk. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always effective at monitoring and improving standards. Systems were not in place to ensure care records were accurate, complete and contemporaneous. Systems were not in place to effectively support people with eating and drinking. Regulation 17(2)(b), (c) and (e).