

HC-One 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Four Seasons is a purpose-built care home, registered to provide care for up to a maximum of 121 people. The home provides residential, nursing, residential dementia and nursing dementia care and is split into five wings. On the day of the inspection there were 99 people using the service. One area specialised in providing nursing care for people living with dementia, other areas specialised in providing residential care and dementia care.

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

People's needs were assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Risks to people's health and wellbeing were assessed and mitigated, however, people's medicines were not always managed safely.

The provider followed safe recruitment processes to ensure the right people were employed. There were enough staff to keep people safe.

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being.

The home was clean, and staff followed procedures to prevent the spread of infections.

The provider and registered manager followed governance systems which provided oversight and monitoring of the service. More robust quality assurance systems were now in place to ensure any shortfalls were identified and to drive continuous improvement within the service.

When required, people were supported to access healthcare professionals and receive ongoing healthcare support. People were supported to share their views and shape the future of the care they received.

Care plans provided staff with the information they needed to meet people's needs. People could choose how they wanted to spend their time. Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 15 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection enough improvement had not been sustained and the provider was still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 and 18 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain some of those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Four Seasons on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a specialist advisor in medicines and 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was due to the Covid-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made our judgements in this report.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority commissioning team to gather information about the service; they were positive and raised no concerns about the care and support people received.

We used all of this information to plan our inspection

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, senior care workers, care workers, the head housekeeper and the chef. We 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, auditing and governance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records including quality assurance and governance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At the last inspection people's medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of regulation 12.

- People were at risk of not having their medicines prescribed in a safe way. Body maps were not always used by staff to record where a medicine patch had been applied and sometimes the same area of skin had been used to apply a new patch. Using a different part of skin reduces the risk of skin irritation and side effects.
- When medicines were given in a covert manner (hidden or disguised) the home did not always have guidance from a pharmacist to guide them on how to administer each medicine safely. When guidance had been obtained from the pharmacist, the home did not always follow it.
- Fluid thickener to thicken a person's fluid to aid swallowing was not recorded accurately so we could not be sure this was being managed safely.
- Medicine Administration Record (MAR) charts were not always completed clearly, and signatures and tablet counts could not be read making it difficult to check whether a medicine had been given in the correct manner. One person had been given an extra dose of their medicine, but the home did not know when this had happened as the MAR could not be read.

We found no evidence that people had been harmed, however because guidance was not always being followed and care records were not always clear, this placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; the proper and safe management of medicines.

The provider responded immediately during and after the inspection. They confirmed all the issues we identified with the safe management of people's medicines had been immediately investigated and dealt with.

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

At the last inspection the provider had not done all that was reasonably practicable to mitigate risks to the

health and safety of service users receiving care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; assessing and mitigating the risks to the health and safety of service users of receiving the care or treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- The registered manager kept a record of accidents and incidents and took appropriate actions to ensure they were minimised; these corresponded with notifications received by CQC. The overall monitoring of falls in the home was now more robust. Following the last inspection, the provider implemented a home improvement plan to address the issues raised and this plan continued to be progressed and monitored by the senior management team, which resulted in increased scrutiny and better monitoring.
- The provider continued to ensure staff received training and support to recognise and respond appropriately to abuse. Staff understood the principles of keeping people safe and there was an up to date safeguarding policy in place.
- People told us they felt safe living at Four Seasons, one person said, "I feel very happy and totally safe and I have no worries whatsoever." A second person told us, "The staff are brilliant on my unit and all staff know me on other units and I am friendly with them and I feel safe. Night staff are particularly good, they are superb and attentive to my needs." A relative commented, "We've never had any concerns about [my relative's] safety, and the good thing is [my relative] can say what he wants, and he tells me only positive things. He sleeps better as he feels safe and there is nothing to worry about."
- Relatives told us they were kept up to date with any changes in [their relative's] circumstances. One relative said, "Staff have kept me fully informed of [my relative's] changing care needs; they have been monitoring [my relative] closely and have made referrals to appropriate professionals. Today I was informed of an issue with [my relatives] care, staff were open and transparent and are carrying out an investigation and have contacted the doctor."

Staffing and recruitment

- Staff were recruited safely. The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry.
- The provider used a dependency tool to help calculate what staffing hours were necessary. Daily 'huddle' and 'flash' meetings were used to discuss the allocation and deployment of staff and a clinical risk register was also used. A staff member told us, "If people's needs change, we can get more staffing in. We have always had enough staff."
- People told us they felt there were enough staff on duty. One person said, "Absolutely there is enough staff on duty, even in the night there is always enough as well."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

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

At our last inspection the provider had not submitted all statutory notifications to CQC as required. This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The Registered Manager had been in post since June 2019 and had driven improvements consistently over a period of time. This clearly demonstrated the positive changes and consistency in leadership and management, since the last inspection.
- Statutory notifications were now sent to CQC as required; our records confirmed this. The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. We found significant improvements had been made in leadership and governance arrangements at the home since the last inspection.
- People and their relatives told us management arrangements had improved since the last inspection and it was now clear who the registered manager was. A person told us, "The registered manager is second to none, she is wonderful, and she talks to me every day without fail." A relative said, "I have excellent relations with all nurses and carers, they really help [my relative] and will do anything to help. They do listen and they work so hard. I would recommend this place with whole my heart because of good care."
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people and their relatives as part of the process of care plan reviews, through meetings and annual questionnaires, however due to current government restrictions, relatives' face-to-face meetings were not always able to be accommodated and the home kept in regular contact with people's relatives via phone calls, window visits and video type meetings. One relative said, "Over lockdown I kept in touch with my relative by video calls, three times a week, I would very much recommend this place, its spotless and care is good."

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

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

- At our last inspection it was difficult to establish from the manager exactly what the process for oversight between the home manager and the unit managers was. At this inspection, the process of oversight between the registered manager and unit managers was now clear, which allowed for greater consistency and improved governance. One staff member told us, "The registered manager has totally got everyone [staff] on the same wave length, making sure all is working well, and people are safe. She always says the residents are at the centre of what we do. Things have improved much more in last 12 months and things are calm, and we all know what to do and when and why we do it."
- People and their relatives commented positively about the changes made at the home since the last inspection. One person said, "When I first came in to the home I was seriously ill and things went down-hill, but when [registered manager name] came to the home, things have gone up and up and up and she has done great job. I see [registered manager name] every day if I want to." A relative told us, "Overall I think things have greatly improved from a relative's perspective. The home has contacted me several times when reviewing [my relative's] care plan as part of resident of the month; this is a lot better than it was. I would say communication has definitely improved."
- The service had a range of audits in place which were used to ensure they maintained standards expected by the provider. Since our last inspection audits had been further embedded in to practice and were more robust, thorough and effective. However, at this inspection we found errors in medicines administration that the auditing framework had not identified at the time of the inspection.
- We saw the provider and registered manager certificate of registration with CQC, the certificate of insurance and a copy of the complaints policy and procedure were all displayed and available for people to see.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home.

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

- The registered manager ensured staff, people, relatives and healthcare professionals could attend reviews of people's care and share their feedback about the service with them.
- The registered manager promoted best practice in person-centred care; there was a culture focused on achieving positive outcomes for people which was reflected in their care file information. The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.
- Staff meetings were held which discussed people and their needs. Handover meetings were held in between staff shifts to ensure staff had the latest up to date information about people.
- The service worked in partnership with the local community, other services and organisations and people were supported to access the local community facilities, where safe to do so. Records showed multi-disciplinary teams were involved in people's care. Feedback we received from the local authority about Four Seasons was positive; they had no concerns about the home and told us the registered manager engaged well with them and had put a good programme of improvements in place following last inspection.
- Feedback from people and their relatives was also positive. One person said, "I feel very happy here and I'm always treated like an individual and I would recommend this home. The home is like 5 star and always clean; I feel like it's my home here and the staff are superb." A relative told us, "I know that there were some changes due to the not good previous inspection, the home was very open and honest with us, I would say that they did improve. Somehow it feels they moved in the right direction, I think they work more around each person's individual needs, which is always a positive change. I don't think I would like to change anything in [my relatives] care, but if I do, I'm sure somebody will be there to listen, they were always good in

that, carers are superb here."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular: Advice and guidance was not being followed and there were discrepancies in care records.</p> <p>Regulation 12(1)(2)(g)</p>