

Four Seasons 2000 Limited

Woodview

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Woodview is a residential care home providing personal and nursing care to 57 older people, younger adults and people living with a dementia type illness. The service can support up to 60 people. The service is divided into two units. 'Woodview' provides care to older people or people living with a dementia type illness and 'Greenwood' provides care for younger adults with physical disabilities and longer-term medical conditions.

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

Staff were caring, thoughtful and attentive. The staff team were motivated and enthusiastic in their roles. Staff clearly knew the people they were caring for. People and relatives consistently told us staff were kind and caring and they were treated well.

People were given the opportunity to express their views regularly and were encouraged to make decisions about their care. Staff were knowledgeable about how to maintain privacy and dignity.

People were receiving care that was responsive to their needs. Care plans captured people's wishes, and care was delivered by staff who understood the needs of the people they were supporting.

The activities team were providing an exceptionally wide range of activities which people had chosen for themselves. People were engaged and encouraged to take part in activities, people who chose to spend time in their rooms were not left out. Innovative and thoughtful ideas to provide a wide variety of activities and pursuits mean that people had the opportunity to try new things.

People were protected from abuse by staff who were knowledgeable about how to recognise and report abuse. The provider had a safeguarding policy which staff were aware of.

Systems were in place to ensure people were protected from avoidable harm. Processes for the administration and storage of medicines were operated effectively.

Staffing levels met the needs of people living in the service. Staff were recruited safely and in line with current regulations. Accidents and incidents were recorded and analysed.

People's needs were assessed prior to admission to the service. People and relatives told us their needs were met well.

People told us they enjoyed the food and drink on offer.

Staff told us they received the training they needed to do their job well and were supported in their roles. Nursing staff were supported to maintain their professional registration.

People received the support they needed to access healthcare services.

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 registered manager developed an open and inclusive culture within the service. Staff were consistently positive about the support they received to carry out their roles.

The registered manager and the team were clear about their roles and what they needed to do to achieve regulatory compliance. Governance systems were operated effectively.

Clinical governance in the service was good. People, their relatives and staff were regularly consulted and asked for feedback in relation to the delivery of care in the service.

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 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Woodview

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.

Inspection team

The inspection was carried out by one inspector and a specialist advisor who was a registered nurse.

Service and service type

Woodview is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the regional manager, a

senior care assistant, care assistants, nurses, a volunteer and an activities coordinator. We also spoke with a visiting social care professional. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and several policies and procedures.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People consistently affirmed they felt safe living in the service. One person said, "I feel safe, I am happy living here." Another person said, "I'm safe, if I was worried, I'd go to [unit manager], I don't need to see [registered manager] as I trust all the staff here."
- The provider had a safeguarding policy which staff were aware of. Records confirmed staff were provided with regular training to ensure they could recognise the signs of abuse and report concerns confidently. One staff member said, "Yes, I did it online. If someone is abused, we need to report it to the authorities. We may need to tell the police about it."

Assessing risk, safety monitoring and management

- Risk assessments were completed to reduce known risks such as choking and falls and were reviewed regularly. People were supported to reduce risks and keep safe in a person-centred way. For example, one person required emotional support to support them during times of emotional distress. The person was fully involved in developing the risk assessment and had described the support they required to reduce distress and anxiety.
- Environmental risks associated with the accommodation were managed. Regular maintenance of the building was undertaken. Fire safety risks were managed safely. Care records showed that people had emergency evacuation plans in place to ensure safe evacuation in the event of a fire.

Staffing and recruitment

- Staffing levels ensured people's needs were met. Some people told us they occasionally had to wait for a response to their call bells but didn't feel this had caused significant problems.
- Staff mostly told us they thought the staffing levels were sufficient, but some staff felt sickness absence occasionally placed a strain on the team. Staff told us they were flexible and would help to cover sickness absence. The registered manager had successfully reduced sickness levels and had eradicated the use of agency care staff.
- Staff were recruited safely. Records showed pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

- People's prescribed medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.
- Only staff who were appropriately trained could administer medicines. Records showed trained staff had observations of their competence carried out on a regular basis.

- The provider had a policy relating to medicines which reflected current best practice guidance and was reviewed. Audits of medicines administration were carried out regularly. Records showed shortfalls identified were recorded clearly and addressed promptly.

Preventing and controlling infection

- The service appeared clean and hygienic. Throughout the inspection housekeeping staff cleaned communal areas and people's rooms.
- Designated washing and laundry areas were available to ensure soiled clothing and bedding were washed separately and reduce the risk of the spread of infection.
- Records showed staff were provided with training relating to infection control.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. The registered manager had a system in place for analysing accidents and incidents to inform future risk planning. The system involved separating incidents into categories such as falls, weight loss and infections. This allowed the registered manager to spot trends and patterns.
- Staff meeting records showed learning from incidents were shared with the staff team.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Records showed people's needs were assessed prior to living at the service. This meant the registered manager would be able to ensure the service would be able to meet people's needs.
- Assessments were completed in line with best practice guidance. All aspects of a person's needs were considered including the characteristics identified under the Equality Act such as religious and cultural needs.
- The registered manager demonstrated they possessed an in-depth knowledge of people living at the service and encouraged them to be fully involved in decisions made about all aspects of their care needs.

Staff support: induction, training, skills and experience

- Staff confirmed they were provided with an induction when they first started work in the service and completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Records showed staff were provided with ongoing training related to their roles. Staff told us the provider had supported them to achieve nationally recognised vocational qualifications in health and social care. One staff member said, "I am currently doing [qualification] at the moment. I am getting very good support from these guys to keep me going. The manager has been so supportive and said the door is always open if we need to talk about it."
- Nursing staff told us they were provided with support from the provider to maintain their professional registration.

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

- People consistently told us they enjoyed the food available to them. One person said, "It's very good, the puddings especially" Another person said "I was very surprised by how good it is. It is very, very good. I have been in restaurants where the food isn't as good."
- Mealtimes for people were a positive experience. People who needed support to eat their food were supported by attentive staff. People had chosen their option earlier in the day. Drinks were available and staff continually offered to top drinks up. People's relatives were encouraged to spend time with their family member at mealtimes and support them to eat. People's relatives were offered food and drink to ensure they were included.
- Care plans described people's needs in relation to nutrition and hydration. Information regarding allergies and food textures was recorded clearly.

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

- The accommodation was at ground floor level which enabled people to move around independently whilst providing safety and security. Large outdoor patio areas ensured people were able to access the outdoors in better weather.
- An innovative approach had been taken toward the decoration of the service. Several staff and people had a keen interest in arts and crafts. One area of the service had a room which had been repurposed into a reading room. People and staff worked together to paint a mural onto the wall which depicted window with covers of popular books on show. The dining room was called 'Betty's Bistro' and was decorated to make it feel like a tea shop.
- The service included two large activity rooms which were richly stocked with materials for arts and crafts. Throughout the service, the walls were adorned with art which had been created by people. This generated an authentic and homely feel which inspired and encouraged people to take interest in the décor.

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

- Care records included important information about people's health needs and the involvement of relevant health professionals. Records showed people were supported to access a range of healthcare services such as GP's, district nurses, speech and language therapists and the physiotherapist.
- The provider employed a volunteer whose role it was to support people to attend important health appointments. They told us how they had supported one person to attend regular treatment at the local hospital for a life limiting terminal illness. The volunteer had worked in the service for many years and was a valued part of the team.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed mental capacity assessments had been undertaken to establish what support people required with decision making. Best interest meetings were held when people were deemed to lack capacity. Records showed the least restrictive options were explored.
- Where restrictions were placed on people, these were authorised by the local authority to show the restriction was lawful.
- Where people lacked capacity and did not have family, the service worked with advocacy services to ensure decisions were made in people's best interests. We met with a professional advocate who described a positive working relationship between themselves and the staff.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives told us consistently they were treated well by the staff team. One person said, "They seem interested in me as a person, it's not just an act." A relative told us, "I am happy with the care, the staff seem happy. I always feel welcome."
- Staff knew people well and understood their needs and wishes. This was evident from the interactions we saw between staff and people throughout the inspection. One person told us, "I would say they are very good at knowing if you are not feeling great, they are there to talk to and are good at listening."
- Staff told us they were proud of the work they did and told us they would happily recommend the service to their friends and relatives. One staff member said, "It is an amazing place we feel like we are all one big family. If you are going through things at home all the staff are helpful, and the managers support you."

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

- Care plans accurately reflected the views people. People were involved in developing their care plans and where appropriate, the views and wishes of their relatives were included.
- Meetings for people living in the service and their relatives took place regularly. Records showed people contributed ideas and suggestions about issues and these were acted upon. One person told us, "Yes, we have residents' meetings, I go. They seem to listen."

Respecting and promoting people's privacy, dignity and independence

- During the inspection visit we observed staff respecting people's rights to privacy and knocking on bedroom doors before entering. Staff spoke with people in communal areas discreetly about private matters.
- Staff were provided with training in relation to privacy, dignity and independence. Staff described in detail how they would ensure people's dignity is maintained when delivering intimate personal care.
- There was a positive culture in relation to promoting independence. One person told us, "Oh yes I insist on doing as much as possible for myself." People with a higher level of independence were encouraged to engage with people who had lower levels of independence to provide peer support to each other.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was an exceptionally inclusive culture within the service which encouraged diversity and individuality. The service itself offered two contrasting models of care and support which catered for people with very different care needs. This was achieved without creating division and segregation. Staff were innovative and creative and looked for different ways of connecting with people by celebrating their individuality.
- The provider allocated generous funds to employ an activities team who had pre-existing skills with art and entertainment. The activities team adopted a unique and creative approach towards connecting with people. People were supported to express themselves and be creative. Several people had a keen interest in art and were encouraged to create artwork which was displayed all around the service. The service had two dedicated areas to provide group activities which people chose themselves.
- People who were unable to participate in group sessions were not left out. The activities team had created a 'mobile' activity trolley which was taken to people in their rooms each day. The trolley contained board and card games, quizzes and a portable speaker with access to an online music service so people could request their favourite music. A mobile sweet shop which had pick and mix confectionary with paper bags. Confectionary was available for people on a textured diet and for people fed using a percutaneous endoscopic gastrostomy confectionary scented sprays were used to create a sensory experience.
- Entertainment and social gatherings were planned by using residents' meetings to find out what people wanted. The activities team succeeded in providing something for everyone. For example, where people wanted live music performers were booked to perform music from the 1940's to 1960's for the older client group and for the younger client group a rock band was booked. People's relatives were welcomed to participate and contribute toward group activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in the way they preferred, some people used picture boards and spelling boards. Staff were dedicated and committed to find ways of connecting with people and understanding them.
- Group sessions which incorporated arts and crafts took place for people to create their own 'life history' scrapbooks. People with limited communication were supported to express themselves with the support of

images and music. People were encouraged to support and help each other. Several 'life history' scrapbooks we saw were a unique and vibrant tapestry of people's lives and gave a sense of who they truly were.

- One person had complex communication needs, they were supported by the registered manager and staff to create a set of clear instructions for staff to follow so they could communicate effectively with them. The person found it difficult to express themselves when they were anxious, so had agreed they would use a smartphone to email the registered manager to articulate themselves when they were finding it difficult to communicate verbally.

End of life care and support

- The registered manager and the staff team worked collaboratively with partner healthcare agencies to ensure people had created advance care plans which described the care they wanted in their final days. People's wishes were recorded, and the views of relatives had been included where appropriate. Care records confirmed this. Best practice standards were achieved by working closely with and consulting specialist organisations and charities who specialised in providing advice and guidance for people with terminal illness.

- Staff were committed to ensure people prepared for the end of their lives and achieved their wishes. For example, one person wanted to appear on television and radio and was supported to achieve this. Another person wanted to prepare a list for their relatives which staff supported them to achieve. People's religious wishes were fully considered and carried out.

- Care staff were provided with end of life training and several key staff received training facilitated by the National Health Service to help them participate in sometimes difficult conversations about a person's wishes to be resuscitated. Nursing staff were provided with specialist medicines training to ensure people were pain free at the end of their lives. The registered manager demonstrated a high level of empathy and ensured staff, people and relatives were provided with ongoing support to come to terms with the process of death and dying. Management were provided with training in bereavement counselling.

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

- Care plans reflected the needs and wishes of the people. Where appropriate people's relatives had been involved in developing them. Care plans were person centred and as referred to above people were supported creatively to create their own life history scrapbooks. Information about what was important to people and their preferences including cultural and spiritual needs was recorded.

- Where people were unable to communicate verbally, care plans contained clear information about non-verbal communication staff should be aware of.

- Reviews of care plans took place regularly. We saw evidence of regular updates to care plans when people's needs changed, for example, if someone had recently been discharged from hospital.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which people were aware of. People and relatives, we spoke with during the inspection told us they had not reason to make a formal complaint.

- The registered manager kept records of complaints. All complaints made were fully responded to according to the providers policy.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had developed a positive and inclusive culture. Staff we spoke with and observed during the inspection were motivated, happy and very proud to be part of a successful team. The registered manager and the staff team were committed to ensuring people achieved good outcomes. The registered manager and unit managers knew people very well, this ensured staff were supported to deliver person centred care to people.
- Staff told us they were listened to and felt valued and supported. People spoke highly of the registered manager. "[Registered manager] takes care of us." "She is very open." "[Registered manager] has a handle on things, she will have meetings with us and tell us what is going on, we are kept in the loop." Were just some of the comments received from staff.
- Engagement between managers and staff was consistently constructive and supportive. Regular team meetings were held to ensure staff were kept informed of changes and developments. Records of meetings showed staff were able to make suggestions for improving the service.

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

- The provider operated a system to ensure regular feedback from people using the service, relatives, stakeholders and staff were obtained. Each week approximately 10 percent of people were surveyed by staff using a handheld tablet device, this meant every 10 weeks all people living in the service participated. Results from the surveys were shared with senior managers and at board level so there was clear oversight of how the service was performing against people's expectations. Where people expressed dissatisfaction, this was looked at on an individual basis and resolved.
- Staff were consulted every three weeks. Information obtained from staff helped to develop the service. For example, some comments had been received about staffing levels at night. This information assisted the regional manager in presenting a case to more senior managers to enable them to recruit more staff.
- The staff team had developed close working relationships with a range of local and national charities who provide support and guidance for people suffering from terminal illness. The provider engaged on a regular basis with professional healthcare services such as the district nurse team and local GP surgeries and hospitals.

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

- The registered manager operated effective systems to ensure people's care was safe and complied with regulations and standards. Staff were accountable for their roles and participated in carrying out regular checks and audits of safety and compliance. The registered manager told us they thought it was important for all staff to take part in this so they could understand how their roles impacted on the safety of care in the service.
- Checks and audits carried out by managers and staff were validated by checks undertaken by the regional manager. Shortfalls and actions were added to a central improvement plan which was reviewed on a regular basis.
- Records showed information obtained during checks and audits was shared with staff during handover meetings and team meetings.

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 registered manager regularly notified the commission about more serious incidents which they are required to by law. Records showed necessary referrals were made to the local authority about incidents which affected the safety of people living in the service.
- The previous inspection ratings were displayed on the provider's website and in the service.